



**L.A. Care**<sup>®</sup>  
*PASC-SEIU*

# L.A. Care Health Plan

## *PASC-SEIU Formulary*



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 All previous versions of the formulary are no longer in effect.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

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

# INTRODUCTION

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## Foreword

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

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

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

## How to Use the Formulary

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

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

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

## Generic and Brand Name Medications

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

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

## How Drugs Are Listed

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

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

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

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

## Non-Formulary Medications

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

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

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

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

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

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

## Benefit Coverage and Limitations

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

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

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

## How to Find a Pharmacy

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

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

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

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

## Description of Coverage

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

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

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

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

## How Much I Will Pay for My Drugs

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

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

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

## Restrictions on Medication Coverage

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

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

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

## Medication Request Process

### Formulary Agents

- A. **Prior Authorization (PA):** These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the Pharmacy & Therapeutics (P&T) Committee, the request will not be approved and alternative therapy may be recommended.
- B. **Quantity Limits (QL):** These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.
- C. **Step Therapy (ST):** These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to an L.A. Care plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

### Non-Formulary Agents

- A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.
- B. The 'Medication Request Process' is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions, refer to the 'General Exclusions' section below.

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

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



## General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

## Pharmacist and Physician Feedback

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

## Definitions

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

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

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

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

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

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

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

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

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

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

“**Non-formulary drug**” is a prescription drug that is not listed on the health plan’s formulary.

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

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

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

“**Prescription drug**” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

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

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

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

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

**Last Updated 1/1/2025**

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

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

1

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

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**Last Updated 1/1/2025**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ( <i>phentermine hcl-topiramate</i> )	F	PA-QL QL= 1 cap/day
<b>ANTI-OBESITY AGENTS - Drugs to help weight loss</b>		
IMCIVREE INJ 10MG/ML ( <i>setmelanotide acetate</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML ( <i>liraglutide (weight management)</i> )	F	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ( <i>semaglutide (weight management)</i> )	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ( <i>semaglutide (weight management)</i> )	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML ( <i>semaglutide (weight management)</i> )	F	PA-QL QL= 4 pens/28 days
ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ( <i>tirzepatide (weight management)</i> )	F	PA-QL QL= 4 inj/28 days (2mL/28days)
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	F	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	F	-

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

2

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

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 1/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	F	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG ( <i>solriamfetol hcl</i> )	F	PA-QL QL= 1 tab/day
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG ( <i>pitolisant hcl</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	F	QL QL= 1 tab/day
<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	F	-
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	F	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	F	-
<i>methylphenidate chew tab 10MG, 2.5MG, 5MG</i> (METHYLIN Equiv)	F	-
<i>methylphenidate ER cap 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (RITALIN LA Equiv)	F	-

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

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	OL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
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**Last Updated 1/1/2025**

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

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

4

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

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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
RINVOQ ER TAB 15MG, 30MG, 45MG ( <i>upadacitinib</i> )	F	LMSP-PA-QL QL= 1 tab/day
RINVOQ ORAL SOLN 1MG/ML ( <i>upadacitinib</i> )	F	LMSP-PA-QL QL= 12ml/day
XELJANZ SOLN 1MG/ML ( <i>tofacitinib citrate</i> )	F	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG ( <i>tofacitinib citrate</i> )	F	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ( <i>tofacitinib citrate</i> )	F	LMSP-PA-QL QL= 1 tab/day
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML 20MG/0.4ML (HULIO Equiv) ( <i>adalimumab-fkjp</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT 20MG/0.2ML (YUFLYMA Equiv) ( <i>adalimumab-aaty</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) ( <i>adalimumab-aaty</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) ( <i>adalimumab-aaty</i> )	F	LMSP-PA-QL QL= 2 inj/28 days

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ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT 40MG/0.4ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT 80MG/0.8ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 20MG/0.2ML (HYRIMOZ Equiv) <i>(adalimumab-adaz)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML <i>(adalimumab-adaz)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 20MG/0.4ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.4ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days

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

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<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	F	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	F	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	F	-
<i>etodolac tab 400MG, 500MG</i>	F	-
FLURBIPROFEN TAB 50MG ( <i>flurbiprofen</i> )	F	-
<i>flurbiprofen tab 100MG</i>	F	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	-
<i>ibuprofen tab 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 inj 15mg/ml 15MG/ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days
<i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	F	QL QL= 20 tabs/5 days
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	F	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	F	-

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

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ENBREL INJ 25MG 25MG/0.5ML ( <i>etanercept</i> )	F	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ( <i>etanercept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	F	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
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>SALICYLATES - Drugs to treat pain</b>		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	F	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		
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

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CODEINE SULFATE TAB 60MG 60MG ( <i>codeine sulfate</i> )	F	QL QL=180 tabs/30 days
<i>codeine sulfate tab 60mg</i>	F	QL QL=180 tabs/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	F	QL-ST QL= 10 patches/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	F	QL QL=240 tabs/30 days
<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	F	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	F	QL QL=120 tabs/30 days
<i>methadone conc 10MG/ML</i>	F	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone soln 10mg/5ml 10MG/5ML</i>	F	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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<i>methadone soln 5mg/5ml 5MG/5ML</i>	F	QL-ST QL= 1200ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	F	QL-ST QL= 120 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone tablet 10mg 10MG</i> (DOLOPHINE Equiv)	F	QL QL=240/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	F	QL-ST QL= 90 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>morphine sulfate oral soln 10mg/5ml 10MG/5ML</i> (MORPHINE SULFATE Equiv)	F	QL QL= 120ml/30 days
MORPHINE SULFATE SOLN 20MG/5ML ( <i>morphine sulfate</i> )	F	QL QL=120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 20MG/5ML, 20MG/ML</i>	F	QL QL=120ml/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	F	QL QL=180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	F	QL QL=240ml/30 days

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<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	F	QL QL=240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	F	PA-QL QL= 120 caps/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML, 30MG/12.5ML-300MG/12.5ML ( <i>acetaminophen w/ codeine</i> )	F	QL QL= 240ml/30 days
<i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	F	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	F	QL QL=120 tabs/30 days
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	F	QL QL=120 tabs/30 days

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OXYCODONE/ASPIRIN TAB 4.835MG-325MG <i>(oxycodone-aspirin)</i>	F	QL QL= 120 tabs/30 days
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	F	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE SL FILM Equiv)	F	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	F	-
<i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv)	F	QL QL= 1 bottle/fill, 2 fills/30 days
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR <i>(testosterone)</i>	F	PA-QL QL= 1 patch/day
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	F	-
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	F	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML <i>(testosterone enanthate)</i>	F	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG <i>(testosterone)</i>	F	PA-QL QL= 1 packet/day

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

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HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1% ( <i>hydrocortisone acetate w/ pramoxine</i> )	F	-
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
BENZNIDAZOLE TAB 100MG, 12.5MG ( <i>benznidazole</i> )	F	RS Restricted to Infectious Disease Specialist
EMVERM TAB 100MG ( <i>mebendazole</i> )	F	PA
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	F	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	F	-
<b>NITRATES - Drugs to treat chest pain</b>		
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	F	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	F	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) ( <i>isosorbide mononitrate</i> )	F	-
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	F	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	F	-

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

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<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	F	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	F	-
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		
<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	F	-
<i>quinidine gluconate CR tab</i>	F	-
<i>quinidine sulfate tab 200MG, 300MG</i>	F	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	F	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	F	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	F	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	F	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	F	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	F	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		

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<b>ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	F	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML, 40MG/0.4ML ( <i>mepolizumab</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML ( <i>tezepelumab-ekko</i> )	F	LMSP-PA-QL QL= 1 pen/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	F	-
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	F	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	F	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	F	-

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SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	F	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>		
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	F	-
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD</b>		
<i>roflumilast tab 250MCG, 500MCG</i>	F	-
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		
ALVESCO INHALER 160MCG/ACT, 80MCG/ACT ( <i>ciclesonide</i> )	F	-
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 HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	F	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	F	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT ( <i>beclomethasone dipropionate hfa</i> )	F	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-
<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	F	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	F	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML ( <i>albuterol sulfate</i> )	F	-

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<i>albuterol sulfate syrup 2MG/5ML</i>	F	-
<i>albuterol sulfate tab 2MG, 4MG</i>	F	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)</i>	F	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT <i>(umeclidinium-vilanterol)</i>	F	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH <i>(fluticasone furoate-vilanterol)</i>	F	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH <i>(fluticasone furoate-vilanterol)</i>	F	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT <i>(budesonide-glycopyrrolate-formoterol fumarate)</i>	F	-
<i>budesonide/formoterol inhaler 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)</i>	F	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT <i>(ipratropium-albuterol)</i>	F	-

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DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i>	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i>	F	-
<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)	F	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	F	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT <i>(olodaterol hcl)</i>	F	QL QL= 1 inhaler/30 days

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<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	F	-
TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	F	-
VENTOLIN HFA INHALER 108MCG/ACT ( <i>albuterol sulfate</i> )	F	QL QL= 2 inhalers/30 days
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
ELIXOPHYLLIN ELIXIR ( <i>theophylline</i> )	F	-
<i>theophylline er tab</i> (THEOPHYLLINE ER Equiv)	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG ( <i>theophylline</i> )	F	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	F	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG ( <i>apixaban</i> )	F	-
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	F	-
XARELTO SUSP 1MG/ML ( <i>rivaroxaban</i> )	F	-

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XARELTO TAB 10MG, 15MG, 2.5MG, 20MG <i>(rivaroxaban)</i>	F	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	F	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	F	PA
<b>ANTICONVULSANTS - Drugs to treat seizures</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam susp 2.5MG/ML</i> (ONFI Equiv)	F	PA Members age 9 or older require Prior Authorization
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	F	PA
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	F	-
DIASSTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	F	QL QL= 4 doses/fill
DIAZEPAM GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	F	QL QL= 4 doses/fill
<i>diazepam rectal gel 10MG, 20MG</i>	F	QL QL= 4 doses/fill
<b>ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	F	-

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<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	F	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	F	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	F	-
DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML ( <i>cannabidiol</i> )	F	LD-PA Only available through Lumicera 855-847-3553
FINTEPLA SOLN 2.2MG/ML ( <i>fenfluramine hcl</i> ( <i>anticonvulsant</i> ))	F	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	F	QL QL= 9 caps/day
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	F	QL QL= 72 mls/day

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<i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	F	QL QL= 6 tabs/day
<i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	F	QL QL= 4.5 tabs/day
<i>lacosamide oral solution 100MG/10ML, 10MG/ML, 50MG/5ML</i> (VIMPAT Equiv)	F	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	F	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	F	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	F	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	F	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	F	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	F	-
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	F	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	F	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> (LYRICA Equiv)	F	QL QL= 3 caps/day

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<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	F	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	F	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	F	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	F	-
<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	F	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL TAB Equiv)	F	PA
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	F	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	F	-
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	F	-
ZTALMY SUSP 50MG/ML ( <i>ganaxolone</i> )	F	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
<b>CARBAMATES - Drugs to treat seizures</b>		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	F	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	F	-
XCOPRI PAK 100-150MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day

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XCOPRI PAK 150-200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI TAB 25MG 25MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
<b>GABA MODULATORS - Drugs to treat seizures</b>		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	F	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Lumicera 855-847-3553

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<i>vigadrone powder pack 500MG</i>	F	LD-PA Only available through PantheRx 855-726-8479
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	F	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	F	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	F	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	F	-
<i>methsuximide cap 300MG</i> (CELONTIN Equiv)	F	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	F	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	F	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	F	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	F	-
<i>valproic acid syrup 250MG/5ML, 500MG/10ML</i> (DEPAKENE Equiv)	F	-

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<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	F	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	F	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	F	-
MAPROTILINE TAB 25MG, 50MG, 75MG ( <i>maprotiline hcl</i> )	F	-
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID- Drugs to treat depression</b>		
ZURZUVAE CAP 20MG, 25MG 20MG, 25MG ( <i>zuranolone</i> )	F	LD-PA-QL QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
ZURZUVAE CAP 30MG 30MG ( <i>zuranolone</i> )	F	LD-PA-QL QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		

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

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

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<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	F	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	F	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	F	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	F	-
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	F	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	F	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB 12.5MG-45MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	F	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day

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

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XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	F	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG ( <i>dapagliflozin-metformin hcl</i> )	F	QL QL= 1 tab/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	F	-
<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	F	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		
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
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
GLUCAGON 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

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GVOKE INJ KIT 1MG/0.2ML ( <i>glucagon</i> )	F	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML ( <i>glucagon</i> )	F	QL QL= 2 inj/fill
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	F	LMSP-PA-QL QL= 4 tabs/day
ZEGALOGUE INJ .6MG/0.6ML ( <i>dasiglucagon hcl</i> )	F	QL QL= 2 inj/fill
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	F	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ( <i>sitagliptin phosphate</i> )	F	QL QL= 1 tab/day
<b>INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar</b>		
<i>liraglutide soln pen-injector 18MG/3ML, 6MG/ML</i> (VICTOZA Equiv)	F	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ( <i>tirzepatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/3ML ( <i>semaglutide</i> )	F	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ( <i>dulaglutide</i> )	F	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML ( <i>semaglutide</i> )	F	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	F	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INSULIN - Drugs to regulate blood sugar</b>		
HUMALOG JR KWIKPEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro</i> )	F	-

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

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INSULIN LISPRO KWIKPEN INJ 100UNIT/ML <i>(insulin lispro)</i>	F	-
LYUMJEV INJ 100UNIT/ML <i>(insulin lispro-aabc)</i>	F	-
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML <i>(insulin lispro-aabc)</i>	F	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML <i>(insulin glargine-yfgn)</i>	F	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML <i>(insulin glargine-yfgn)</i>	F	-
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS TAB Equiv)	F	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	F	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	F	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
FARXIGA TAB 10MG, 5MG <i>(dapagliflozin propanediol)</i>	F	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG <i>(empagliflozin)</i>	F	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	F	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	F	-

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<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	F	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	F	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	F	-
TOLAZAMIDE TAB ( <i>tolazamide</i> )	F	-
TOLBUTAMIDE TAB 500MG ( <i>tolbutamide</i> )	F	-
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	F	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-
<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	F	-
FERRIPROX SOLN 100MG/ML ( <i>deferiprone</i> )	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<i>naltrexone tab 50MG</i> (REVIA Equiv)	F	-

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<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	F	LMSP
<i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
KLOXXADO NASAL SPRAY 8MG/0.1ML ( <i>naloxone hcl</i> )	F	-
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	F	OTC
NALOXONE HCL SOLN 0.4MG/ML .4MG/ML ( <i>naloxone hcl</i> )	\$0	-
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	F	-
NALOXONE PREFILLED INJ .4MG/ML ( <i>naloxone hcl</i> )	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
NARCAN NASAL SPRAY 4MG/0.1ML ( <i>naloxone hcl</i> )	F	OTC
OPVEE NASAL SPRAY ( <i>nalmefene hcl</i> )	F	-

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RIVIVE, REXTOVY SPRAY 3MG/0.1ML, 4MG/0.25MI (naloxone hcl)	F	OTC
ZIMHI SOLN 5MG/0.5ML (naloxone hcl)	F	-
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
granisetron tab 1MG (KYTRIL Equiv)	F	QL QL= 9 tabs/fill
ondansetron ODT 4MG, 8MG (ZOFTRAN Equiv)	F	-
ondansetron soln 4MG/5ML (ZOFTRAN Equiv)	F	-
ondansetron tab 4MG, 8MG (ZOFTRAN Equiv)	F	-
<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
meclizine chew tab 25MG (BONINE Equiv)	F	OTC
meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)	F	OTC
scopolamine patch 1.5MG, 1MG/3DAYS (TRANSDERM-SCOP Equiv)	F	-
trimethobenzamide cap 300MG (TIGAN Equiv)	F	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
AKYNZEO CAP .5MG-300MG (netupitant-palonosetron)	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
dronabinol cap 10MG, 2.5MG, 5MG (MARINOL Equiv)	F	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		

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<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
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	F	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	F	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	F	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	F	-
<i>nystatin powder</i>	F	-
<i>nystatin tab 500000UNIT</i>	F	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	F	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	F	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	F	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	F	-

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<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	F	-
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	F	-
<b>ANTIHISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	F	Only 50mg covered
<b>ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cetirizine syrup 1MG/ML, 5MG/5ML</i> (ZYRTEC Equiv)	F	OTC
<i>cetirizine tab 10MG, 5MG</i> (ZYRTEC Equiv)	F	OTC
<i>loratadine chew tab 5MG</i> (CLARITIN Equiv)	F	OTC
<i>loratadine ODT 10MG, 5MG</i> (CLARITIN Equiv)	F	OTC
<i>loratadine syrup 5MG/5ML</i> (CLARITIN Equiv)	F	OTC
<i>loratadine tab 10MG</i> (CLARITIN Equiv)	F	OTC
<b>ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp</i> (PHENERGAN Equiv)	F	-
<i>promethazine syrup 6.25MG/5ML</i>	F	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	F	-
PROMETHEGAN SUPP 50MG ( <i>promethazine hcl</i> )	F	-
<b>ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	F	-
<i>cyproheptadine tab 4MG</i>	F	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol</b>		

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NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol</b>		
NEXLIZET TAB 10MG-180MG ( <i>bempedoic acid-ezetimibe</i> )	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol</b>		
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	F	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	F	-
<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	F	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	F	-

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<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	F	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	F	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	F	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	F	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	F	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	F	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
<i>atorvastatin tab 10MG, 20MG, 40MG, 80MG</i> (LIPITOR Equiv)	\$0	-
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10MG, 20MG, 40MG, 5MG</i> (CRESTOR Equiv)	\$0	-
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	F	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		

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<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	F	-
<b>PROTEIN CONVERTASE SUBSTITISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	F	QL-ST QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	F	QL-ST QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
<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	-

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<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	F	-
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	F	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	F	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLIN Equiv)	F	LMSP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	F	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	F	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	F	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	F	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	F	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	F	-
<i>clonidine tab</i> (CATAPRES Equiv)	F	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	F	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	F	-

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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	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	F	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	F	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	F	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	F	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	F	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	F	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	F	-

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<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	F	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv)	F	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	F	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	F	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i> (LOPRESSOR HCT Equiv)	F	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	F	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	F	-
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure</b>		
<i>eplerenone tab 25MG, 50MG</i> (INSPRA Equiv)	F	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	F	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	F	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		

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<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
IMPAVIDO CAP 50MG ( <i>miltefosine</i> )	F	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	F	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	F	LMSP
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	F	-
TRIMETHOPRIM TAB 100MG ( <i>trimethoprim</i> )	F	-
<i>trimethoprim tab 100MG</i>	F	-
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	F	QL QL= 60 tabs/30 days
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	F	-
<i>smz/tmp susp 160MG/20ML-800MG/20ML, 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	F	-
LAMPIT TAB 120MG, 30MG ( <i>nifurtimox</i> )	F	RS Restricted to Infectious Disease Specialist
NITAZOXANIDE TAB 500MG ( <i>nitazoxanide</i> )	F	PA-QL QL= 6 tabs/3 days
<i>nitazoxanide tab 500MG</i>	F	PA-QL QL= 6 tabs/3 days
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		

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

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

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

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

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CYCLOPHOSPHAMIDE TAB 25MG, 50MG <i>(cyclophosphamide)</i>	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG <i>(lomustine)</i>	F	-
MELPHALAN TAB 2MG <i>(melphalan)</i>	F	LMSP
MYLERAN TAB 2MG <i>(busulfan)</i>	F	LMSP
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	F	LMSP
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	F	LMSP
<i>methotrexate inj 1GM/40ML, 250MG/10ML, 50MG/2ML</i>	F	-
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer</b>		
FRUZAQLA CAP 1MG 1MG <i>(fruquintinib)</i>	F	LD-PA-QL QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG 5MG <i>(fruquintinib)</i>	F	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
INLYTA TAB 1MG, 5MG <i>(axitinib)</i>	F	KMSP-PA-QL-SF QL= 8 tabs/day

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SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LENVIMA CAP 10MG, 4MG ( <i>lenvatinib mesylate</i> )	F	LD-PA-QL-SF QL= 3 caps/day; Only available through Optum 877-445-6874
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer</b>		
TUKYSA TAB 150MG, 50MG ( <i>tucatinib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		
VENCLEXTA STARTER PACK ( <i>venetoclax</i> )	F	LD-PA Only available through Optum 877-445-6874
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	F	LD-PA Only available through Optum 877-445-6874
<b>ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer</b>		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	F	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523

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TAGRISSO TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG ( <i>dacomitinib</i> )	F	KMSP-PA-QL-SF QL= 1 tab/day
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	F	LMSP-PA-SF
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	F	LMSP-PA-SF
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	F	-
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	F	-
ERLEADA TAB 60MG ( <i>apalutamide</i> )	F	LMSP-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG ( <i>apalutamide</i> )	F	LMSP-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG ( <i>flutamide</i> )	F	-

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<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, 800MG/20ML</i> (MEGACE Equiv)	F	-
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	F	-
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	F	LMSP
NUBEQA TAB 300MG ( <i>darolutamide</i> )	F	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ( <i>relugolix</i> )	F	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 86MG ( <i>elacestrant hydrochloride</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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ORSERDU TAB 345MG 345MG ( <i>elacestrant hydrochloride</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	F	-
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors</b>		
WELIREG TAB 40MG ( <i>belzutifan</i> )	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	F	KMSP-PA-QL QL= 21 caps/28 days
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer</b>		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ( <i>avapritinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG ( <i>selinexor</i> )	F	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Onco360 877-662-6633

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<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		
INQOVI TAB 35MG-100MG <i>(decitabine-cedazuridine)</i>	F	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG <i>(ribociclib succinate-letrozole)</i>	F	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG <i>(trifluridine-tipiracil)</i>	F	MSP-PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
ALECENSA CAP 150MG <i>(alectinib hcl)</i>	F	LMSP-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG <i>(brigatinib)</i>	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG <i>(brigatinib)</i>	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AUGTYRO CAP 40MG <i>(repotrectinib)</i>	F	LMSP-PA-QL-SF QL= 8 caps/day
AUGTYRO CAP 160MG 160MG <i>(repotrectinib)</i>	F	LMSP-PA-QL-SF QL= 2 caps/day

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BALVERSA TAB 3MG 3MG ( <i>erdafitinib</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG ( <i>erdafitinib</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF CAP 100MG, 50MG ( <i>bosutinib</i> )	F	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG ( <i>bosutinib</i> )	F	KMSP-PA-SF
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	F	LD-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
CABOMETYX TAB 20MG, 40MG, 60MG ( <i>cabozantinib s-malate</i> )	F	MSP-PA-QL-SF QL= 1 tab/day
CALQUENCE TAB 100MG ( <i>acalabrutinib maleate</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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CAPRELSA TAB 100MG ( <i>vandetanib</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG 300MG ( <i>vandetanib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ( <i>cabozantinib s-malate</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	F	LD-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	F	LMSP-PA-QL QL= 3 tabs/day
<i>dasatinib tab 100MG, 140MG, 20MG, 50MG, 70MG, 80MG</i> (SPRYCEL Equiv)	F	LMSP-PA
<i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv)	F	LMSP-PA-QL QL= 1 tab/day
FOTIVDA CAP .89MG, 1.34MG ( <i>tivozanib hcl</i> )	F	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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GAVRETO CAP 100MG ( <i>pralsetinib</i> )	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
GAVRETO CAP 100MG ( <i>pralsetinib</i> )	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ( <i>ponatinib hcl</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	F	MSP-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP 70MG/ML ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG <i>(ruxolitinib phosphate)</i>	F	MSP-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG <i>(pirtobrutinib)</i>	F	LMSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG <i>(ribociclib succinate)</i>	F	LMSP-PA-QL QL= 63 tabs/28 days
KOSELUGO CAP 25MG <i>(selumetinib sulfate)</i>	F	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG <i>(selumetinib sulfate)</i>	F	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG <i>(adagrasib)</i>	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	F	LMSP-PA
LORBRENA TAB 100MG 100MG <i>(lorlatinib)</i>	F	KMSP-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG <i>(lorlatinib)</i>	F	KMSP-PA-QL-SF QL= 3 tabs/day
LUMAKRAS TAB 120MG <i>(sotorasib)</i>	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306

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LUMAKRAS TAB 240MG 240MG ( <i>sotorasib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG 320MG ( <i>sotorasib</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG ( <i>olaparib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK 4MG ( <i>futibatinib</i> )	F	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633
MEKINIST SOLN .05MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA
MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	F	MSP-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118

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NINLARO CAP 2.3MG, 3MG, 4MG ( <i>ixazomib citrate</i> )	F	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
OGSIVEO TAB 100MG, 50MG ( <i>nirogacestat hydrobromide</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OGSIVEO TAB 50MG 150MG ( <i>nirogacestat hydrobromide</i> )	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OJEMDA SUSP 25MG/ML ( <i>tovorafenib</i> )	F	LD-PA-QL-SF QL= 96ml/28 days; Only available through Onco360 877-662-6633
OJEMDA TAB 100MG ( <i>tovorafenib</i> )	F	LD-PA-QL QL= 24 tabs/28 days; Only available through Onco360 877-662-6633
OJJAARA TAB 100MG, 150MG, 200MG ( <i>momelotinib dihydrochloride</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	F	LMSP-PA-QL QL= 4 tabs/day

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RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
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PEMAZYRE TAB 13.5MG, 4.5MG, 9MG <i>(pemigatinib)</i>	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG <i>(alpelisib)</i>	F	LMSP-PA-SF
QINLOCK TAB 50MG <i>(ripretinib)</i>	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 80MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 2 caps/day
RETEVMO CAP 40MG 40MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 3 caps/day
RETEVMO TAB 120MG, 160MG, 80MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 2 tabs/day
RETEVMO TAB 40MG 40MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 3 tabs/day
REZLIDHIA CAP 150MG <i>(olutasidenib)</i>	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG <i>(entrectinib)</i>	F	LMSP-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG <i>(entrectinib)</i>	F	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG <i>(rucaparib camsylate)</i>	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874

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RYDAPT CAP 25MG ( <i>midostaurin</i> )	F	LMSP-PA-QL QL= 56 caps/28 days
SCEMBLIX TAB 20MG, 40MG ( <i>asciminib hcl</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100 MG 100MG ( <i>asciminib hcl</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	F	LMSP-PA
STIVARGA TAB 40MG ( <i>regorafenib</i> )	F	MSP-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	F	LMSP-PA
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
TAFINLAR TAB 10MG ( <i>dabrafenib mesylate</i> )	F	LMSP-PA
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	F	KMSP-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG ( <i>talazoparib tosylate</i> )	F	KMSP-PA-QL-SF QL= 1 cap/day

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TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	F	LMSP-PA-SF
TAZVERIK TAB 200MG ( <i>tazemetostat hbr</i> )	F	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG ( <i>tepotinib hcl</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG ( <i>ivosidenib</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
TRUQAP TAB 160MG, 200MG ( <i>capivasertib</i> )	F	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TRUQAP THERAPY PACK 160MG, 200MG ( <i>capivasertib</i> )	F	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TURALIO CAP 125MG, 200MG ( <i>pexidartinib hcl</i> )	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306

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VANFLYTA TAB 17.7MG ( <i>quizartinib dihydrochloride</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VANFLYTA TAB 26.5MG 26.5MG ( <i>quizartinib dihydrochloride</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	F	LMSP-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN 20MG/ML ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG ( <i>pacritinib citrate</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	F	KMSP-PA-QL-SF QL= 2 caps/day

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XALKORI SPRINKLE CAP 150MG, 20MG, 50MG <i>(crizotinib)</i>	F	MSP-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG <i>(gilteritinib fumarate)</i>	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG <i>(niraparib tosylate)</i>	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG <i>(niraparib tosylate)</i>	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG <i>(vemurafenib)</i>	F	LMSP-PA-QL QL= 8 tabs/day
ZYDELIG TAB 100MG, 150MG <i>(idelalisib)</i>	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP <i>(ceritinib)</i>	F	LMSP-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG <i>(ceritinib)</i>	F	LMSP-PA-QL-SF QL= 3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS - Drugs to protect against chemotherapy drugs</b>		

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

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

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<i>carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG</i> (STALEVO Equiv)	F	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
<i>lithium carbonate cap 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	-
<i>lithium oral solution 8MEQ/5ML</i> (LITHIUM Equiv)	F	PA Prior Authorization Required for members age 9 and older
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
<i>EQUETRO CAP 100MG, 200MG, 300MG</i> ( <i>carbamazepine (mood)</i> )	F	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA Equiv)	F	-
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	F	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		

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<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	F	-
RISPERIDONE ODT .25MG (RISPERDAL M Equiv) ( <i>risperidone</i> )	F	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	F	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	F	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	F	-
<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
<i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv)	F	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	F	-
<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
<i>asenapine maleate SL tab 10MG, 2.5MG, 5MG</i> (SAPHRIS Equiv)	F	QL QL= 2 tabs/day
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	F	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	F	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	F	-

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

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<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	F	-
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	F	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	F	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	F	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	F	-
APTIVUS CAP 250MG ( <i>tipranavir</i> )	F	-
APTIVUS SOLN 100MG/ML ( <i>tipranavir</i> )	F	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	F	-
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	F	QL QL= 1 tab/ day
CIMDUO TAB 300MG ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	F	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	F	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ( <i>indinavir sulfate</i> )	F	MSP

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<i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv)	F	-
DELSTRIGO TAB 100MG-300MG ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	F	QL QL= 1 tab/day
DESCOVY TAB 15MG-120MG, 25MG-200MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	\$0	-
<i>didanosine DR cap</i> (VIDEX EC Equiv)	F	-
DOVATO TAB 50MG-300MG ( <i>dolutegravir sodium-lamivudine</i> )	F	QL QL= 1 tab/day
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	F	-
EFAVIRENZ CAP 200MG, 50MG ( <i>efavirenz</i> )	F	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	F	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	F	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	F	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	F	-
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-
EMTRIVA SOLN 10MG/ML ( <i>emtricitabine</i> )	F	-
<i>etravirine tab 100MG, 200MG</i> (INTELENCE Equiv)	F	-
EVOTAZ TAB 150MG-300MG ( <i>atazanavir sulfate-cobicistat</i> )	F	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	F	-

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

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NEVIRAPINE ER TAB 100MG ( <i>nevirapine</i> )	F	-
<i>nevirapine ER tab 400MG</i>	F	-
NEVIRAPINE SUSP 50MG/5ML ( <i>nevirapine</i> )	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
PIFELTRO TAB 100MG ( <i>doravirine</i> )	F	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ( <i>darunavir-cobicistat</i> )	F	-
PREZISTA SUSP 100MG/ML ( <i>darunavir</i> )	F	-
PREZISTA TAB 150MG, 75MG ( <i>darunavir</i> )	F	-
RESCRIPTOR TAB ( <i>delavirdine mesylate</i> )	F	-
REYATAZ POWDER PACK 50MG ( <i>atazanavir sulfate</i> )	F	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	F	-
RUKOBIA ER TAB 600MG ( <i>fostemsavir tromethamine</i> )	F	-
SELZENTRY SOLN 20MG/ML ( <i>maraviroc</i> )	F	-
SELZENTRY TAB 25MG, 75MG ( <i>maraviroc</i> )	F	-

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STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (ZERIT Equiv) ( <i>stavudine</i> )	F	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i> (ZERIT Equiv)	F	-
STRIBILD TAB 150MG-200MG-300MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	F	QL QL= 1 tab/day
SYMTUZA TAB 10MG-150MG-200MG-800MG ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	F	-
<i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv)	F	-
TIVICAY PD TAB 5MG ( <i>dolutegravir sodium</i> )	F	-
TIVICAY TAB 10MG, 25MG, 50MG ( <i>dolutegravir sodium</i> )	F	-
TRIUMEQ PD TAB 5MG-30MG-60MG ( <i>abacavir-dolutegravir-lamivudine</i> )	F	QL QL= 1 tab/day
TRIUMEQ TAB 50MG-300MG-600MG ( <i>abacavir-dolutegravir-lamivudine</i> )	F	QL QL= 1 tab/day
TRIZIVIR TAB 150MG-300MG ( <i>abacavir sulfate-lamivudine-zidovudine</i> )	F	-
VIDEX SOLN ( <i>didanosine</i> )	F	-
VIRACEPT TAB 250MG, 625MG ( <i>nelfinavir mesylate</i> )	F	-

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VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ( <i>tenofovir disoproxil fumarate</i> )	F	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	F	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	F	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	F	-
<b>ANTIVIRAL COMBINATIONS- Drugs to treat viral infections</b>		
PAXLOVID TAB 150-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 20 tabs/fill
PAXLOVID TAB 300-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 30 tabs/fill
<b>CMV AGENTS - Drugs to treat viral infections</b>		
LIVTENCITY TAB 200MG ( <i>maribavir</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG ( <i>letermovir</i> )	F	LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	F	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	F	-
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	F	LMSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	F	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	F	-

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LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ( <i>ledipasvir-sofosbuvir</i> )	F	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG ( <i>glecaprevir-pibrentasvir</i> )	F	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/ML ( <i>peginterferon alfa-2a</i> )	F	LMSP
PEG-INTRON INJ 50MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	F	LMSP
REBETOL SOLN ( <i>ribavirin (hepatitis c)</i> )	F	LMSP
RIBAVIRIN CAP 200MG (REBETOL Equiv) ( <i>ribavirin (hepatitis c)</i> )	F	LMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	F	LMSP
RIBAVIRIN TAB 200MG ( <i>ribavirin (hepatitis c)</i> )	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
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<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	-

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<i>famciclovir tab 125MG, 250MG, 500MG</i> (FAMVIR Equiv)	F	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	F	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	F	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	F	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	F	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	F	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	F	-
<b>MISC. ANTIVIRALS- Drugs to treat viral infections</b>		
LAGEVRIO CAP (EUA) 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB ( <i>penicillamine</i> )	F	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		

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THALOMID CAP 100MG, 150MG, 200MG, 50MG (thalidomide)	F	KMSP
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<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 (cyclosporine)	F	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	F	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	F	-
<b>POTASSIUM REMOVING RESINS - Drugs to manage potassium levels</b>		
<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	F	-

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<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	F	-
<b>BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<b>ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	F	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	F	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	F	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	F	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	F	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	F	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (LOPRESSOR Equiv)	F	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG</i> (BYSTOLIC Equiv)	F	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>nadolol tab 20MG, 40MG, 80MG</i> (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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<i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv)	F	-
PROPRANOLOL SOLN 40MG/5ML ( <i>propranolol hcl</i> )	F	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	F	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	F	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	F	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	F	-
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	F	-
<i>diltiazem ER cap 120MG, 180MG, 240MG</i> (DILACOR XR Equiv)	F	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	F	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	F	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	F	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-

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<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	F	-
VERAPAMIL SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	F	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	F	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	F	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML ( <i>digoxin</i> )	F	-
<i>digoxin tab</i> (LANOXIN Equiv)	F	-
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		
<b>CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy</b>		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG ( <i>mavacamten</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>IMPOTENCE AGENTS - Drugs to treat erectile dysfunction</b>		
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	F	QL QL=6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		

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TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ( <i>treprostinil</i> )	F	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ( <i>treprostinil</i> )	F	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG ( <i>treprostinil</i> )	F	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG ( <i>treprostinil</i> )	F	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN 0.6 MG/ML .6MG/ML ( <i>treprostinil</i> )	F	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 100MCG/ML, 10MCG/ML, 20MCG/ML ( <i>iloprost</i> )	F	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR ***</b>		
WINREVAIR INJ 45MG, 60MG ( <i>sotatercept-csrk</i> )	F	LD-PA Only available through Accredo 800-803-2523

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<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
OPSUMIT TAB 10MG ( <i>macitentan</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	F	PA Members age 9 or older require Prior Authorization
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	F	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	F	PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>selexipag</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523

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ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ( <i>riociguat</i> )	F	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
<b>SINUS NODE INHIBITORS - Drugs to control heart rhythm</b>		
<i>ivabradine hcl tab 5MG, 7.5MG</i> (CORLANOR Equiv)	F	PA
<b>TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis</b>		
VYNDAMAX CAP 61MG ( <i>tafamidis</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP 20MG ( <i>tafamidis meglumine</i> ( <i>cardiac</i> ))	F	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>		
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>		

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<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
FEMLYV TAB .02MG-1MG ( <i>norethindrone acet &amp; eth estra</i> )	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab</i> (DESOGEN Equiv)	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
<i>layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	\$0	-

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<i>levonorgestrel-ethinyl estradiol-fe tab</i> <i>.02MG-.1MG-36.5MG, .1MG-20MCG-75MG</i> (BALCOLTRA Equiv)	\$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG <i>(norethindrone acetate-ethinyl estradiol-fe fum</i> <i>(biphasic))</i>	\$0	-
NATAZIA TAB <i>(estradiol valerate-dienogest)</i>	\$0	-
NEXTSTELLIS TAB 3MG-14.2MG <i>(drospirenone-estetrol)</i>	\$0	-
<i>norethindrone ace-ethinyl estradiol-fe cap</i> <i>1MG-20MCG-75MG</i> (TAYTULLA Equiv)	\$0	-
<i>norethindrone acetate/ethinyl estradiol FE chew tab</i> <i>1MG-20MCG-75MG</i> (MINASTRIN Equiv)	\$0	-
<i>norethindrone acetate/ethinyl estradiol tab</i> <i>1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>norethindrone/ethinyl estradiol FE tab</i> <i>1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>nortrel 7/7/7 tab, pirmella 7/7/7 tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG,</i> <i>1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-

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<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG ( <i>levonorgestrel &amp; eth estradiol</i> )	\$0	-
VELIVET PAK ( <i>desogestrel-ethinyl estradiol (triphasic)</i> )	\$0	-
<i>velivet tab</i> (CYCLESSA Equiv)	\$0	-
<i>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	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR ( <i>levonorgestrel-ethinyl estradiol</i> )	\$0	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
ANNOVERA RING .013MG/24HR-.15MG/24HR ( <i>segesterone acetate-ethinyl estradiol</i> )	\$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	\$0	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC

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PLAN B TAB 1.5MG ( <i>levonorgestrel (emergency oc)</i> )	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy</b>		
NEXPLANON IMPLANT 68MG ( <i>etonogestrel</i> )	EXC	-
NEXPLANON IMPLANT 68MG ( <i>etonogestrel</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
DEPO-PROVERA INJ 150MG/ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG ( <i>norgestrel</i> )	\$0	OTC
SLYND TAB 4MG ( <i>drospirenone</i> )	\$0	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	F	-
DEXAMETHASONE CONC 1MG/ML ( <i>dexamethasone</i> )	F	-
<i>dexamethasone elixir .5MG/5ML</i>	F	-
DEXAMETHASONE SODIUM PHOSPHATE INJ 10MG/ML, 4MG/ML ( <i>dexamethasone sodium phosphate</i> )	F	-
<i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i>	F	-
DEXAMETHASONE SOLN .5MG/5ML ( <i>dexamethasone</i> )	F	-

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<i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG</i> (DECADRON Equiv)	F	-
<i>hydrocortisone succinate inj 100mg 100MG</i> (SOLU-CORTEF Equiv)	F	QL QL= 2 vials/fill
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	F	-
<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML</i> (DEPO-MEDROL Equiv)	F	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG</i> (SOLU-MEDROL Equiv)	F	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	F	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ( <i>prednisolone sodium phosphate</i> )	F	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv)	F	-
PREDNISON SOLN 5MG/5ML ( <i>prednisone</i> )	F	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	F	-

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

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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG</i> (CLARITIN-D Equiv)	F	OTC
<i>loratadine/pseudoephedrine 24-hour tab 10MG-240MG</i> (CLARITIN-D Equiv)	F	OTC
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML ( <i>promethazine &amp; phenylephrine</i> )	F	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i>	F	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML ( <i>promethazine-phenylephrine-codeine</i> )	F	-
<i>promethazine VC/codeine syrup 5MG/5ML-6.25MG/5ML-10MG/5ML</i>	F	-
<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML</i> (PHENERGAN/CODEINE Equiv)	F	-
<b>MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants</b>		
NEBUSAL NEB SOLN 3.5%, 6% ( <i>sodium chloride (inhalant)</i> )	F	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	F	-
<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	F	-
<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
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<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv)	F	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv)	F	-
<i>amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	F	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	F	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	F	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	F	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	F	-
ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	F	-
<i>erythromycin gel 2%</i>	F	-
<i>erythromycin pad</i>	F	-
<i>erythromycin soln 2%</i>	F	-
<i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10%</i> (SUMAXIN Equiv)	F	-

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<i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9% (SUMADAN WASH Equiv)</i>	F	-
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	F	-
<i>tretinoin cream .025%, .05%, .1%</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05% (RETIN-A GEL Equiv)</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel 0.08% .08% (RETIN-A MICRO Equiv)</i>	F	PA Acne Only - members age 35 or older require Prior Authorization
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses</b>		
<i>RENOVA CREAM .02%, .05% (tretinoin (facial wrinkles))</i>	EXC	-
<b>ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections</b>		
<i>gentamicin sulfate cream .1%</i>	F	-
<i>gentamicin sulfate oint .1%</i>	F	-
<i>mupirocin oint 2% (BACTROBAN OINT Equiv)</i>	F	-
<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>ciclopirox cream .77% (LOPROX CREAM Equiv)</i>	F	-
<i>ciclopirox gel .77% (LOPROX GEL Equiv)</i>	F	-
<i>ciclopirox nail soln 8% (PENLAC Equiv)</i>	F	-
<i>ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)</i>	F	-

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<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	F	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	F	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	F	-
<i>ketoconazole cream 2%</i> (NIZORAL CREAM Equiv)	F	-
<i>ketoconazole shampoo 1%, 2%</i> (NIZORAL Equiv)	F	-
NIZORAL A-D SHAMPOO 1% ( <i>ketoconazole (topical)</i> )	EXC	OTC
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	F	-
<i>nystatin oint 100000UNIT/GM</i>	F	-
<i>nystatin topical powder 100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	F	-
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	F	OTC-QL QL= 5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	F	LMSP-PA
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	F	PA-QL QL= 300gm/30 days
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	F	-

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FLUOROURACIL SOLN 2% (FLUOROURACIL Equiv) <i>(fluorouracil (topical))</i>	F	-
<i>fluorouracil soln 5%</i> (FLUOROURACIL Equiv)	F	-
VALCHLOR GEL .016% ( <i>mechlorethamine hcl (topical)</i> )	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
<i>acitretin cap 10MG, 17.5MG, 25MG</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	-
CALCIPOTRIENE SOLN .005% (DOVONEX SOLN Equiv) ( <i>calcipotriene</i> )	F	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	F	-
METHOXSALEN CAP 10MG (OXSORALEN ULTRA Equiv) ( <i>methoxsalen rapid</i> )	F	LMSP
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	F	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML <i>(risankizumab-rzaa)</i>	F	LMSP-PA-QL QL= 1 inj/84 days
SPEVIGO INJ 150MG/ML ( <i>spesolimab-sbzo</i> )	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523

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STELARA INJ 45MG/0.5ML, 90MG/ML <i>(ustekinumab)</i>	F	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML <i>(ixekizumab)</i>	F	LMSP-PA-QL QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML 20MG/0.25ML <i>(ixekizumab)</i>	F	LMSP-PA-QL QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML 40MG/0.5ML <i>(ixekizumab)</i>	F	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	F	-
TREMFYA INJ 100MG/ML <i>(guselkumab)</i>	F	LMSP-PA-QL QL= 1 inj/56 days
TREMFYA INJ 200MG/2ML 200MG/2ML <i>(guselkumab)</i>	F	LMSP-PA-QL QL= 1 inj/28 days
ZORYVE CREAM .3% <i>(roflumilast (topical))</i>	F	PA-QL QL= 60 grams/30 days
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	F	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir oint 5%</i> (ZOVIRAX Equiv)	F	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	F	-
SULFAMYLON CREAM 85MG/GM <i>(mafenide acetate)</i>	F	-

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

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<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	-
<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	-
FLUOCINONIDE GEL .05% ( <i>fluocinonide</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	-

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<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	F	-
HYDROCORTISONE LOTION 2.5% 2.5% ( <i>hydrocortisone (topical)</i> )	F	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	F	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	F	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	F	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	F	-
<i>triamcinolone cream .025%, .1%, .5%</i>	F	-
<i>triamcinolone lotion .025%, .1%</i>	F	-
<i>triamcinolone oint .025%, .1%, .5%</i>	F	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
ADBRY INJ 300MG/2ML ( <i>tralokinumab-ldrm</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ( <i>abrocitinib</i> )	F	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML ( <i>dupilumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 200MG/1.14ML, 300MG/2ML ( <i>dupilumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<i>ammonium lactate lotion 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LACTIC ACID LOTION 10%, 5% ( <i>lactic acid (ammonium lactate)</i> )	F	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		

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SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	F	QL QL= 90gm/30 days
<b>HAIR GROWTH AGENTS - Drugs to grow hair</b>		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
LITFULO CAP 50MG ( <i>ritlecitinib tosylate</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
<b>HAIR REDUCTION AGENTS - Drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	F	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
HYFTOR GEL .2% ( <i>sirolimus (topical)</i> )	F	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	F	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
PODOCON SOLN 25% ( <i>podophyllum resin</i> )	F	-
PODOFILOX SOLN .5% ( <i>podofilox</i> )	F	-
<i>podofilox soln .5%</i>	F	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	F	-

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

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

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DEPLIN CAP ( <i>l-methylfolate-algae</i> )	EXC	-
ELIGEN B12 TAB ( <i>cyanocobalamin-salcaprozate sodium</i> )	EXC	-
FALESSA TAB ( <i>levomefolate glucosamine</i> )	EXC	-
GLYGEST PAK ( <i>2-fucosyllactose &amp; lacto-n-neotetraose</i> )	EXC	-
L-METHYLFOLATE TAB ( <i>l-methylfolate</i> )	EXC	-
LUVIRA CAP ( <i>omega-3-acid ethyl esters (dietary management)</i> )	EXC	-
METANX CAP ( <i>l-methylfolate w/ algae-vitamin b12-vitamin b6</i> )	EXC	-
OLLIZAC POWDER ( <i>2-fucosyllactose &amp; lacto-n-neotetraose</i> )	EXC	-
PODIAPN CAP ( <i>l-methylfolate w/ vitamin b6-vitamin b12</i> )	EXC	-
XAQUIL XR TAB ( <i>levomefolate glucosamine</i> )	EXC	-
XYZBAC TAB ( <i>dietary management product</i> )	EXC	-
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

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

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

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

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

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SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution</b>		
EGRIFTA INJ 2MG ( <i>tesamorelin acetate</i> )	EXC	-
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG ( <i>somatropin</i> )	F	LMSP-PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML ( <i>somatropin</i> )	F	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG ( <i>lonapegsomatropin-tcgd</i> )	F	LMSP-PA
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML ( <i>somapacitan-beco</i> )	F	LMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	F	LD Only available through AnovoRx 844-288-5007

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<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	F	LMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	F	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	F	-
<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	F	LD-PA Only available through AnovoRx 844-288-5007
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	F	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	F	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	F	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	F	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML ( <i>pegvaliase-pqpz</i> )	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	F	-
PHEBURANE ORAL PELLETS 483MG/GM ( <i>sodium phenylbutyrate</i> )	F	LD Only available through Accredo 800-803-2523

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<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	F	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	F	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	F	LD-PA Only available through PantherRx Pharmacy 855-726-8479
<b>NATRIURETIC PEPTIDES ***</b>		
VOXZOGO INJ .4MG, .56MG, 1.2MG ( <i>vosoritide</i> )	F	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	F	LMSP
<b>PROGESTERONE RECEPTOR ANTAGONISTS ***</b>		
<i>mifepristone tab 200mg 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG ( <i>mifepristone</i> )	EXC	-
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	F	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	F	LMSP

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OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ( <i>octreotide acetate</i> )	F	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspertate</i> )	F	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<b>VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
JYNARQUE PAK 15MG ( <i>tolvaptan</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ( <i>tolvaptan</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY ( <i>estradiol &amp; norethindrone acetate</i> )	F	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	F	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	F	-
MYFEMBREE TAB .5MG-1MG-40MG ( <i>relugolix-estradiol-norethindrone acetate</i> )	F	PA-QL QL= 1 tab/day

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ORIAHNN CAP .5MG-1MG-300MG ( <i>elagolix sodium-estradiol-norethindrone acetate</i> )	F	PA-QL QL= 2 caps/day
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	F	-
<b>ESTROGENS - Drugs used for contraception</b>		
<i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR</i> (VIVELLE-DOT Equiv)	F	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	F	-
<i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	F	QL QL= 5ml/fill
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ( <i>estrogens, conjugated</i> )	F	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv)	F	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	F	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	F	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	F	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	F	-

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<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	F	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation</b>		
TRULANCE TAB 3MG ( <i>plecanatide</i> )	F	PA-QL QL= 1 tab/day
<b>BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders</b>		
CHOLBAM CAP 250MG, 50MG ( <i>cholic acid</i> )	F	LD-PA Only available through Dohmen LSS 844-246-5226
<b>FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis</b>		
OCALIVA TAB 10MG, 5MG ( <i>obeticholic acid</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	F	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	F	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	F	-
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation</b>		
<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	F	PA-QL QL= 2 caps/day
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		

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<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	F	-
<i>metoclopramide tab</i> (REGLAN Equiv)	F	-
<b>HEPATOTROPICS ***</b>		
REZDIFFRA TAB 100MG, 60MG, 80MG ( <i>resmetirom</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Optum 877-445-6874
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions</b>		
BYLVAY CAP 1200MCG 1200MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML ( <i>maralixibat chloride</i> )	F	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481

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LIVMARLI SOLN 19MG/ML 19MG/ML ( <i>maralixibat chloride</i> )	F	LD-PA-QL QL= 60mL/30 days; Only available through Eversana 866-849-4481
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	F	-
CIMZIA INJ 200MG/ML ( <i>certolizumab pegol</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ENTYVIO SC INJ 108MG/0.68ML ( <i>vedolizumab</i> )	F	MSP-PA-QL QL= 2 inj/28 days
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	F	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	F	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	F	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML ( <i>risankizumab-rzaa (crohn's)</i> )	F	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML ( <i>risankizumab-rzaa (crohn's)</i> )	F	LMSP-PA-QL QL= 1 inj/56 days
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	F	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	F	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lactulose soln 10GM/15ML</i>	F	-
<b>LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections</b>		
VOWST CAP ( <i>fecal microbiota spores, live-brpk</i> )	F	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575

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<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
SYMPROIC TAB ( <i>naldemedine tosylate</i> )	F	PA
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	F	PA
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	F	-
FOSRENOL POWDER PACK 1000MG, 750MG ( <i>lanthanum carbonate</i> )	F	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	F	-
PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate phosphate binder</i> )	F	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	F	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	F	-
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
CYTRA K CRYSTALS 1002MG-3300MG ( <i>potassium citrate-citric acid</i> )	F	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	F	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; citric acid</i> )	F	-

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<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROKIT-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 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	F	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	F	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	F	LD-PA Only available through CVS Specialty 800-238-7828
<b>GENITOURINARY IRRIGANTS - Drugs to treat the urinary system</b>		
<i>sodium chloride 0.9% irr soln .9%</i>	F	-
<b>HYPEROXALURIA AGENTS ***</b>		
RIFLOZA INJ 160MG 160MG/ML ( <i>nedosiran sodium</i> )	F	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575

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RIVFLOZA INJ 128MG/0.8ML ( <i>nedosiran sodium</i> )	F	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL 80MG/0.5ML ( <i>nedosiran sodium</i> )	F	LD-PA-QL QL= 2 vials/30 days; Only available through Orsini 800-410-8575
<b>IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease</b>		
FILSPARI TAB 200MG, 400MG ( <i>sparsentan</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	F	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	F	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	F	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	F	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	F	-
<b>URINARY STONE AGENTS - Drugs to prevent kidney stones</b>		
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	F	LMSP-PA
<i>tiopronin tab delayed release 100MG, 300MG</i> (THIOLA EC Equiv)	F	LMSP-PA

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<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	F	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab 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
<b>URICOSURICS - Drugs to treat gout</b>		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	F	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
ADVATE, KOVALTRY INJ ( <i>antihemophilic factor rahf-pfm</i> )	EXC	-
ADYNOVATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT, 750UNIT ( <i>antihemophilic factor (recombinant) pegylated</i> )	EXC	-
AFSTYLA KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (recombinant) single chain</i> )	EXC	-

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ALPHANATE, HUMATE-P INJ 1000UNIT, 1000UNIT-2400UNIT, 1500UNIT, 2000UNIT, 250UNIT, 250UNIT-600UNIT, 500UNIT, 500UNIT-1200UNIT ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	EXC	-
ALPHANINE SD INJ 1000UNIT, 1500UNIT, 500UNIT ( <i>coagulation factor ix</i> )	EXC	-
ALPROLIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT ( <i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i> )	EXC	-
ALTUVIIIIO INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT ( <i>antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl</i> )	EXC	-
BENEFIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>coagulation factor ix (recombinant)</i> )	EXC	-
COAGADEX INJ 250UNIT, 500UNIT ( <i>coagulation factor x (human)</i> )	EXC	-
CORIFACT KIT 1000-1600 UNIT ( <i>factor xiii concentrate (human)</i> )	EXC	-
ELOCTATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 500UNIT, 6000UNIT, 750UNIT ( <i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i> )	EXC	-

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ESPEROCT INJ 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (recombinant) glycopegylated-exei</i> )	EXC	-
FEIBA INJ 1000UNIT, 2500UNIT, 500UNIT ( <i>antiinhibitor coagulant complex</i> )	EXC	-
FIBRYGA, RIASTAP INJ ( <i>fibrinogen concentrate (human)</i> )	EXC	-
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML ( <i>emicizumab-kxwh</i> )	F	LMSP-PA
HEMOFIL M, KOATE INJ 1000UNIT, 1700UNIT, 250UNIT, 500UNIT ( <i>antihemophilic factor (human)</i> )	EXC	-
IDELVION INJ 1000UNIT, 2000UNIT, 250UNIT, 3500UNIT, 500UNIT ( <i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i> )	EXC	-
IXINITY INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>coagulation factor ix (recombinant)</i> )	EXC	-
JIVI INJ 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT ( <i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i> )	EXC	-
KOGENATE FS INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	EXC	-

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NOVOEIGHT INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i> )	EXC	-
NOVOSEVEN RT INJ 1MG, 2MG, 5MG, 8MG ( <i>coagulation factor viia (recombinant)</i> )	EXC	-
NUWIQ INJ 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT ( <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i> )	EXC	-
NUWIQ KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT ( <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i> )	EXC	-
OBIZUR INJ 500UNIT ( <i>antihemophilic factor (recombinant porcine) (rpfviii)</i> )	EXC	-
PROFILNINE INJ 1000UNIT, 1500UNIT, 500UNIT ( <i>factor ix complex</i> )	EXC	-
REBINYN INJ 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT ( <i>coagulation factor ix (recombinant) glycopegylated</i> )	EXC	-
RECOMBIMATE INJ 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	EXC	-

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RIXUBIS INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>coagulation factor ix (recombinant)</i> )	EXC	-
SEVENFACT INJ 1MG, 5MG ( <i>coagulation factor viia (recombinant)-jncw</i> )	EXC	-
TRETTEN INJ 2500UNIT ( <i>coagulation factor xiii a-subunit (recombinant)</i> )	EXC	-
VONVENDI INJ 1300UNIT, 650UNIT ( <i>von willebrand factor (recombinant)</i> )	EXC	-
WILATE INJ 1000UNIT, 500UNIT ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	EXC	-
XYNTHA INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i> )	EXC	-
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
EMPAVELI INJ 1080MG/20ML ( <i>pegcetacoplan</i> )	F	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG ( <i>avacopan</i> )	F	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
VOYDEYA TAB 100MG ( <i>danicopan</i> )	F	LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633

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ZILBRYSQ INJ 16.6MG/0.416ML ( <i>ziluoplan sodium</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG 23MG/0.574ML ( <i>ziluoplan sodium</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 32.4MG 32.4MG/0.81ML ( <i>ziluoplan sodium</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	F	-
<b>PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions</b>		
TAKHZYRO INJ 300MG/2ML ( <i>lanadelumab-flyo</i> )	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML 150MG/ML ( <i>lanadelumab-flyo</i> )	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	F	-
BRILINTA TAB 60MG, 90MG ( <i>ticagrelor</i> )	F	-
CABLIVI INJ KIT 11MG ( <i>caplacizumab-yhdp</i> )	F	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306

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

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<i>l-glutamine powder packet 5GM</i> (ENDARI Equiv)	F	LMSP-PA-QL QL= 6 packets/day
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	F	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	F	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	F	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML ( <i>filgrastim-aafi</i> )	F	LMSP
NYVEPRIA INJ 6MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	F	LMSP
PROMACTA POWDER 12.5MG, 25MG ( <i>eltrombopag olamine</i> )	F	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG ( <i>eltrombopag olamine</i> )	F	LMSP-PA-QL QL= 1 tab/day

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

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NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG ( <i>ferrous fumarate w/ fa-dss-b complex-vit c</i> )	F	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	F	-
<b>STEM CELL MOBILIZERS - Drugs to treat blood disorders</b>		
XOLREMDI CAP 100MG ( <i>mavorixafor</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	F	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	F	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	F	-
<b>HYPNOTICS - Drugs to treat insomnia</b>		
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	QL QL= 1 tab/day
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	F	Only 50mg covered

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<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>phenobarbital elixir 20MG/5ML</i>	F	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	F	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	F	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	F	QL QL= 1 tab/day
<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML</i> (MIDAZOLAM Equiv)	F	RS Restricted to Neurology Specialist
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	F	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	F	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	F	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	F	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG</i> (AMBIEN CR Equiv)	F	QL QL= 1 tab/day
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia</b>		
<i>ramelteon tab 8MG</i> (ROZEREM Equiv)	F	QL QL= 1 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		
<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		

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

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SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM ( <i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i> )	F	QL QL= 2 fills/calendar year
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i>	F	-
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	F	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	F	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML ( <i>clarithromycin</i> )	F	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	F	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
ERYTHROMYCIN CAP DR 250MG ( <i>erythromycin base</i> )	F	-
ERYTHROMYCIN EC CAP 250MG ( <i>erythromycin base</i> )	F	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	F	-
<b>FIDAXOMICIN - Drugs to treat infections</b>		

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DIFICID SUSP 40MG/ML ( <i>fidaxomicin</i> )	F	QL-ST QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	F	QL-ST QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM ( <i>diaphragms</i> )	\$0	-
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ( <i>condoms - male</i> )	\$0	OTC-QL QL= 12 condoms/fill
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	F	OTC
DEXCOM G6 RECEIVER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ( <i>continuous glucose system transmitter</i> )	F	PA-QL QL= 1 transmitter/90 days

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**Last Updated 1/1/2025**

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DEXCOM G7 RECEIVER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
DEXCOM G7 SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 2-PLUS SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE 3 READER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3-PLUS SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE RECEIVER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/28 days
LANCET KIT ( <i>lancets misc.</i> )	F	OTC
LANCETS ( <i>lancets</i> )	F	OTC
OMNIPOD 5 G6 INTRO KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year

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OMNIPOD 5 G6 PODS MISC ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/30 days
OMNIPOD 5 G7 KIT INTRO ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year
OMNIPOD DASH PODS ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/month
OMNIPOD GO KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/month
OMNIPOD STARTER KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year
ONETOUCH METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ONETOUCH VERIO FLEX METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ONETOUCH VERIO IQ METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC

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ONETOUCH VERIO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ONETOUCH VERIO REFLECT METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
V-GO INJ KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/day
<b>MISC. DEVICES - Drugs for miscellaneous use</b>		
ALCOHOL SWABS 70% ( <i>alcohol swabs</i> )	F	OTC
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	F	-
B-D PEN AUTOSHIELD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	F	OTC
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	F	OTC
TECHLITE PEN NEEDLE ( <i>insulin pen needle</i> )	F	OTC
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	F	OTC
TRUEPLUS PEN NEEDLE ( <i>insulin pen needle</i> )	F	-
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>spacer/aerosol-holding chamber supplies - masks</i> )	\$0	OTC
PEAK FLOW METER ( <i>peak flow meter</i> )	\$0	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		

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

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<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	F	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ( <i>sumatriptan succinate</i> )	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
<i>sodium fluoride chew tab .25MG, .5MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	F	-
<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	F	-

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<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	F	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	F	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	F	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	F	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	F	-
<i>potassium chloride soln 10%, 20%</i>	F	-
<b>ZINC - Drugs to treat mineral deficiency</b>		
GALZIN CAP 25MG, 50MG ( <i>zinc acetate (oral)</i> )	F	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	F	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	F	LMSP-PA
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
JOENJA TAB 70MG ( <i>leniolisib phosphate</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479

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<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (REVLIMID Equiv)	F	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ( <i>lenalidomide</i> )	F	LD-QL-RS QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
REZUROCK TAB 200MG ( <i>belumosudil mesylate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
ENSPRYNG INJ 120MG/ML ( <i>satralizumab-mwge</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i>	F	LMSP-PA
LUPKYNIS CAP 7.9MG ( <i>voclosporin</i> )	F	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	F	-
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		

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LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	F	PA-QL QL= 1 packet/day
SPS 15GM/60ML ( <i>sodium polystyrene sulfonate</i> )	F	-
<b>PROGERIA TREATMENT AGENTS ***</b>		
ZOKINVY CAP 50MG, 75MG ( <i>lonafarnib</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
BENLYSTA AUTO-INJECTOR 200MG/ML ( <i>belimumab</i> )	F	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	F	LMSP-PA-QL QL= 4 inj/28 day
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
<i>lidocaine viscous soln 2%</i> (XYLOCAINE HCL (MOUTH-THROAT) Equiv)	F	-
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	F	-
<i>nystatin susp 100000UNIT/ML</i>	F	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	F	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		

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

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<b>MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	-
<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		
<i>pediatric multiple vitamins/fluoride/iron soln</i>	F	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
FLORIVA PLUS DROPS ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN/FLUORIDE CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN/FLUORIDE 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 soln</i>	F	-
TRI-VITAMIN FLUORIDE DROPS ( <i>pediatric vitamins acid w/ fluoride</i> )	F	-
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	-

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<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	F	-
<i>carisoprodol tab 350MG</i> (SOMA Equiv)	F	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	F	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	F	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	F	-
<i>methocarbamol tab</i> (ROBAXIN Equiv)	F	-
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	F	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	F	-
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***</b>		
SOHONOS CAP 1.5MG 1.5MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 10MG 10MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG 1MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828

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SOHONOS CAP 2.5MG 2.5MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 5MG 5MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL AGENTS - MISC. - Miscellaneous nasal agents</b>		
ALCOHOL SWABS 62% ( <i>alcohol (nasal)</i> )	F	OTC
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	F	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	F	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	F	QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	F	OTC-QL QL= 2 bottles/fill
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>ALS AGENTS - Drugs to treat ALS</b>		

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RADICAVA ORS STARTER KIT 105MG/5ML ( <i>edaravone</i> )	F	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML ( <i>edaravone</i> )	F	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	F	-
<b>FRIEDRICH'S ATAXIA AGENTS ***</b>		
SKYCLARYS CAP 50MG ( <i>omaveloxolone</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
<b>RETT SYNDROME AGENTS ***</b>		
DAYBUE SOLN 200MG/ML ( <i>trofinetide</i> )	F	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy</b>		
EVRYSDI SOLN .75MG/ML ( <i>risdiplam</i> )	F	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		
<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	F	OTC-PA
MCT OIL ( <i>medium chain triglycerides</i> )	F	OTC-PA
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		

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CREATINE PACKET 5000MG ( <i>creatine</i> )	F	OTC-PA
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE PACKET ( <i>citrulline</i> )	F	OTC-PA
NUTRITIONAL SUPPLEMENT LIQUID ( <i>protein</i> )	F	OTC-PA
<i>phlexy-10 tab</i>	F	OTC-PA
<i>pro-stat liquid</i>	F	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	F	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	F	-
LEVOBUNOLOL OPHTH SOLN .5% ( <i>levobunolol hcl</i> )	F	-
<i>levobunolol ophth soln</i>	F	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	F	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	F	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<i>atropine ophth oint 1%</i>	F	-
<i>atropine ophth soln 1%</i> (ISOPTO ATROPINE Equiv)	F	-
ATROPINE SULFATE OPHTH OINT 1% ( <i>atropine sulfate (ophthalmic)</i> )	F	-

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CYCLOMYDRIL OPHTH SOLN .2%-1% <i>(cyclopentolate w/ phenylephrine)</i>	F	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	F	-
HOMATROPINE OPHTH SOLN 5% <i>(homatropine hbr)</i>	F	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	F	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	F	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
ISOPTO CARBACHOL OPHTH SOLN <i>(carbachol ophth)</i>	F	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	F	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
APRACLONIDINE OPHTH SOLN .5% (IOPIDINE Equiv) <i>(apraclonidine hcl)</i>	F	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	F	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	F	-
<i>brimonidine ophth soln 0.2% .2%</i>	F	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	F	-
IOPIDINE OPHTH SOLN 1% <i>(apraclonidine hcl)</i>	F	-

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SIMBRINZA OPHTH SUSP .2%-1% <i>(brinzolamide-brimonidine tartrate)</i>	F	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% <i>(azithromycin (ophth))</i>	F	-
BACITRACIN OPHTH OINT 500UNIT/GM <i>(bacitracin (ophthalmic))</i>	F	-
<i>bacitracin/neomycin/polymyxin b ophth oint</i> <b>3.5MG/GM-400UNIT/GM-10000UNIT/GM,</b> <b>5MG/GM-400UNIT/GM-10000UNIT/GM</b> (NEOSPORIN Equiv)	F	-
<i>bacitracin/polymyxin b ophth oint</i> <b>500UNIT/GM-10000UNIT/GM</b> (POLYSPORIN Equiv)	F	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	F	-
<i>erythromycin ophth oint 5MG/GM</i>	F	-
GENTAK OPHTH OINT .3% <i>(gentamicin sulfate (ophth))</i>	F	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	F	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	F	-
LEVOFLOXACIN OPHTH SOLN 0.5% .5% <i>(levofloxacin (ophth))</i>	F	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	F	-
NATACYN OPHTH SUSP 5% <i>(natamycin)</i>	F	QL QL= 15ml/fill

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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	-
XDEMVY OPHTH SOLN .25% <i>(lotilaner)</i>	F	LD-PA-QL QL= 1 bottle/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416
ZIRGAN OPHTH GEL .15% <i>(ganciclovir ophthalmic)</i>	F	-
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	F	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	F	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		

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<i>bacitracin/polymyxin/neomycin/hydrocortisone ophthalmic ointment .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	F	-
DEXAMETHASONE OPHTH SOLN .1% ( <i>dexamethasone sodium phosphate (ophth)</i> )	F	-
<i>difluprednate ophthalmic emulsion .05%</i> (DUREZOL Equiv)	F	-
<i>fluorometholone ophthalmic solution</i> (FML LIQUIFILM Equiv)	F	-
LOTEMAX OPHTH OINT .5% ( <i>loteprednol etabonate</i> )	F	-
<i>loteprednol etabonate ophthalmic gel .5%</i> (LOTEMAX Equiv)	F	-
<i>loteprednol ophthalmic suspension .2%, .5%</i> (LOTEMAX, ALREX Equiv)	F	-
MAXIDEX OPHTH SOLN .1%, 9% ( <i>dexamethasone (ophth)</i> )	F	-
<i>neomycin/polymyxin/dexamethasone ophthalmic ointment .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	F	-
<i>neomycin/polymyxin/dexamethasone ophthalmic solution .1%-3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	F	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-hc (ophth)</i> )	F	-
PRED MILD OPHTH SOLN .12% ( <i>prednisolone acetate (ophth)</i> )	F	-

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

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<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	F	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	F	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	F	-
CROMOLYN SODIUM OPHTH SOLN 4% ( <i>cromolyn sodium (ophth)</i> )	F	-
CYSTADROPS SOLN .37% ( <i>cysteamine hcl</i> )	F	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN .44% ( <i>cysteamine hcl</i> )	F	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	F	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	F	-
FLURBIPROFEN OPHTH SOLN .03% ( <i>flurbiprofen sodium</i> )	F	-
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	F	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	F	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	F	OTC OTC covered only

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

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

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RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
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HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	F	KMSP-PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG ( <i>elxacaftor-tezacaftor-ivacaftor</i> )	F	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	F	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)-klhw</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG ( <i>amoxicillin</i> )	F	-

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

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

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

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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	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK ( <i>milnacipran hcl</i> )	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ( <i>milnacipran hcl</i> )	F	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
AUSTEDO XR TAB 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG ( <i>deutetrabenazine</i> )	F	LMSP-PA-QL QL= 1 tab/day
INGREZZA CAP 40MG, 60MG, 80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
INGREZZA PACK 40-80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
INGREZZA SPRINKLE CAP 40MG, 60MG, 80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through PantheRx 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	F	LMSP

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<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	F	LMSP
BETASERON INJ .3MG ( <i>interferon beta-1b</i> )	F	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	F	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	F	LMSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	F	LMSP
GILENYA CAP 0.25MG .25MG ( <i>fingolimod hcl</i> )	F	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	F	LMSP
KESIMPTA INJ 20MG/0.4ML ( <i>ofatumumab (ms)</i> )	F	LMSP
MAVENCLAD THERAPY PAK 10MG ( <i>cladribine (multiple sclerosis)</i> )	F	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG ( <i>siponimod fumarate</i> )	F	LMSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	F	LMSP

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PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	F	LMSP
<i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO Equiv)	F	LMSP
ZEPOSIA CAP .92MG ( <i>ozanimod hcl</i> )	F	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK ( <i>ozanimod hcl</i> )	F	LMSP-PA-QL QL= 1 cap/day
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders</b>		
NUEDEXTA CAP 10MG-20MG ( <i>dextromethorphan hbr-quinidine sulfate</i> )	F	PA-QL QL= 2 caps/day
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>		
PIMOZIDE TAB 1MG, 2MG ( <i>pimozide</i> )	F	-
<b>SMOKING DETERRENTS - Drugs to treat smoking urges</b>		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	QL-SMKG Limited to 180 days/plan year
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
NICOTINE KIT ( <i>nicotine</i> )	\$0	OTC-QL-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-QL-SMKG Limited to 182 days/plan year

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NICOTROL INHALER 10MG ( <i>nicotine</i> )	\$0	QL-SMKG Limited to 180 days/plan year
NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	\$0	QL-SMKG Limited to 180 days/plan year
VARENICLINE TAB .5MG, 1MG ( <i>varenicline tartrate</i> )	\$0	QL-SMKG Limited to 168 days/plan year
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	QL-SMKG Limited to 168 days/plan year
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	QL-SMKG Limited to 168 days/plan year
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis</b>		
WAINUA INJ 45MG/0.8ML ( <i>eplontersen sodium</i> )	F	LD-PA-QL QL= 1 inj/28 days; Only available through Orsini 800-410-8575
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG ( <i>ivacaftor</i> )	F	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	F	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG ( <i>lumacaftor-ivacaftor</i> )	F	KMSP-PA-QL QL= 2 packets/day

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ORKAMBI TAB 100MG-125MG, 125MG-200MG <i>(lumacaftor-ivacaftor)</i>	F	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML <i>(dornase alfa)</i>	F	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG <i>(tezacaftor-ivacaftor)</i>	F	KMSP-PA-QL QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG <i>(elixacaftor-tezacaftor-ivacaftor)</i>	F	KMSP-PA-QL QL= 84 tabs/28 days
<b>PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis</b>		
OFEV CAP 100MG, 150MG <i>(nintedanib esylate)</i>	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>pirfenidone cap 267MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>TETRACYCLINES - Drugs to treat infections</b>		
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	F	-

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<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	F	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	F	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	F	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	F	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		
<i>methimazole tab</i> (TAPAZOLE Equiv)	F	-
<i>propylthiouracil tab 50MG</i>	F	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 130MG, 15MG, 16.25MG, 180MG, 240MG, 300MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG ( <i>thyroid</i> )	F	-
<i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG</i> (SYNTHROID Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 1/1/2025

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<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	F	-
<i>np thyroid tab</i> (ARMOUR THYROID, NATURE THROID Equiv)	F	-
THYROLAR TAB ( <i>liotrix (t3-t4)</i> )	F	-
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	F	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	F	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	F	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	F	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVVID Equiv)	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	F	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	F	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	F	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	F	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	F	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv)	F	OTC

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<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	F	Rx Only
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	F	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	F	-
<i>rabeprazole EC tab 20MG</i> (ACIPHEX Equiv)	F	-
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	F	-
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	F	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>omeprazole tab 20MG</i>	F	OTC
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<i>fesoterodine fumarate ER tab 4MG, 8MG</i> (TOVIAZ Equiv)	F	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	F	-
<i>oxybutynin syrup 5MG/5ML</i>	F	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	F	-
OXYTROL PATCH (OTC) 3.9MG/24HR ( <i>oxybutynin</i> )	F	OTC
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	F	-

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<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	F	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	F	-
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms</b>		
MYRBETRIQ TAB 25MG, 50MG ( <i>mirabegron</i> )	F	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	F	-
<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
BCG INJ 50MG ( <i>bcg vaccine</i> )	EXC	VAC
CAPVAXIVE INJ .5ML ( <i>pneumococcal 21-valent conjugate vaccine</i> )	\$0	VAC
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	VAC
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	\$0	VAC
PREVNAR 20 INJ ( <i>pneumococcal 20-valent conjugate vaccine</i> )	\$0	VAC Covered for members age 19 years or older
TYPHIM VI INJ 25MCG/0.5ML ( <i>typhoid vi polysaccharide vaccine</i> )	EXC	VAC
VAXCHORA SUSP ( <i>cholera vaccine live attenuated</i> )	EXC	VAC

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VAXNEUVANCE INJ ( <i>pneumococcal 15-valent conjugate vaccine</i> )	\$0	VAC
VIVOTIF CAP ( <i>typhoid vaccine</i> )	EXC	VAC
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
AFLURIA INJ, FLUZONE INJ ( <i>influenza virus vaccine split</i> )	\$0	QL-VAC QL= 1 inj/28 days
COMIRNATY INJ 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA) 25MCG/0.25ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
FLUAD INJ ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK INJ ( <i>influenza virus vaccine recombinant hemagglutinin (ha)</i> )	\$0	QL-VAC QL= 1 inj/28 days

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FLUCELVAX INJ ( <i>influenza virus vaccine tissue-cultured subunit</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ ( <i>influenza virus vaccine split preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUMIST NASAL ( <i>influenza virus vaccine live</i> )	\$0	QL-VAC QL= 1 dose/28 days
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
IMOVAX INJ 2.5UNIT/ML ( <i>rabies virus vaccine, hdc</i> )	EXC	VAC
IXCHIQ INJ ( <i>chikungunya virus vaccine live</i> )	EXC	VAC
IXIARO INJ ( <i>japanese encephalitis vaccine inactivated adsorbed</i> )	EXC	VAC
NOVAVAX INJ 5MCG/0.5ML ( <i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days
RABAVERT INJ ( <i>rabies vaccine, pcec</i> )	EXC	VAC
SPIKEVAX INJ 100MCG/0.5ML, 50MCG/0.5ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML 50MCG/0.5ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML ( <i>tick-borne encephalitis virus vaccine, inactivated</i> )	EXC	VAC
YF-VAX INJ ( <i>yellow fever vaccine</i> )	EXC	VAC
<b>VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections</b>		
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		

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CLINDESSE VAGINAL CREAM 2% ( <i>clindamycin phosphate (one dose)</i> )	F	QL QL= 1 applicator/fill
XACIATO GEL 2% ( <i>clindamycin phosphate vaginal</i> )	F	QL QL= 1 applicator/fill
<b>VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy</b>		
PHEXXI GEL .4%-1%-1.8% ( <i>lactic acid-citric acid-potassium bitartrate</i> )	\$0	QL QL= 1 box/fill
<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
CONTRACEPTIVE FILM 28% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE FOAM 12.5% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% ( <i>nonoxynol-9</i> )	\$0	OTC
TODAY SPONGE 1000MG ( <i>nonoxynol-9</i> )	\$0	OTC
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	F	QL QL=1 tube/fill
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	F	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	F	-
TERCONAZOLE CREAM 0.8% ( <i>terconazole vaginal</i> )	F	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	F	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	F	-

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<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	F	QL QL= 8 tabs/28 days, 18 tabs on first fill
ESTRING 2MG, 7.5MCG/24HR ( <i>estradiol vaginal</i> )	F	-
PREMARIN VAGINAL CREAM .625MG/GM ( <i>estrogens, conjugated vaginal</i> )	F	-
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	F	PA
ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	F	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	F	QL QL= 2 inj/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	F	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	F	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	F	RX strength only
VITAMIN D TAB 400UNIT 400UNIT ( <i>ergocalciferol</i> )	\$0	OTC Covered for members 65 years or older
<b>WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>niacin cap</i>	F	OTC

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<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 CAP 500MG ( <i>niacin</i> )	F	OTC
NIACIN TR TAB 1000MG ( <i>niacin</i> )	F	OTC
<i>niacinamide tab 100MG, 500MG</i>	F	OTC

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ALPHABETICAL LISTING OF DRUGS

<b>A</b>					
abacavir soln	79	ADALIMUMAB-AATY 20	5	adapalene cream	101
abacavir tab	79	MG/0.2 ML PFS (2		adapalene gel	101
abacavir/lamivudine tab	79	SYRINGE) KIT		adapalene/benzoyl	101
abacavir/lamivudine/zidovu	79	ADALIMUMAB-AATY 40	5	peroxide gel 0.1-2.5%	
dine tab		MG/0.4 ML PEN (1 PEN)		adapalene/benzoyl	101
abiraterone tab 250mg	59	KIT		peroxide gel 0.3-2.5%	
acamprosate calcium DR	166	ADALIMUMAB-AATY 40	5	ADBRY INJ	108
tab		MG/0.4 ML PEN (2 PEN)		adefovir dipivoxil tab	84
acarbose tab	34	KIT		ADEMPAS TAB	93
acebutolol cap	88	ADALIMUMAB-AATY 40	6	ADVAIR HFA INHALER	21
acetaminophen/codeine tab	13	MG/0.4 ML PFS (2		ADVATE, KOVALTRY INJ	128
acetazolamide ER cap	113	SYRINGE) KIT		ADYNOVATE INJ	128
acetazolamide tab	113	ADALIMUMAB-AATY 80	6	AEROCHAMBER	144
acetic acid otic soln	162	MG/0.8 ML PEN (1 PEN)		AFLURIA INJ, FLUZONE	177
acetic acid/hydrocortisone	163	KIT		INJ	
otic soln		ADALIMUMAB-ADAZ	6	AFSTYLA KIT	128
acetylcysteine soln	100	INJ		AIMOVIG INJ	145
acitretin cap	104	ADALIMUMAB-ADAZ	6	AJOVY INJ	145
ACTHAR GEL INJ	116	PFS INJ		AKYNZEO CAP	43
ACTIMMUNE INJ	56	ADALIMUMAB-FKJP	6	albuterol HFA inhaler	21
acyclovir cap	85	AUTO-INJECTOR KIT		albuterol neb soln	21
acyclovir oint	105	ADALIMUMAB-FKJP	6	ALBUTEROL	21
acyclovir susp	85	AUTO-INJECTOR KIT		NEBULIZER SOLN	
acyclovir tab	85	40MG/0.8ML		albuterol sulfate syrup	22
ADALIMUMAB FKJP KIT	5	ADALIMUMAB-FKJP	6	albuterol sulfate tab	22
INJ 20MG/0.4ML		PFS KIT 20 MG/0.4ML		albuterol/ipratropium neb	22
		ADALIMUMAB-FKJP	6	soln	
		PFS KIT 40 MG/0.8ML		alclometasone cream	106

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## ALPHABETICAL LISTING OF DRUGS

alclometasone oint	106	amantadine syrup	74	amoxicillin/clavulanate tab	165
ALCOHOL SWABS	144	amantadine tab	74	500-125mg, 875-125mg	
ALECENSA CAP	62	ambisentan tab	92	amphetamine/dextroamphe	1
alendronate tab	115	amethyst tab	94	tamine ER cap	
ALENDRONATE TAB	115	amiloride tab	114	amphetamine/dextroamphe	1
40MG		AMILORIDE/HCTZ TAB	113	tamine tab	
alfuzosin SR tab	127	amiloride/hydrochlorothia	113	ampicillin cap	165
allopurinol tab	128	zide tab		anagrelide cap	133
ALOCRILOPHTH SOLN	160	aminocaproic acid soln	137	anastrozole tab	59
ALOGLIPTIN TAB	37	aminocaproic acid tab	137	ANDRODERM PATCH	14
ALOGLIPTIN/PIOGLITAZ	34	amiodarone tab	18	ANNOVERA RING	96
ONE TAB, OSENI TAB		amitriptyline tab	33	ANORO ELLIPTA	22
ALOGLIPTIN-METFORM	34	amlodipine tab	89	INHALER	
IN TAB		amlodipine/benazepril cap	50	APAP/CODEINE SOLN	13
ALOGLIPTIN-PIOGLITAZ	34	amlodipine/olmesartan tab	50	apraclonidine ophth soln	156
ONE TAB		amlodipine/valsartan tab	50	aprepitant cap	44
ALOMIDE OPHTH SOLN	160	ammonium lactate lotion	108	aprepitant pak	44
ALPHANATE, HUMATE-I	129	amnestem cap, claravis	101	APTIVUS CAP	79
INJ		cap, isotretinoin cap,		APTIVUS SOLN	79
ALPHANINE SD INJ	129	myorisan cap, zenatane cap		aripiprazole tab	78
alprazolam tab	17	amoxapine tab	33	armodafinil tab	3
ALPROLIX INJ	129	amoxicillin cap	164	ARMOUR THYROID	173
ALTUVIIIIO INJ	129	AMOXICILLIN CHEW	164	TAB, NATURE THROID	
ALUNBRIG TAB 30MG	62	TAB		TAB	
ALUNBRIG TAB 90MG,	62	amoxicillin susp	165	ARNUITY ELLIPTA	20
180MG		amoxicillin tab	165	INHALER	
ALVESCO INHALER	20	amoxicillin/clavulanate	165	asenapine maleate SL tab	77
amantadine cap	74	susp		ashlyna tab, daysee tab	94

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ALPHABETICAL LISTING OF DRUGS

ASMANEX HFA	21	azelastine ophth soln	160	BENEFIX INJ	129
INHALER		azithromycin susp	140	BENLYSTA	149
ASMANEX INHALER	21	azithromycin tab	140	AUTO-INJECTOR	
aspirin chew tab 81mg	10	<hr/>			
aspirin ec tab 81mg	10	<b>B</b>		BENLYSTA INJ	149
ASTAMED MYO CAP	111	BACITRACIN OPHTH	157	BENZNIDAZOLE TAB	16
atazanavir cap	79	OINT		benzonatate cap 100mg,	99
atenolol tab	88	bacitracin/neomycin/poly	157	200mg	
atenolol/chlorthalidone tab	50	myxin b ophth oint		benztropine tab	74
atomoxetine cap	2	bacitracin/polymyxin b	157	betamethasone augmented	106
atorvastatin tab	47	ophth oint		cream	
atovaquone susp	52	bacitracin/polymyxin/neo	159	BETAMETHASONE	106
atovaquone/proguanil tab	54	mycin/hydrocortisone		AUGMENTED GEL	
atropine ophth oint	155	ophth oint		betamethasone augmented	106
atropine ophth soln	155	baclofen tab	152	lotion	
ATROPINE SULFATE	155	balsalazide cap	124	betamethasone augmented	106
OPHTH OINT		BALVERSA TAB 3MG	63	ointment	
ATROVENT HFA	19	BALVERSA TAB 4MG	63	betamethasone	106
INHALER		BALVERSA TAB 5MG	63	dipropionate cream	
AUGTYRO CAP	62	BAQSIMI NASAL	36	betamethasone	106
AUGTYRO CAP 160MG	62	POWDER		dipropionate lotion	
AUSTEDO XR TAB	168	BCG INJ	176	betamethasone	106
AVONEX INJ	169	B-D INSULIN SYRINGE	144	dipropionate oint	
AYVAKIT TAB	61	U-500		betamethasone valerate	106
AZASITE SOLN	157	B-D PEN AUTOSHIELD	144	cream	
azathioprine tab	87	DUO PEN NEEDLE		betamethasone valerate	106
azelaic acid gel	110	benazepril tab	48	lotion	
azelastine nasal spray 0.1%	153	benazepril/hydrochlorothia	50	betamethasone valerate	106
		zide tab		ointment	

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ALPHABETICAL LISTING OF DRUGS

BETASERON INJ	169	brimonidine tartrate ophth soln 0.1%	156	BYDUREON BCISE AUTO INJ	38
bethanechol tab	176	brimonidine/timolol ophth soln	155	BYDUREON INJ	38
bexarotene cap	73	brinzolamide ophth susp	160	BYDUREON PEN INJ	38
bexarotene gel	103	bromfenac ophth soln	161	BYLVAY CAP 1200MCG	123
bicalutamide tab	59	bromfenac sodium ophth soln 0.07%	161	BYLVAY CAP 400MCG	123
BIKTARVY TAB	79	bromocriptine cap	74	BYLVAY SPRINKLE CAP 200MCG	123
bimatoprost ophth soln	109	bromocriptine tab	74	BYLVAY SPRINKLE CAP 600MCG	123
bisoprolol tab	88	BRUKINSA CAP	63	<b>C</b>	
bisoprolol/hydrochlorothiazide tab	50	budesonide inh susp	21	cabergoline tab	119
bosentan tab	92	budesonide SR cap	97	CABLIVI INJ KIT	133
BOSULIF CAP	63	budesonide/formoterol inhaler	22	CABOMETYX TAB	63
BOSULIF TAB	63	bumetanide tab	114	calcipotriene cream	104
BRAFTOVI CAP 75MG	63	buprenorphine SL tab	14	calcipotriene oint	104
BREO ELLIPTA INHALER	22	buprenorphine/naloxone sl film	14	CALCIPOTRIENE SOLN	104
BREO ELLIPTA INHALER 50-25 MCG/ACT	22	buprenorphine/naloxone SL tab	14	calcitonin nasal spray	115
BREZTRI AEROSPHERE INHALER	22	bupropion ER tab	31	calcitriol cap	118
BRILINTA TAB	133	bupropion SR tab	170	calcitriol soln	118
brimonidine ophth soln 0.15%	156	bupropion tab	31	calcium acetate cap	125
brimonidine ophth soln 0.2%	156	bupropion XL tab	31	CALIBRATION LIQUID	141
brimonidine tartrate gel	110	buspironone tab	17	CALQUENCE TAB	63
		butorphanol nasal spray	14	CAMZYOS CAP	90
				capecitabine tab	57
				CAPRELSA TAB	64
				CAPRELSA TAB 300MG	64
				captopril tab	48

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ALPHABETICAL LISTING OF DRUGS

CAPVAXIVE INJ	176	cetirizine/pseudoephedrine	99	cilostazol tab	134
carbamazepine chew tab	25	12-hour tab		CIMDUO TAB	79
carbamazepine ER cap	26	cetorelix acetate for inj	116	CIMZIA INJ	124
carbamazepine ER tab	26	kit		cinacalcet tab	118
carbamazepine susp	26	cevimeline cap	150	ciprofloxacin hcl otic soln	162
carbamazepine tab	26	CHEMET CAP	41	ciprofloxacin ophth soln	157
carbidopa tab	74	chlordiazepoxide cap	17	ciprofloxacin susp	121
carbidopa/levodopa ER tab	74	chlorhexidine gluconate	149	ciprofloxacin tab	121
CARBIDOPA/LEVODOPA	74	soln		ciprofloxacin/dexamethaso	162
ODT		chloroquine tab	54	ne otic susp	
carbidopa/levodopa tab	75	CHLOROTHIAZIDE TAB	114	citalopram soln	32
carbidopa-levodopa-entaca	76	chlorpromazine tab	78	citalopram tab	32
pone tab		chlorthalidone tab	115	CITRULLINE PACKET	155
carglumic acid tab	118	chlorzoxazone tab 500mg	152	CLARITHROMYC SUSP	140
carisoprodol tab	152	CHOLBAM CAP	122	clarithromycin tab	140
carvedilol tab	88	cholestyramine lite	46	clindamycin cap	53
CAYSTON INH SOLN	53	powder		clindamycin gel	101
cefdinir cap	94	cholestyramine lite	46	clindamycin lotion	101
cefdinir susp	94	powder pack		clindamycin pad	101
cefuroxime tab	93	cholestyramine powder	46	clindamycin topical soln	101
celecoxib cap	7	cholestyramine powder	46	clindamycin vaginal cream	179
cephalexin cap	93	pack		CLINDESSE VAGINAL	179
cephalexin susp	93	CIBINQO TAB	108	CREAM	
CERDELGA CAP	134	ciclopirox cream	102	clobazam susp	25
CERVICAL CAP	141	ciclopirox gel	102	clobazam tab	25
cetirizine syrup	45	ciclopirox nail soln	102	clobetasol propionate	106
cetirizine tab	45	ciclopirox shampoo	102	cream	
		ciclopirox topical susp	103		

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## ALPHABETICAL LISTING OF DRUGS

clobetasol propionate emollient cream	106	COLY-MYCIN S OTIC SUSP	162	cromolyn conc	122
clobetasol propionate gel	107	COMBIPATCH	120	cromolyn neb soln	19
clobetasol propionate oint	107	COMBIVENT RESPIMAT INHALER	22	cromolyn ophth soln	161
clomiphene citrate tab	116	COMETRIQ KIT	64	CROMOLYN SODIUM OPTH SOLN	161
CLOMIPHENE TAB	116	COMIRNATY INJ	177	cryselle tab	94
clonazepam tab	25	COMIRNATY INJ 30MCG/0.3ML	177	CUE COVID-19 INJ TEST CARTRIDGE	111
clonidine ER tab	2	COMPLERA TAB	79	CUE HEALTH MONITOR	111
clonidine patch	49	CONTRACEPTIVE FILM	179	cyanocobalamin inj	135
clonidine tab	49	CONTRACEPTIVE FOAM	179	cyclobenzaprine tab 10mg	152
clopidogrel tab 75mg	134	CONTRACEPTIVE GEL	179	cyclobenzaprine tab 5mg	152
clotrimazole troches	149	COPIKTRA CAP	64	CYCLOMYDRIL OPTH SOLN	156
clotrimazole/betamethason e cream	103	CORIFACT KIT	129	cyclopentolate ophth soln	156
clozapine tab	77	COTELLIC TAB	64	cyclophosphamide cap	56
COAGADEX INJ	129	COVID-19 TEST	111	CYCLOPHOSPHAMIDE TAB	57
CODEINE SULFATE TAB 15MG	10	COVID-19 VACCINE INJ 5-11Y (PFIZER)	177	cyclosporine cap	87
codeine sulfate tab 15mg, 30mg	10	COVID-19 VACCINE INJ 6M-11Y (MODERNA)	177	cyclosporine modified cap	87
CODEINE SULFATE TAB 60MG	11	COVID-19 VACCINE INJ 6M-4Y (PFIZER)	177	cyclosporine modified soln	87
colchicine tab	128	CREATINE PACKET 5000MG	155	cyclosporine ophth emulsion	158
colchicine/probenecid tab	128	CREON CAP	113	cyproheptadine syrup	45
colesevelam pack	46	CRINONE GEL	180	cyproheptadine tab	45
colesevelam tab	47	CRIXIVAN CAP	79	CYSTADROPS SOLN	161
colestipol tab	47			CYSTAGON CAP	126

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ALPHABETICAL LISTING OF DRUGS

CYSTARAN OPHTH SOLN	161	DEXAMETHASONE CONC	97	DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	25
CYTRA K CRYSTALS	125	dexamethasone elixir	97	diazepam conc	17
CYTRA-3 SYRUP	125	DEXAMETHASONE OPHTH SOLN	159	DIAZEPAM GEL	25
<b>D</b>					
dalfampridine ER tab	169	dexamethasone sodium phosphate inj	97	diazepam oral soln 5mg/5ml	17
danazol cap	14	DEXAMETHASONE SOLN	97	diazepam rectal gel	25
dantrolene cap	152	dexamethasone tab	98	diazepam tab 2mg, 10mg	17
dapsone tab	53	DEXCOM G6 RECEIVER	141	diazepam tab 5mg	17
darunavir tab	80	DEXCOM G6 SENSOR	141	diclofenac gel	103
dasatinib tab	64	DEXCOM G6 TRANSMITTER	141	diclofenac gel 1%	103
DAYBUE SOLN	154	DEXCOM G7 RECEIVER	142	diclofenac potassium tab	7
deferasirox granules packet	42	DEXCOM G7 SENSOR	142	diclofenac sodium EC tab	8
deferasirox tab	42	dexmethylphenidate ER cap	3	diclofenac sodium ophth soln	161
deferasirox tab for oral susp	42	dexmethylphenidate tab	3	diclofenac sodium XR tab	8
deferiprone tab	42	dextroamphetamine ER cap	1	dicloxacillin cap	165
DELSTRIGO TAB	80	dextroamphetamine tab	1	dicyclomine cap	174
DEPLIN CAP	112	DIACOMIT CAP	26	dicyclomine soln	174
DEPO-PROVERA INJ	97	DIACOMIT POWDER PACK	26	dicyclomine tab	174
DESCOVY TAB	80	DIALYVITE TAB	150	didanosine DR cap	80
desipramine tab	33	DIALYVITE/ZINC TAB	150	DIFICID SUSP	141
desmopressin acetate tab	119	DIAPHRAGM	141	DIFICID TAB	141
desoximetasone cream	107			difluprednate ophth emulsion	159
desoximetasone oint	107			digoxin soln	90
desvenlafaxine ER tab	33			DIGOXIN SOLN 0.05MG/ML	90

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digoxin tab	90	doxazosin tab	49	efavirenz tab	80
DILANTIN CAP 30MG	30	doxepin cap	34	efavirenz/emtricitabine/tenofovir df tab	80
diltiazem ER cap	89	doxepin conc	34	ofovir df tab	
diltiazem tab	89	doxercalciferol cap	118	efavirenz/lamivudine/tenofovir df (lo) tab	80
dimethyl fumarate DR cap	169	doxycycline hyclate cap	172	EGRIFTA INJ	117
dimethyl fumarate DR starter pack	169	doxycycline hyclate tab	173	ELIGEN B12 TAB	112
diphenhydramine cap 50mg	45	doxycycline monohydrate cap 100mg	173	ELIQUIS TAB, ELIQUIS STARTER PACK	24
DIPHENOXYLATE/ATROPINE LIQUID	41	doxycycline monohydrate cap 50mg	173	ELIXOPHYLLIN ELIXIR	24
diphenoxylate/atropine tab	41	doxycycline monohydrate tab	173	ELLA TAB	96
dipyridamole tab	134	doxycycline susp	173	ELOCTATE INJ	129
disopyramide cap	18	D-PENAMINE TAB	86	EMCYT CAP	59
disulfiram tab	166	dronabinol cap	43	EMGALITY INJ	145
DIURIL SUSP	115	drospirenone/ethinyl estradiol/levomefolate tab	94	EMGALITY INJ 100MG/ML	145
divalproex ER tab	30	DROXIA CAP	134	EMPAVELI INJ	132
divalproex sodium DR tab	30	DRYSOL SOLN	110	emtricitabine cap	80
divalproex sprinkle cap	30	DULERA INHALER	23	emtricitabine/tenofovir	80
dofetilide cap	18	duloxetine EC cap	33	disoproxil fumarate tab	
donepezil ODT	167	DUPIXENT INJ	108	EMTRIVA SOLN	80
donepezil tab	167	DUPIXENT PEN INJ	108	EMVERM TAB	16
donepezil tab 23mg	167	dutasteride cap	127	enalapril tab	48
DOPLETELET TAB	135			enalapril/hydrochlorothiazide tab	50
dorzolamide ophth soln	161	<b>E</b>		ENBREL INJ 25MG	10
dorzolamide/timolol ophth soln	155	econazole cream	103	ENBREL INJ 50MG	10
DOVATO TAB	80	EDURANT TAB	80	ENBREL MINI INJ	10
		EFAVIRENZ CAP	80		

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ENBREL SURECLICK INJ 50MG	10	erythromycin gel	101	everolimus tab	148
ENDOMETRIN INSERT	180	erythromycin ophth oint	157	(ZORTRESS equiv)	
enoxaparin inj	25	erythromycin pad	101	everolimus tab for oral susp	64
enpresse tab	94	erythromycin soln	101	EVOTAZ TAB	80
ENSPRYNG INJ	148	escitalopram soln	32	EVRYSDI SOLN	154
entacapone tab	74	escitalopram tab	32	exemestane tab	60
entecavir tab	84	esomeprazole cap	174	ezetimibe tab	47
ENTYVIO SC INJ	124	ESPEROCT INJ	130	<hr/>	
EPIDIOLEX SOLN	26	estazolam tab	138	<b>F</b>	
EPIFOAM AEROSOL	107	estradiol cream	179	FALESSA TAB	112
epinephrine pen inj 0.15mg, 0.3mg	180	estradiol patch	121	famciclovir tab	86
EPIVIR HBV SOLN	84	estradiol tab	121	famotidine susp	174
eplerenone tab	51	estradiol vaginal tab, yuvafem vaginal tab	180	famotidine tab	174
EQUETRO CAP	76	estradiol valerate inj	121	FARXIGA TAB	40
ERIVEDGE CAP	59	estradiol/norethindrone tab	120	FASENRA PEN INJ	19
ERLEADA TAB	59	ESTRING	180	febuxostat tab	128
ERLEADA TAB 240MG	59	eszopiclone tab	138	FEIBA INJ	130
erlotinib tab	58	ethacrynic tab	114	felbamate susp	28
erlotinib tab 25mg	58	ethambutol tab	55	felbamate tab	28
ERY PAD	101	ethosuximide cap	30	felodipine ER tab	89
ERYTHROMYCIN CAP DR	140	ethosuximide soln	30	FEMALE CONDOMS	141
ERYTHROMYCIN EC CAP	140	etodolac cap	8	FEMLYV TAB	94
erythromycin	140	etodolac tab	8	fenofibrate cap 67mg, 134mg, 200mg	47
ethylsuccinate susp		ETOPOSIDE CAP	74	fenofibrate tab 48mg, 54mg, 145mg, 160mg	47
		etravirine tab	80	fenofibric acid DR cap	47
		EULEXIN CAP	59	fentanyl patch	11
		everolimus tab	64		

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ferrex 150 forte cap	136	fluocinolone otic oil	163	FLUTICASONE-SALMET	23
FERRIPROX SOLN	41	fluocinonide cream 0.05%	107	EROL INHALER 113-14	
fesoterodine fumarate ER	175	fluocinonide cream 0.1%	107	MCG/ACT	
tab		fluocinonide emollient	107	FLUTICASONE-SALMET	23
FIBRYGA, RIASTAP INJ	130	cream		EROL INHALER 232-14	
FILSPARI TAB	127	FLUOCINONIDE GEL	107	MCG/ACT	
finasteride tab	109	fluocinonide oint	107	FLUTICASONE-SALMET	23
fingolimod hcl cap 0.5mg	169	fluocinonide soln	107	EROL INHALER 55-14	
FINTEPLA SOLN	26	FLUORIDEX	150	MCG/ACT	
FIRDAPSE TAB	55	SENSITIVITY PASTE		fluvoxamine ER cap	32
flecainide tab	18	fluorometholone ophth	159	fluvoxamine tab	32
FLORIVA PLUS DROPS	151	soln		FLUZONE HIGH DOSE	178
FLUAD INJ	177	fluorouracil cream	103	PF INJ	
FLUBLOK INJ	177	FLUOROURACIL SOLN	104	FOLBEE PLUS CZ TAB	150
FLUCELVAX INJ	178	fluoxetine cap	32	folbee tab	136
fluconazole susp	44	fluoxetine soln	32	folic acid tab 1mg	135
fluconazole tab	44	fluoxetine tab 60mg	32	folic acid tab 400mcg	135
flucytosine cap	44	fluphenazine tab	78	folic acid tab 800mcg	135
fludrocortisone tab	99	FLURBIPROFEN OPHTH	161	fondaparinux inj	25
FLULAVAL INJ, FLUARI	178	SOLN		fosamprenavir tab	80
INJ		flurbiprofen tab	8	fosinopril tab	48
FLUMIST NASAL	178	flutamide cap	60	fosinopril/hydrochlorothia	51
fluocinolone acetamide	107	fluticasone nasal spray	153	zide tab	
cream		fluticasone propionate	107	FOSRENOL POWDER	125
fluocinolone acetamide	107	cream		PACK	
ointment		fluticasone propionate oint	107	FOTIVDA CAP	64
fluocinolone acetamide	107	fluticasone/salmeterol	23	FREESTYLE LIBRE 2	142
soln		inhaler, wixela inhaler		RECEIVER	

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ALPHABETICAL LISTING OF DRUGS

FREESTYLE LIBRE 2 SENSOR	142	GAVRETO CAP	65	GLYGEST PAK	112
FREESTYLE LIBRE 2-PLUS SENSOR	142	gefitinib tab	58	GOLYTELY SOLN	139
FREESTYLE LIBRE 3 READER	142	gemfibrozil tab	47	granisetron tab	43
FREESTYLE LIBRE 3 SENSOR	142	GENOTROPIN INJ	117	griseofulvin micro tab	44
FREESTYLE LIBRE 3-PLUS SENSOR	142	GENTAK OPHTH OINT	157	griseofulvin susp	44
FREESTYLE LIBRE RECEIVER	142	gentamicin ophth soln	157	griseofulvin tab	44
FREESTYLE LIBRE SENSOR (14-DAY)	142	gentamicin sulfate cream	102	guaifenesin/codeine soln	99
FRUZAQLA CAP 1MG	57	gentamicin sulfate oint	102	guaifenesin/codeine syrup	99
FRUZAQLA CAP 5MG	57	GENVOYA TAB	81	guanfacine ER tab	3
FULPHILA INJ	135	gianvi tab, ocella tab	94	guanfacine IR tab	49
FUROSCIX KIT	114	GILENYA CAP 0.25MG	169	GVOKE INJ	36
furosemide soln	114	GILOTRIF TAB	58	GVOKE INJ KIT	37
furosemide tab	114	glatiramer inj	169	GVOKE PFS INJ	37
<b>G</b>		GLEOSTINE/LOMUSTIN E CAP	57	<b>H</b>	
gabapentin cap	26	glimepiride tab	40	HADLIMA INJ	6
gabapentin soln	26	glipizide ER tab	40	HADLIMA INJ 40MG/0.8ML	6
gabapentin tab 600mg	27	glipizide tab	41	HADLIMA PUSH INJ	7
gabapentin tab 800mg	27	glipizide/metformin tab	35	HADLIMA PUSH INJ 40MG/0.8ML	7
galantamine ER cap	167	GLUCAGEN HYPOKIT INJ	36	halobetasol propionate cream	107
galantamine tab	167	GLUCAGON EMR INJ	36	halobetasol propionate oint	107
GALZIN CAP	147	GLUCAGON INJ KIT	36	haloperidol lactate conc	77
		GLUCAGON KIT	36	haloperidol tab	77
		GLYBURID MCR TAB	41	HEMLIBRA INJ	130
		glyburide tab	41	HEMOFIL M, KOATE INJ	130
		glyburide/metformin tab	35		
		glycopyrrolate tab	174		

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ALPHABETICAL LISTING OF DRUGS

HEXALEN CAP	55	hydrocodone/acetaminoph	13	hyoscyamine sulfate CR	174
HIZENTRA INJ	163	en tab		tab	
HOMATROPINE OPHTH SOLN	156	hydrocodone/homatropine	99	hyoscyamine sulfate elixir	174
HUMALOG JR	38	syrup		hyoscyamine sulfate ODT	174
KWIKPEN INJ		HYDROCORTISONE	16	hyoscyamine sulfate SL tab	174
HUMALOG KWIKPEN INJ	38	ACETATE/PRAMOXINE		hyoscyamine tab	174
HUMALOG MIX INJ	39	CREAM		HYQVIA INJ	164
HUMALOG MIX	39	hydrocortisone cream	107	<b>I</b>	
KWIKPEN, INSULIN LISPRO MIX KWIKPEN		hydrocortisone enema	15	ibandronate tab 150mg	115
HUMALOG PEN INJ	39	hydrocortisone lotion	108	ibuprofen susp (Rx ONLY)	8
HUMULIN MIX INJ	39	HYDROCORTISONE	108	ibuprofen tab	8
HUMULIN MIX PEN INJ	39	LOTION 2.5%		ICLUSIG TAB	65
HUMULIN N INJ	39	hydrocortisone oint	108	IDELVION INJ	130
HUMULIN N PEN INJ	39	hydrocortisone succinate	98	IDHIFA TAB	65
HUMULIN R INJ	39	inj 100mg		ILEVRO OPHTH SUSP	161
HUMULIN R INJ U-500	39	hydrocortisone tab	98	imatinib tab	65
HUMULIN R U-500	39	hydromorphone tab 2mg	11	IMBRUVICA CAP 140MG	65
KWIKPEN INJ		hydromorphone tab 4mg	11	IMBRUVICA CAP 70MG	65
HYCAMTIN CAP	56	hydromorphone tab 8mg	11	IMBRUVICA SUSP	65
hydralazine tab	51	hydroquinone cream	110	IMBRUVICA TAB	65
hydrochlorothiazide cap	115	hydroxychloroquine tab	54	420MG, 560MG	
hydrochlorothiazide tab	115	hydroxyprogesterone inj	166	IMCIVREE INJ	2
hydrocodone/acetaminoph en soln	13	hydroxyurea cap	56	imipramine tab	34
		hydroxyzine pamoate cap	17	imiquimod cream	109
		hydroxyzine syrup	17	IMOVAX INJ	178
		hydroxyzine tab	17	IMPAVIDO CAP	52
		HYFTOR GEL	109	INCRELEX INJ	117

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ALPHABETICAL LISTING OF DRUGS

INCRUSE ELLIPTA	19	irbesartan tab	49	JANUMET XR TAB	35
INHALER		irbesartan/hydrochlorothia	51	JANUVIA TAB	37
indapamide tab	115	zide tab		JARDIANCE TAB	40
indomethacin cap	8	ISENTRESS (HD) TAB	81	JAYPIRCA TAB	66
indomethacin CR cap	8	ISENTRESS CHEW TAB	81	jinteli tab	120
INFANT FORMULA	112	ISENTRESS POWDER	81	JIVI INJ	130
LIQUID		PACK		JOENJA TAB	147
INFANT FORMULA	112	isibloom tab, enskyce tab,	94	JULUCA TAB	81
POWDER		apri tab		JYNARQUE PAK	120
INGREZZA CAP	168	isoniazid syrup	55	JYNARQUE TAB	120
INGREZZA PACK	168	isoniazid tab	55		
40-80MG		ISOPTO CARBACHOL	156	<b>K</b>	
INGREZZA SPRINKLE	168	OPHTH SOLN		KALYDECO PAK	171
CAP		isosorbide dinitrate tab	16	KALYDECO TAB	171
INLYTA TAB	57	isosorbide mononitrate ER	16	kelnor tab	94
INQOVI TAB	62	tab		KESIMPTA INJ	169
INSULIN LISPRO INJ	39	ISOSORBIDE	16	ketoconazole cream	103
INSULIN LISPRO JR	39	MONONITRATE TAB		ketoconazole shampoo	103
KWIKPEN INJ		itraconazole cap	44	ketoconazole tab	45
INSULIN LISPRO	40	ivabradine hcl tab	93	KETO-DIASTIX TEST	111
KWIKPEN INJ		ivermectin tab	16	STRIP	
INTELENCE TAB	81	IWILFIN TAB	74	ketorolac inj 15mg/ml	8
INTRON-A INJ	56	IXCHIQ INJ	178	ketorolac inj 30mg/ml	8
INVIRASE CAP	81	IXIARO INJ	178	ketorolac inj 60mg/2ml	8
INVIRASE TAB	81	IXINITY INJ	130	ketorolac ophth soln	161
IOPIDINE OPHTH SOLN	156			ketorolac tab	8
ipratropium nasal spray	153	<b>J</b>		KETOSTIX	111
ipratropium neb soln	19	JAKAFI TAB	66	ketotifen ophth soln	161
		JANUMET TAB	35	KEVZARA INJ	7

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## ALPHABETICAL LISTING OF DRUGS

KINERET INJ	7	lanthanum carbonate chew	125	levothyroxine tab	173
KISQALI PAK	62	tab		LEXIVA SUSP	81
KISQALI TAB	66	lapatinib ditosylate tab	66	l-glutamine powder packet	135
KLOXXADO NASAL	42	latanoprost ophth soln	162	lidocaine cream 3%	109
SPRAY		layolis FE tab, wymzya FE	94	lidocaine gel	110
KOGENATE FS INJ	130	tab		lidocaine oint	110
KOSELUGO CAP	66	LEDIPASVIR/SOFOSBUV	85	lidocaine patch 5%	110
KOSELUGO CAP 10MG	66	IR TAB		lidocaine soln	110
KRAZATI TAB	66	leflunomide tab	9	lidocaine viscous soln	149
KRINTAFEL TAB	54	lenalidomide cap	148	lidocaine/hydrocortisone	15
<b>L</b>		LENVIMA CAP	58	cream	
labetalol tab	88	letrozole tab	60	lidocaine/prilocaine cream	110
lacosamide oral solution	27	leucovorin tab	56	linezolid susp	53
lacosamide tab	27	levabuterol neb soln	23	linezolid tab	53
LACTIC ACID LOTION	108	levetiracetam ER tab	27	liothyronine tab	174
lactulose soln	124	levetiracetam soln	27	LIQUIGEN	154
LAGEVRIO CAP (EUA)	86	levetiracetam tab	27	liraglutide soln	37
LAGEVRIO CAP 200MG	86	levobunolol ophth soln	155	pen-injector	
lamivudine soln	81	levocarnitine soln	118	lisdexamfetamine	1
lamivudine tab	81	levocarnitine tab	118	dimesylate cap	
lamivudine tab 100mg	84	levofloxacin ophth soln	157	lisdexamfetamine	1
lamivudine/zidovudine tab	81	LEVOFLOXACIN OPHTH	157	dimesylate chew tab	
lamotrigine chew tab	27	SOLN 0.5%		lisinopril tab	49
lamotrigine tab	27	levofloxacin soln	121	lisinopril/hydrochlorothiaz	51
LAMPIT TAB	52	levofloxacin tab	121	ide tab	
LANCET KIT	142	levonorgestrel tab	96	LITFULO CAP	109
LANCETS	142	levonorgestrel-ethinyl	95	lithium carbonate cap	76
lansoprazole cap	175	estradiol-fe tab		lithium carbonate ER tab	76

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## ALPHABETICAL LISTING OF DRUGS

lithium carbonate tab	76	loteprednol etabonate	159	MATULANE CAP	56	
lithium oral solution	76	ophth gel		MAVENCLAD THERAPY	169	
LIVMARLI SOLN	123	loteprednol ophth susp	159	PAK		
LIVMARLI SOLN	124	lovastatin tab	47	MAVYRET PAK	85	
19MG/ML		loxapine cap	77	MAVYRET TAB	85	
LIVTENCITY TAB	84	lubiprostone cap	122	MAXIDEX OPHTH SOLN	159	
L-METHYLFOLATE TAB	112	LUMAKRAS TAB	66	MAYZENT TAB	169	
LO LOESTRIN TAB	95	LUMAKRAS TAB 240MG	67	MAYZENT TAB STARTEI	169	
LOKELMA PAK	149	LUMAKRAS TAB 320MG	67	PACK		
LONSURF TAB	62	LUMIGAN OPHTH SOLN	162	MCT OIL	154	
lopinavir/ritonavir soln	81	LUMRYZ PACK	166	meclizine chew tab	43	
lopinavir/ritonavir tab	81	LUMRYZ STARTER	166	meclizine tab	43	
loratadine chew tab	45	PACK		medroxyprogesterone tab	166	
loratadine ODT	45	LUPKYNIS CAP	148	mefloquine tab	54	
loratadine syrup	45	lurasidone hcl tab	76	megestrol susp	60	
loratadine tab	45	LUVIRA CAP	112	megestrol tab	60	
loratadine/pseudoephedrin	100	LYNPARZA TAB	67	MEKINIST SOLN	67	
e 12-hour tab		LYSODREN TAB	60	MEKINIST TAB 0.5MG	67	
loratadine/pseudoephedrin	100	LYTGOBI THERAPY	67	MEKINIST TAB 2MG	67	
e 24-hour tab		PACK		MEKTOVI TAB	67	
lorazepam conc	18	LYUMJEV INJ	40	meloxicam tab	8	
lorazepam tab	18	LYUMJEV KWIKPEN INJ	40	MELPHALAN TAB	57	
LORBRENA TAB 100MG	66	<b>M</b>			memantine ER cap	167
LORBRENA TAB 25MG	66	malathion lotion	110	memantine soln	167	
losartan tab	49	MALE CONDOMS	141	memantine tab	167	
losartan/hydrochlorothiazide	51	MAPROTILINE TAB	31	mercaptapurine tab	56	
de tab		maraviroc tab	81	mesalamine enema	124	
LOTEMAX OPHTH OINT	159	MARPLAN TAB	32	mesalamine ER cap	124	

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## ALPHABETICAL LISTING OF DRUGS

mesalamine supp	124	methylphenidate tab	4	minocycline cap	173
MESNEX TAB	56	methylprednisolone	98	minoxidil tab	51
METANX CAP	112	acetate inj		mirtazapine ODT	31
metformin ER tab	36	methylprednisolone dose	98	mirtazapine tab	31
metformin tab	36	pack		MIRVASO GEL	110
methadone conc	11	methylprednisolone tab	98	misoprostol tab	175
methadone soln 10mg/5ml	11	methylprenisolone sod	98	modafinil tab	4
methadone soln 5mg/5ml	12	succinate inj		mometasone cream	108
methadone tab	12	metoclopramide soln	123	mometasone oint	108
methadone tablet 10mg	12	metoclopramide tab	123	mometasone soln	108
methazolamide tab	113	metolazone tab	115	montelukast chew tab	20
methenamine hippurate tab	54	metoprolol ER tab	88	montelukast granule pack	20
methimazole tab	173	metoprolol tab	88	montelukast tab	20
methocarbamol tab	152	metoprolol/hydrochlorothi	51	morphine sulfate ER tab	12
methotrexate inj	57	azide tab		morphine sulfate oral soln	12
methotrexate tab	56	metronidazole cream	110	10mg/5ml	
METHOXSALLEN CAP	104	metronidazole gel	110	MORPHINE SULFATE	12
methsuximide cap	30	metronidazole gel 0.75%	110	SOLN	
methyl dopa tab	50	metronidazole lotion	110	morphine sulfate tab	12
methylergonovine tab	163	metronidazole tab	52	MOUNJARO INJ	37
methylphenidate CD cap	3	metronidazole vaginal gel	179	moxifloxacin ophth soln	157
methylphenidate chew tab	3	mexiletine hcl cap	18	moxifloxacin tab	121
methylphenidate ER cap	3	midazolam inj	138	MULTAQ TAB	18
METHYLPHENIDATE ER	4	midodrine tab	180	MULTIGEN FOLIC TAB	136
TAB		mifepristone tab	37	MULTIGEN PLUS TAB	136
methylphenidate ER tab	4	mifepristone tab 200mg	119	MULTIGEN TAB	136
10mg, 20mg		MIFIPREX TAB	119		
methylphenidate soln	4	miglustat cap	134		

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ALPHABETICAL LISTING OF DRUGS

MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML	151	NALOXONE HCL SOLN 0.4MG/ML	42	neomycin/polymyxin/dexa methasone ophth soln	159
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML	151	naloxone inj	42	NEOMYCIN/POLYMYXI N/HYDROCORTISONE	159
MULTIVITAMIN/FLOURI DE CHEW 0.25MG	151	naloxone prefilled inj	42	OPHTH SOLN	
MULTIVITAMIN/FLOURI DE CHEW 1MG	151	naltrexone tab	41	NEPHRON FA TAB	137
MULTIVITAMIN/FLUORI DE CHEW TAB	151	naproxen EC tab	9	NERLYNX TAB	67
multivitamin/minerals tab	151	naproxen tab	9	NEVANAC OPTH SUSP	162
mupirocin oint	102	NARCAN NASAL SPRAY	42	NEVIRAPINE ER TAB	82
mycophenolate DR tab	87	NATACYN OPTH SUSP	157	NEVIRAPINE SUSP	82
mycophenolate mofetil cap	87	NATAZIA TAB	95	nevirapine tab	82
mycophenolate mofetil susp	87	nateglinide tab	40	NEXLETOL TAB	46
mycophenolate mofetil tab	87	NATPARA INJ	115	NEXLIZET TAB	46
MYFEMBREE TAB	120	nebivolol hcl tab	88	NEXPLANON IMPLANT	97
MYLERAN TAB	57	NEBUSAL NEB SOLN	100	NEXTSTELLIS TAB	95
MYRBETRIQ TAB	176	NEFAZODONE TAB	33	niacin cap	180
<b>N</b>		nefazodone tab 50mg, 250mg	33	niacin CR tab	181
nabumetone tab	8	neomycin tab	4	niacin ER tab	48
nadolol tab	88	NEOMYCIN/POLYMIXIN /GRAMICIDIN OPTH SOLN	158	niacin tab	181
naloxone hcl nasal spray	42	neomycin/polymixin/hydro coritisona otic soln	163	NIACIN TR CAP	181
		neomycin/polymixin/hydro coritisona otic susp	163	NIACIN TR TAB	181
		neomycin/polymyxin/dexa methasone ophth oint	159	niacinamide tab	181
				nicotine gum	170
				NICOTINE KIT	170
				nicotine lozenge	170
				nicotine patch	170
				NICOTROL INHALER	171

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NICOTROL NASAL SPRAY	171	nortrel 7/7/7 tab, pirmella 7/7/7 tab	95	nystatin topical powder	103
nifedipine cap	89	nortrel tab	95	nystatin/triamcinolone cream	103
nifedipine ER tab	89	nortriptyline cap	34	nystatin/triamcinolone oint	103
nilutamide tab	60	nortriptyline oral soln	34	NYVEPRIA INJ	135
NINLARO CAP	68	NORVIR CAP	82	<b>O</b>	
NITAZOXANIDE TAB	52	NORVIR POWDER PACK	82	OBIZUR INJ	131
nitrofurantoin	54	NORVIR SOLN	82	OCALIVA TAB	122
macrocrystals cap		NOVAVAX INJ	178	octreotide inj	119
nitrofurantoin	54	NOVOEIGHT INJ	131	OCTREOTIDE INJ	120
monohydrate cap		NOVOSEVEN RT INJ	131	100MCG	
nitroglycerin patch	16	np thyroid tab	174	ODEFSEY TAB	82
nitroglycerin SL tab	17	NUBEQA TAB	60	ODOMZO CAP	59
NIVESTYM INJ	135	NUCALA INJ	19	OFEV CAP	172
NIZORAL A-D SHAMPOO	103	NUEDEXTA CAP	170	ofloxacin ophth soln	158
norethindrone ace-ethinyl estradiol-fe cap	95	NULYTELY SOLN	139	ofloxacin tab	122
norethindrone	95	NUTRITIONAL SUPPLEMENT LIQUID	112	OGSIVEO TAB	68
acetate/ethinyl estradiol FE chew tab		NUTRITIONAL SUPPLEMENT POWDER	113	OGSIVEO TAB 50MG	68
norethindrone	95	NUVARING	96	OJEMDA SUSP	68
acetate/ethinyl estradiol tab		NUWIQ INJ	131	OJEMDA TAB	68
norethindrone tab	97	NUWIQ KIT	131	olanzapine ODT	77
norethindrone/ethinyl estradiol FE tab	95	nystatin cream	103	olanzapine tab	78
		nystatin oint	103	olanzapine/fluoxetine cap	168
		nystatin powder	44	OLLIZAC POWDER	112
		nystatin susp	149	olmesartan tab	49
		nystatin tab	44	olmesartan/hydrochlorothiazide tab	51

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olopatadine ophth soln 0.1%	162	ONETOUCH METER	143	ORKAMBI GRANULES PACKET	171
olopatadine ophth soln 0.2%	162	ONETOUCH TEST STRIP	111	ORKAMBI TAB	172
OLUMIANT TAB	4	ONETOUCH VERIO	143	ORSERDU TAB	60
omega-3-acid ethyl esters cap	46	FLEX METER		ORSERDU TAB 345MG	61
omeprazole DR cap	175	ONETOUCH VERIO IQ	143	oseltamivir cap	86
omeprazole tab	175	METER		oseltamivir cap 30mg	86
OMNIPOD 5 G6 INTRO KIT	142	ONETOUCH VERIO	144	oseltamivir susp	86
OMNIPOD 5 G6 PODS	143	METER		OTEZLA STARTER PACK	9
MISC		ONETOUCH VERIO	144	OTEZLA TAB	9
OMNIPOD 5 G7 KIT	143	REFLECT METER		OVIDREL INJ	116
INTRO		ONETOUCH VERIO TEST STRIP	111	oxcarbazepine susp	27
OMNIPOD 5 G7 MIS	143	OPILL TAB	97	oxcarbazepine tab	27
PODS		OPSUMIT TAB	92	oxybutynin ER tab	175
OMNIPOD 5 INTRO KIT	143	OPVEE NASAL SPRAY	42	oxybutynin syrup	175
OMNIPOD 5 PACK PODS	143	ORACIT SOLN	125	oxybutynin tab	175
OMNIPOD DASH INTRO KIT	143	ORENCIA CLICK INJ	9	oxycodone soln	12
OMNIPOD DASH PODS	143	ORENCIA SC INJ 125MG/ML	9	oxycodone tab	13
OMNIPOD GO KIT	143	ORENCIA SC INJ 50MG/0.4ML	9	oxycodone/acetaminophen tab	13
OMNIPOD STARTER KIT	143	ORENCIA SC INJ 87.5MG/0.7ML	9	OXYCODONE/ASPIRIN TAB	14
OMNITROPE INJ	117	ORGOVYX TAB	60	OXYTROL PATCH (OTC)	175
ondansetron ODT	43	ORIAHNN CAP	121	OZEMPIC INJ	37
ondansetron soln	43	ORILISSA TAB 150MG	116	<b>P</b>	
ondansetron tab	43	ORILISSA TAB 200MG	116	paliperidone ER tab	77
				PALYNZIQ INJ	118
				pantoprazole EC tab	175

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## ALPHABETICAL LISTING OF DRUGS

paricalcitol cap	118	PHEBURANE ORAL	118	pirfenidone tab 267mg	172
paroxetine ER tab	32	PELLETS		pirfenidone tab 801mg	172
paroxetine tab	32	phenazopyridine tab	127	piroxicam cap	9
PAXLOVID TAB	84	PHENELZINE SULFATE	32	PLAN B TAB	97
150-100MG		TAB		PLEGRIDY INJ	169
PAXLOVID TAB	84	phenelzine tab	32	PLEGRIDY PEN INJ	170
300-100MG		phenobarbital elixir	138	PNEUMOVAX INJ	176
pazopanib tab	68	phenobarbital tab	138	PODIAPN CAP	112
PEAK FLOW METER	144	phenoxybenzamine cap	49	PODOCON SOLN	109
pediatric multiple	151	phentermine cap	1	PODOFILOX SOLN	109
vitamins/fluoride soln		phentermine tab	1	POLYETHYLENE	165
pediatric multiple	151	phenylephrine ophth soln	156	GLYCOL 8000	
vitamins/fluoride/iron soln		phenytoin cap	30	GRANULES	
peg 3350 soln (100 gram	139	phenytoin chew tab	30	polymyxin b/trimethoprim	158
Moviprep equiv)		phenytoin susp	30	ophth soln	
peg 3350/electrolytes soln	139	PHEXXI GEL	179	POMALYST CAP	61
PEGASYS INJ	85	phlexy-10 tab	155	potassium bicarbonate	147
PEG-INTRON INJ	85	PHOSLYRA SOLN	125	effer tab	
PEMAZYRE TAB	69	phospha 250 neutral tab	146	potassium chloride ER cap	147
penicillamine tab	147	phytonadione tab	180	potassium chloride ER tab	147
penicillin vk tab	165	PIFELTRO TAB	82	potassium chloride micro	147
pentamidine neb soln	52	pilocarpine ophth soln	156	tab	
pentoxifylline ER tab	133	pilocarpine tab	150	potassium chloride powder	147
permethrin cream	111	PIMOZIDE TAB	170	packet	
perphenazine tab	78	pindolol tab	88	potassium chloride soln	147
PERPHENAZINE/	168	pioglitazone tab	40	potassium citrate CR tab	126
AMITRIPTYLINE TAB		PIQRAY TAB	69	potassium citrate/citric	126
		pirfenidone cap	172	acid powder pack	

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## ALPHABETICAL LISTING OF DRUGS

potassium citrate/citric acid soln	126	pregabalin soln	28	PROMACTA TAB 50MG	136
potassium phosphate monobasic tab	146	PREMARIN TAB	121	PROMACTA TAB 75MG	136
pramipexole tab	75	PREMARIN VAGINAL CREAM	180	promethazine supp	45
prasugrel tab	134	PREMPHASE TAB,	121	promethazine syrup	45
pravastatin tab	47	PREMPRO TAB		promethazine tab	45
praziquantel tab	16	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	151	promethazine VC syrup	100
prazosin cap	50	PRETOMANID TAB	55	PROMETHAZINE VC/CODEINE SYRUP	100
PRED MILD OPHTH SOLN	159	PREVNAR 13 INJ	176	promethazine/codeine syrup	100
PRED-G OPHTH SOLN	160	PREVNAR 20 INJ	176	PROMETHEGAN SUPP	45
prednisolone acetate ophth susp	160	PREVYMIS TAB	84	propafenone ER cap	18
prednisolone ODT	98	PREZCOBIX TAB	82	propafenone tab	18
PREDNISOLONE ODT TAB	98	PREZISTA SUSP	82	proparacaine ophth soln	158
PREDNISOLONE OPHTH SUSP	160	PREZISTA TAB	82	propranolol ER cap	88
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN		PRIFTIN TAB	55	propranolol oral soln 20mg/5ml	89
prednisolone soln	98	primaquine tab	54	propranolol tab	89
PREDNISONE SOLN	98	primidone tab	28	propylthiouracil tab	173
prednisone tab	98	probenecid tab	128	pro-stat liquid	155
pregabalin cap	27	prochlorperazine supp	78	PULMOZYME INH SOLN	172
pregabalin cap 225mg	28	prochlorperazine tab	78	pyrazinamide tab	55
pregabalin cap 300mg	28	proctosol HC cream	15	pyridostigmine CR tab	55
		PROFILNINE INJ	131	pyridostigmine tab	55
		progesterone cap	166	pyrimethamine tab	54
		PROMACTA POWDER	135	PYRUKYND TAB	134
		PROMACTA TAB 12.5MG, 25MG	135		

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ALPHABETICAL LISTING OF DRUGS

PYRUKYND TAPER PACK	134	renaphro cap	150	RINVOQ ER TAB	5
		RENOVA CREAM	102	RINVOQ ORAL SOLN	5
		repaglinide tab	40	risedronate tab	116
<b>Q</b>		REPATHA INJ	48	risperidone ODT	77
QINLOCK TAB	69	REPATHA PUSHTRONEX INJ	48	risperidone soln	77
QSYMIA CAP	2	RESCRIPTOR TAB	82	risperidone tab	77
quetiapine tab	78	RETACRIT INJ	136	ritonavir tab	82
quetiapine XR tab	78	RETEVMO CAP	69	rivastigmine cap	167
quinapril tab	49	RETEVMO CAP 40MG	69	rivastigmine patch	167
quinidine gluconate CR tab	18	RETEVMO TAB	69	RIVFLOZA INJ	127
quinidine sulfate tab	18	RETEVMO TAB 40MG	69	RIVFLOZA VIAL	127
QVAR REDIHALER	21	REVLIMID CAP	148	RIVIVE, REXTOVY SPRAY	43
<b>R</b>		REYATAZ POWDER	82	RIXUBIS INJ	132
RABAVERT INJ	178	PACK		rizatriptan ODT	145
rabeprazole EC tab	175	REYVOW TAB	145	rizatriptan tab	145
RADICAVA ORS	154	REZDIFFRA TAB	123	roflumilast tab	20
STARTER KIT		REZLIDHIA CAP	69	ropinirole ER tab	75
RADICAVA ORS SUSP	154	REZUROCK TAB	148	ropinirole tab	75
raloxifene tab	117	RHOFADE CREAM	110	rosuvastatin tab	47
ramelteon tab	138	ribavirin cap	85	ROZLYTREK CAP	69
ramipril cap	49	RIBAVIRIN TAB	85	ROZLYTREK PAK	69
ranolazine tab	16	rifabutin cap	55	RUBRACA TAB	69
rasagiline tab	75	RIFAMATE CAP	55	rufinamide susp	28
REBETOL SOLN	85	rifampin cap	55	rufinamide tab	28
REBINYN INJ	131	RIFLOZA INJ 160MG	126	RUKOBIA ER TAB	82
RECOMBINATE INJ	131	riluzole tab	154	RYBELSUS TAB	38
REGRANEX GEL	111	RIMANTADINE TAB	86	RYDAPT CAP	70
RELENZA DISKHALER	86				

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ALPHABETICAL LISTING OF DRUGS

<b>S</b>		sevelamer powder pak	125	smz/tmp susp	52
salsalate tab	10	sevelamer tab	125	sodium chloride 0.9% irr soln	126
SANDIMMUNE SOLN 100MG/ML	87	SEVENFACT INJ	132	sodium chloride neb soln	100
SANTYL OINT	109	SIGNIFOR INJ	120	sodium citrate/citric acid soln	126
sapropterin dihydrochloride powder packet	119	sildenafil susp	92	sodium fluoride chew tab	146
sapropterin dihydrochloride soluble tab	119	sildenafil tab	90	sodium fluoride cream	150
SAVELLA PAK	168	sildenafil tab 20mg	92	sodium fluoride gel	150
SAVELLA TAB	168	silver sulfadiazine cream	105	sodium fluoride paste	150
SAXENDA INJ	2	SIMBRINZA OPHTH SUSP	157	sodium fluoride rinse	150
SCSEMBLIX TAB	70	SIMLANDI INJ (adalimumab-ryvk)	7	sodium fluoride soln	146
SCSEMBLIX TAB 100 MG	70	SIMPONI AUTO-INJECTOR 100MG	7	SODIUM FLUORIDE TAE	146
scopolamine patch	43	SIMPONI INJ 100MG	7	SODIUM OXYBATE	166
selegiline cap	75	simvastatin tab	47	SOLN	
selegiline tab	75	sirolimus tab	148	sodium polystyrene powder	87
selenium sulfide shampoo	105	sirolimus soln	148	sodium polystyrene susp	88
SELZENTRY SOLN	82	SIVEXTRO TAB	53	sodium	101
SELZENTRY TAB	82	SKYCLARYS CAP	154	sulfacetamide/sulfur cleanser 10-5%	
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	40	SKYRIZI INJ 150MG/ML	104	sodium	102
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	40	SKYRIZI INJ 180 MG/1.2ML	124	sulfacetamide/sulfur cleanser 9-4.5%	
sertraline conc	33	SKYRIZI INJ 360MG/2.4ML	124	sodium	102
sertraline tab	33	SKYTROFA INJ	117	sulfacetamide/sulfur emulsion 10-5%	
		SLYND TAB	97		
		smz/tmp (DS) tab	52		

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ALPHABETICAL LISTING OF DRUGS

sodium/magnesium/potassium soln	139	sprintec 28 tab	95	SYMDEKO TAB	172
SOFOSBUVIR/VELPATASVIR TAB	85	SPS	149	SYMPROIC TAB	125
SOGROYA INJ	117	stavudine cap	83	SYMTUZA TAB	83
SOHONOS CAP 1.5MG	152	STELARA INJ	105	SYNAREL NASAL SOLN	118
SOHONOS CAP 10MG	152	STIMATE NASAL SOLN	119	SYNJARDY TAB	35
SOHONOS CAP 1MG	152	STIVARGA TAB	70	SYNJARDY XR TAB	35
SOHONOS CAP 2.5MG	153	STRENSIQ INJ	119	10-1000MG, 25-1000MG	
SOHONOS CAP 5MG	153	STRIBILD TAB	83	SYNJARDY XR TAB	35
solifenacin tab	175	STRIVERDI RESPIMAT INHALER	23	5-1000MG, 12.5-1000MG	
SOLU-CORTEF INJ	99	sucralfate susp	175	<b>T</b>	
SOLU-MEDROL INJ 2GM	99	sucralfate tab	174	TABLOID TAB	56
SOMAVERT INJ	117	SUFLAVE SOLN	140	TABRECTA TAB	70
sorafenib tosylate tab	70	sulfacetamide sodium	158	tacrolimus cap	87
sotalol AF tab	89	ophth soln		tacrolimus oint	109
sotalol tab	89	sulfacetamide	160	tadalafil tab	90
SPEVIGO INJ	104	sodium/prednisolone ophth soln		tadalafil tab (PAH)	92
SPIKEVAX INJ	178	SULFAMYLON CREAM	105	tadalafil tab 2.5mg, 5mg	90
SPIKEVAX INJ 50MCG/0.5ML	178	sulfasalazine EC tab	124	TAFINLAR CAP	70
SPINOSAD SUSP	111	sulfasalazine tab	124	TAFINLAR TAB	70
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	20	sulindac tab	9	TAGRISSE TAB	59
spironolactone tab	114	SUMATRIPTAN INJ	145	TAKHZYRO INJ	133
spironolactone/hydrochlorothiazide tab	113	SUMATRIPTAN INJ 6MG/0.5ML	146	TAKHZYRO INJ 150MG/ML	133
		sumatriptan tab	146	TALTZ INJ	105
		sunitinib malate cap	70	TALTZ INJ 20MG/0.25ML	105
		SUNOSI TAB	3	TALTZ INJ 40 MG/0.5ML	105
				TALZENNA CAP 0.25MG	70

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## ALPHABETICAL LISTING OF DRUGS

TALZENNA CAP 0.5MG, 0.75MG, 1MG	70	testosterone cypionate inj	14	tiopronin tab	127
tamoxifen tab	61	TESTOSTERONE	14	tiopronin tab delayed release	127
tamsulosin cap	127	ENANTHATE INJ 200MG/ML		TIVICAY PD TAB	83
TASIGNA CAP	71	testosterone gel 1% 25mg	14	TIVICAY TAB	83
TAVNEOS CAP	132	testosterone gel 1% 50mg	15	tizanidine tab	152
tazarotene cream 0.1%	105	testosterone gel 1% pump	15	TOBI PODHALER	4
TAZVERIK TAB	71	TESTOSTERONE GEL PUMP 1%	15	TOBRADEX OPHTH OINT	160
TECHLITE INSULIN SYRINGE	144	testosterone gel pump 1.62%	15	tobramycin neb soln	4
TECHLITE PEN NEEDLE	144	testosterone soln	15	tobramycin ophth soln	158
telmisartan tab	49	tetrabenazine tab	168	tobramycin/dexamethason e ophth soln	160
temazepam cap 15mg	138	TEZSPIRE INJ	19	TODAY SPONGE	179
temazepam cap 30mg	138	THALOMID CAP	87	TOLAZAMIDE TAB	41
temozolomide cap	57	theophylline er tab	24	TOLBUTAMIDE TAB	41
tenofovir disoproxil fumarate tab 300mg	83	theophylline soln	24	tolterodine SR cap	176
TEPMETKO TAB	71	THEOPHYLLINE TAB ER	24	tolterodine tab	176
terazosin cap	50	thioridazine tab	78	topiramate sprinkle cap	28
terbinafine tab	44	thiothixene cap	79	topiramate tab	28
terbutaline sulfate tab	24	THYROLAR TAB	174	toremifene tab	61
terconazole cream	179	tiagabine tab	29	torsemide tab	114
TERCONAZOLE CREAM 0.8%	179	TIBSOVO TAB	71	TRACLEER TAB 32MG	92
terconazole supp	179	TICOVAC INJ	178	tramadol tab	13
teriflunomide tab	170	timolol maleate ophth gel	155	tranexamic acid tab	137
TERIPARATIDE INJ 620MCG/2.48ML	116	timolol maleate ophth soln	155	tranylcypramine tab	32
		timolol maleate tab	89	trazodone tab	33
		tinidazole tab	52		

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ALPHABETICAL LISTING OF DRUGS

TRELEGY ELLIPTA INHALER	24	TRIFLURIDINE OPHTH SOLN	158	TRUQAP THERAPY PACK	71
TREMFYA INJ	105	trihexyphenidyl elixir	75	TUKYSA TAB	58
TREMFYA INJ 200MG/2ML	105	TRIHEXYPHENIDYL SOLN	75	TURALIO CAP	71
tretinoin cap	56	trihexyphenidyl tab	74	TWIRLA PATCH	96
tretinoin cream	102	TRIKAFTA TAB	172	TYBLUME TAB	96
tretinoin gel	102	TRIKAFTA THERAPY PACK	164	TYENNE INJ	7
tretinoin gel 0.08%	102	tri-legest tab	96	TYMLOS INJ	116
TRETEN INJ	132	TRI-LUMA CREAM	110	TYPHIM VI INJ	176
triamcinolone acetonide inj	99	trimethobenzamide cap	43	TYVASO DPI POWDER	91
triamcinolone cream	108	trimethoprim tab	52	TYVASO DPI POWDER MAINTENANCE KIT	91
triamcinolone in orabase paste	150	tri-sprintec tab	96	32-48MCG	
triamcinolone lotion	108	TRIUMEQ PD TAB	83	TYVASO DPI POWDER	91
triamcinolone oint	108	TRIUMEQ TAB	83	TITRATION KIT	
triamcinolone OTC nasal spray	153	TRI-VITAMIN FLUORIDE DROPS	151	16-32-48MCG	
triamterene/hydrochlorothiazide cap	114	TRIZIVIR TAB	83	TYVASO DPI POWDER	91
triamterene/hydrochlorothiazide tab	114	tropicamide ophth soln	156	TITRATION KIT	
triazolam tab	138	TRUEPLUS INSULIN	144	16-32MCG	
tricitrates soln	126	SYRINGE		TYVASO INH SOLN 0.6 MG/ML	91
tricon cap	137	TRUEPLUS PEN	144	<hr/>	
trientine cap	147	NEEDLE		<b>U</b>	
trifluoperazine tab	78	TRULANCE TAB	122	UBRELVY TAB	145
		TRULICITY INJ	38	UPNEEQ SOLN	162
		TRUQAP TAB	71	UPTRAVI TAB	92
				ursodiol cap	122
				ursodiol tab	122

**V**

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ALPHABETICAL LISTING OF DRUGS

valacyclovir tab	86	venlafaxine tab	33	VONJO CAP	72
VALCHLOR GEL	104	VENTAVIS INH SOLN	91	VONVENDI INJ	132
valganciclovir soln	84	VENTOLIN HFA	24	voriconazole tab	45
valganciclovir tab	84	INHALER		VOSEVI TAB	85
valproic acid cap	30	verapamil SR cap	90	VOWST CAP	124
valproic acid syrup	30	VERAPAMIL SR CAP	90	VOXZOGO INJ	119
valsartan tab	49	360mg		VOYDEYA TAB	132
valsartan/hydrochlorothiazide tab	51	verapamil tab	90	VYNDAMAX CAP	93
vancomycin cap	53	VERZENIO TAB	72	VYNDAQEL CAP	93
VANFLYTA TAB	72	V-GO INJ KIT	144	<b>W</b>	
VANFLYTA TAB 26.5MG	72	VIDEX SOLN	83	WAINUA INJ	171
VANIQA CREAM	109	vienva tab, lessina tab, kurvelo tab	96	WAKIX TAB	3
VARENICLINE TAB	171	vigabatrin powder pack	29	warfarin tab	24
varenicline tartrate tab	171	vigabatrin tab	29	WEGOVI INJ	2
varenicline tartrate tab starter pack	171	vigadrone powder pack	30	WEGOVI INJ	2
VARUBI TAB	44	viorele tab, kariva tab	96	1.7MG/0.75ML	
VAXCHORA SUSP	176	VIRACEPT TAB	83	WEGOVI INJ	2
VAXNEUVANCE INJ	177	VIREAD TAB 150MG, 200MG, 250MG	84	2.4MG/0.75ML	
VELIVET PAK	96	vitamin D cap	180	WELIREG TAB	61
velivet tab	96	VITAMIN D TAB	180	WILATE INJ	132
VEMLIDY TAB	85	400UNIT		WINREVAIR INJ	91
VENCLEXTA STARTER PACK	58	VITRAKVI CAP 100MG	72	<b>X</b>	
VENCLEXTA TAB	58	VITRAKVI CAP 25MG	72	XACIATO GEL	179
VENELEX OINT	111	VITRAKVI SOLN	72	XALKORI CAP	72
venlafaxine ER cap	33	VIVOTIF CAP	177	XALKORI SPRINKLE	73
		VIZIMPRO TAB	59	CAP	
				XAQUIL XR TAB	112

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ALPHABETICAL LISTING OF DRUGS

XARELTO STARTER PACK	24	XIGDUO XR TAB 10-1000MG	35	ZEPOSIA STARTER PACK	170
XARELTO SUSP	24	XIGDUO XR TAB 2.5-1000MG, 5-1000MG	36	zidovudine cap	84
XARELTO TAB	25	XIGDUO XR TAB 5-500MG, 10-500MG,	36	zidovudine syrup	84
XCOPRI PAK 100-150MG	28	10-1000MG		zidovudine tab	84
XCOPRI PAK 150-200MG	29	XOLREMDI CAP	137	ZILBRYSQ INJ	133
XCOPRI PAK 50-200MG	29	XOSPATA TAB	73	ZILBRYSQ INJ 23MG	133
XCOPRI TAB 150MG, 200MG	29	XPOVIO PAK	61	ZILBRYSQ INJ 32.4MG	133
XCOPRI TAB 25MG	29	XTAMPZA ER CAP	13	ZIMHI SOLN	43
XCOPRI TAB 50MG, 100MG	29	XYNTHA INJ	132	ziprasidone cap	76
XCOPRI TITRATION PAK 12.5-25MG	29	XYZBAC TAB	112	ZIRGAN OPHTH GEL	158
XCOPRI TITRATION PAK 150-200MG	29	<b>Y</b>		ZOKINVY CAP	149
XCOPRI TITRATION PAK 50-100MG	29	YF-VAX INJ	178	ZOLINZA CAP	56
XDEMVEY OPHTH SOLN	158	<b>Z</b>		zolmitriptan tab	146
XELJANZ SOLN	5	zafemy patch	96	zolpidem ER tab	138
XELJANZ TAB	5	zaleplon cap	138	zolpidem tab	137
XELJANZ XR TAB	5	ZARXIO INJ	136	zonisamide cap	28
XEMBIFY INJ	164	ZAVZPRET NASAL SPRAY	145	ZORYVE CREAM	105
XENLETA TAB	54	ZEGALOGUE INJ	37	ZTALMY SUSP	28
XIFAXAN TAB 550MG	52	ZEJULA CAP	73	ZURZUVAE CAP 20MG, 25MG	31
XIGDUO XR TAB	35	ZEJULA TAB	73	ZURZUVAE CAP 30MG	31
		ZELBORAF TAB	73	ZYDELIG TAB	73
		ZEPBOUND INJ	2	ZYKADIA CAP	73
		ZEPOSIA CAP	170	ZYKADIA TAB	73
				ZYLET OPHTH SUSP	160

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

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

**L.A. CARE HOME INFUSION DRUG LIST**  
**Alphabetical Index**

1/1/2025

**Search Tip:**

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

**NC** =Not Covered

**generic** =small letters

**BRANDS** =CAPITAL LETTERS

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

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

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

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

Symbols and abbreviations are defined on page 1.

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

Symbols and abbreviations are defined on page 1.

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

Symbols and abbreviations are defined on page 1.



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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butorphanol inj	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CABENUVA SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
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

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cefoxitin inj	-	F	CEPHALOSPORINS
ceftazidime inj	-	F	CEPHALOSPORINS
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAXONE/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.
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	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
CISPLATIN INJ 50MG/50ML	-	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
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COPPER INJ	-	F	MINERALS & ELECTROLYTES
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.

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

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

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ELFABRIO SOL	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENJAYMO SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	EXC	VASOPRESSORS
epinephrine inj	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 4MG/0.8ML (QL= 3 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eribulin mesylate inj (HALAVEN INJ equiv)	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
ESPEROCT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERLIPIDEMICS
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
FERAHEME INJ	-	NC	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferumoxytol inj	-	F	HEMATOPOIETIC AGENTS
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRMAGON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

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

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

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

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

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

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

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

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

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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	PA	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
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F	NEUROMUSCULAR AGENTS
QUADRAMET INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	PA	F	HEMATOPOIETIC AGENTS
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	-	NC	GASTROINTESTINAL AGENTS - MISC
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
REVCOVI INJ	PA	F	ENDOCRINE AND METABOLIC 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
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
RYTELO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
selenious acid inj (SELENIUM equiv)	-	F	MINERALS & ELECTROLYTES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F	OPHTHALMIC AGENTS
SYFOVRE INJ (QL= 2 vials/25 days )	PA-QL	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECELRA SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC

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

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

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

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

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

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

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

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

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

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
bendamustine inj	-	F
BENDAMUSTINE SOL	PA	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F
CISPLATIN INJ	-	F
CISPLATIN INJ 50MG/50ML	-	F
cyclophosphamide inj	-	F
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
IFEX INJ	-	F
IFOSFAMIDE INJ	-	F
melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
PEPAXTO INJ	-	NC
<b>ANTIMETABOLITES</b>		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
gemcitabine inj	-	F
nelarabine iv soln	PA	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
INFUGEM SOLN	-	NC
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC
VIDAZA INJ	-	NC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN INJ	-	F

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPOUSA INJ	PA	F
BLINCYTO INJ	PA	F
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F
DARZALEX SOLN	PA	F
ELAHERE INJ	PA	F
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F
ENHERTU INJ	PA	F
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F
EPKINLY INJ 4MG/0.8ML (QL= 3 vials/365 days)	PA-QL	F
GAZYVA INJ	PA	F
IMDELLTRA 1 MG INJ (QL= 1 vial/30 days)	PA-QL	F
IMDELLTRA 10 MG INJ (QL= 2 vials/28 days)	PA-QL	F
IMFINZI INJ	PA	F
IMJUDO INJ	PA	F
JEMPERLI SOLN	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
KIMMTRAK SOLN	PA	F
LIBTAYO INJ (QL= 1 vial/3 weeks)	PA-QL	F
LOQTORZI INJ	PA	F
LUNSUMIO INJ	PA	F
MONJUVI INJ	PA	F
MYLOTARG INJ	PA	F
OPDIVO INJ	PA	F
PADCEV INJ	PA	F
POLIVY INJ	PA	F
POTELIGEO INJ	PA	F
RUXIENCE INJ	PA	F

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
RYBREVANT SOLN	PA	F
SARCLISA SOLN	PA	F
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F
CAMPATH INJ	-	NC
DANYELZA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
UNITUXIN INJ	-	NC
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
<b>ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY</b>		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
OMISIRGE SUS	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
TECELRA SUS	-	EXC
BREYANZI INJ	-	NC
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX INJ	PA	F
VECTIBIX IV SOLN	PA	F
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F

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

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

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

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DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA SUSP (QL=1 kit/month)	QL	F
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10QL-RS vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F
<b>CMV AGENTS</b>		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
<b>HERPES AGENTS</b>		
acyclovir sodium IV soln	-	F
<b>ASSORTED CLASSES</b>		
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA IV SOLN	PA	F
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
labetalol inj	-	F
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
<b>BETA BLOCKERS NON-SELECTIVE</b>		
propranolol inj	-	F
SOTALOL INJ	-	F
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
NICARDIPINE INJ	-	EXC
NICARDIPINE SOLN	-	EXC
CARDENE INJ	-	F
diltiazem inj	-	F
nicardipine inj	-	F
NICARDIPINE SOLN	-	F
verapamil inj	-	F
<b>CARDIOTONICS</b>		
<b>INOTROPES</b>		
DOBUTAMINE/D5W INJ	-	F

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DrugName	Special Code	Tier
<b>CARDIOTONICS Cont.</b>		
dopamine inj	-	F
milrinone inj	-	F
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>PROSTAGLANDIN VASODILATORS</b>		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ	-	NC
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI INJ	-	EXC
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORIN COMBINATIONS</b>		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefotetan inj	-	F
CEFOXITIN INJ	-	F
cefuroxime inj	-	F
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefotaxime inj	-	F
CEFTAZIDIME INJ	-	F
CEFTRIAZONE INJ	-	F
CEFTRIAZONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO INJ	-	F
<b>CONTRACEPTIVES</b>		
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F

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

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

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

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

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DrugName	Special Code	Tier
<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
<b>HEMATOLOGICAL ENZYMES - MISC</b>		
ADZYNMA KIT	PA	F
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR INJ	PA	F
<b>PLASMA PROTEINS</b>		
albuminar inj	-	F
RYPLAZIM SOLN	PA	F
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE INJ	-	F
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME INJ	PA	F
ELELYSO INJ	PA	F
VPRIV INJ	PA	F
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
CASGEVY INJ	-	EXC
LYFGENIA SUSP	-	EXC
ADAKVEO INJ	PA	F
<b>FOLIC ACID/FOLATES</b>		
folic acid inj	-	F
<b>HEMATOPOIETIC GENE THERAPY</b>		
ZYNTEGLO INJ	-	EXC
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NPLATE INJ	PA	F
REBLOZYL INJ	PA	F
MIRCERA INJ	-	NC
<b>IRON</b>		
ferric gluconate IV soln	-	F
ferumoxytol inj	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ	-	F
VENOFER INJ	-	F
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
<b>STEM CELL MOBILIZERS</b>		
APHEXDA INJ	-	EXC
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
MOZOBIL INJ	-	NC
<b>HEMOSTATICS</b>		

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DrugName	Special Code	Tier
<b>HEMOSTATICS Cont.</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
tranexamic acid inj	-	F
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETICS - AMIDES</b>		
lidocaine inj	-	F
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin inj	-	F
<b>ERYTHROMYCINS</b>		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>BICARBONATES</b>		
sodium bicarbonate inj	-	F
<b>CALCIUM</b>		
calcium gluconate inj	-	F
<b>ELECTROLYTE MIXTURES</b>		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-a solution (PLASMA-LYTE equiv)	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
lactated ringers inj	-	F
MULT ELECTRO INJ PH	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F

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DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
TPN ELECTROL INJ	-	F
KCL/NACL INJ	-	NC
LACTATED RINGERS INJ	-	NC
<b>MAGNESIUM</b>		
MAGNESIUM SU INJ	-	EXC
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
<b>MANGANESE</b>		
MANGANESE SULFATE INJ	-	F
<b>PHOSPHATE</b>		
POTASSIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
<b>POTASSIUM</b>		
potassium chloride inj	-	F
POTASSIUM CHLORIDE INJ	-	NC
<b>SODIUM</b>		
sodium chloride inj	-	F
<b>TRACE MINERALS</b>		
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
selenious acid inj (SELENIUM equiv)	-	F
SELENIUM INJ	-	F
<b>ZINC</b>		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>ENZYMES</b>		
XIAFLEX INJ	PA	F
<b>IMMUNOMODULATORS</b>		
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F
<b>LYMPHATIC AGENTS</b>		
SYLVANT INJ	PA	F

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DrugName	Special Code	Tier
<b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>		
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA INJ	PA	F
<b>MULTIVITAMINS</b>		
<b>MULTIVITAMINS</b>		
INFUVITE INJ	-	F
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
INFUVITE INJ	-	F
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>ARTICULAR CARTILAGE REPAIR THERAPY</b>		
MACI MIS	-	EXC
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL STEROIDS</b>		
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
edaravone inj (RADICAVA equiv) (QL= 20 vials/28 days)	PA-QL	F
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F
RADICAVA INJ	-	NC
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC

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DrugName	Special Code	Tier
<b>NEUROMUSCULAR AGENTS Cont.</b>		
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX INJ	PA	F
DYSPORE	PA	F
XEOMIN INJ	PA	F
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
DEXTROSE INJ	-	EXC
DEXTROSE INJ	-	F
<b>LIPIDS</b>		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
<b>PROTEINS</b>		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F
<b>OPHTHALMIC COMPLEMENT INHIBITORS</b>		
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F
SYFOVRE INJ (QL= 2 vials/25 days )	PA-QL	F
<b>OPHTHALMIC GENE THERAPY</b>		

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DrugName	Special Code	Tier
<b>OPHTHALMIC AGENTS Cont.</b>		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE INJ	PA	F
<b>OPHTHALMIC STEROIDS</b>		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
TRIESENCE INJ (QL=2 inj/fill)	QL	F
XIPERE INJ (QL=2 inj/fill)	QL	F
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F
RETISERT IMPLANT	-	NC
<b>PROSTAGLANDINS - OPTHALMIC</b>		
DURYSTA IMP (QL= 1 intraocular implant/eye/lifetime)	PA-QL	F
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
ASCENIV INJ	PA	F
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMASTAN INJ	-	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
<b>MONOCLONAL ANTIBODIES</b>		
ZINPLAVA SOLN	PA	F
SYNAGIS INJ	-	NC
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMPICILLIN INJ	-	F
<b>NATURAL PENICILLINS</b>		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F

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

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Symbols and abbreviations are defined on page 1.

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

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

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

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

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Prior Authorization Drug List  
Last Updated\* 1/1/2025**

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

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

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

Symbols and abbreviations are defined on page 1.

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

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

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

Symbols and abbreviations are defined on page 1.

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

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

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

Symbols and abbreviations are defined on page 1.

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

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

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

Symbols and abbreviations are defined on page 1.

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

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

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

Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Last Updated\* 1/1/2025

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

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

Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List Cont.**

**Last Updated\* 1/1/2025**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Last Updated\* 1/1/2025**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

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

Symbols and abbreviations are defined on page 1.



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