



L.A. Care
PASC-SEIU[®]

L.A. Care Health Plan *PASC-SEIU Formulary*



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 All previous versions of the formulary are no longer in effect.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

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

INTRODUCTION

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Foreword

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

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

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

How to Use the Formulary

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

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

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

Generic and Brand Name Medications

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

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

How Drugs Are Listed

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

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

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

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

Any specific questions regarding their coverage should be directed to the **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 Luminera Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
OTC	Over the Counter	Coverage of OTC medication
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
SF	Split Fill	Limited to two 15-day fills per month for first 3 months
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug
VAC	Vaccine Program	Coverage is available through a vaccine program

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

Medication Request Process

Formulary Agents

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

Non-Formulary Agents

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

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/1/2024

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

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

1

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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

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

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2

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SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/1/2024

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 (INTUNIV Equiv)</i>	F	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	F	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG (NUVIGIL Equiv)</i>	F	QL QL= 1 tab/day
<i>dextmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)</i>	F	-
<i>dextmethylphenidate tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)</i>	F	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)</i>	F	-
<i>methylphenidate chew tab 10MG, 2.5MG, 5MG (METHYLIN Equiv)</i>	F	-
<i>methylphenidate ER cap 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG (APTENSIO XR Equiv)</i>	F	-

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3

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METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG (CONCERTA Equiv) (<i>methylphenidate hcl</i>)	F	-
<i>methylphenidate ER tab 18MG, 27MG, 36MG, 54MG</i> (CONCERTA Equiv)	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
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
<i>neomycin tab 500MG</i>	F	-
TOBI PODHALER 28MG (<i>tobramycin</i>)	F	LD-PA Only available through Walgreens 888-347-3416
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	F	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		

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

4

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OLUMIANT TAB 1MG, 2MG, 4MG (<i>baricitinib</i>)	F	LMSP-PA-QL QL= 1 tab/day	
RINVOQ ER TAB 15MG, 30MG, 45MG (<i>upadacitinib</i>)	F	LMSP-PA-QL QL= 1 tab/day	
XELJANZ SOLN 1MG/ML (<i>tofacitinib citrate</i>)	F	LMSP-PA-QL QL= 10ml/day	
XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>)	F	LMSP-PA-QL QL= 2 tabs/day	
XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>)	F	LMSP-PA-QL QL= 1 tab/day	
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system			
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (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 PFS KIT 20 MG/0.4ML 20MG/0.4ML (<i>adalimumab-fkjp</i>)	F	LMSP-PA-QL QL= 2 inj/28 days	
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (<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	

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5

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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	
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days	
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	
HUMIRA INJ 10MG 10MG/0.1ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 20MG 20MG/0.2ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 80MG 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 pens/28 days	

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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
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG <i>(auranofin)</i>	F	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML <i>(anakinra)</i>	F	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML <i>(tocilizumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML <i>(tocilizumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML <i>(sarilumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	F	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	F	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	F	-

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<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	F	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	F	-
<i>etodolac tab 400MG, 500MG</i>	F	-
FLURBIPROFEN TAB 50MG (ANSAID Equiv) <i>(flurbiprofen)</i>	F	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	F	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML,</i> <i>200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	-
<i>ibuprofen tab 800MG</i>	F	RX only
<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	-
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	F	-

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

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

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<i>codeine sulfate tab 60mg</i>	F	QL QL=180 tabs/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	F	QL QL=10 patches/30 days
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	F	QL QL=240 tabs/30 days
<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	F	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	F	QL QL=120 tabs/30 days
<i>methadone conc 10MG/ML</i>	F	QL QL=600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	F	QL QL=600ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	F	QL QL = 1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	F	QL QL=120/30 days
<i>methadone tablet 10mg 10MG</i> (DOLOPHINE Equiv)	F	QL QL=240/30 days
MORPHINE SULF SOLN 10MG/5ML 10MG/5ML (morphine sulfate)	F	QL QL= 120ml/30 days

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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
morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	F	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML (morphine sulfate)	F	QL QL=120ml/30 days
morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML	F	QL QL=120ml/30 days
morphine sulfate tab 15MG, 30MG	F	QL QL=180 tabs/30 days
oxycodone soln 5MG/5ML (ROXICODONE Equiv)	F	QL QL=240ml/30 days
oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days
tramadol tab 50MG (ULTRAM Equiv)	F	QL QL=240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (oxycodone)	F	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
acetaminophen/codeine soln 12MG/5ML-120MG/5ML	F	QL QL=240ml/30 days
acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML (acetaminophen w/ codeine)	F	QL QL= 240ml/30 days

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

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ANDRODERM PATCH 2MG/24HR, 4MG/24HR <i>(testosterone)</i>	F	PA-QL QL= 1 patch/day
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	F	-
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	F	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML <i>(testosterone enanthate)</i>	F	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG <i>(testosterone)</i>	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 25mg 25MG/2.5GM</i>	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 packets/day
<i>testosterone gel pump 1% pump 1%</i> (ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP <i>(testosterone)</i>	F	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	F	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		

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<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	F	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	F	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	F	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
BENZNIDAZOLE TAB 100MG, 12.5MG <i>(benznidazole)</i>	F	RS Restricted to Infectious Disease Specialist
EMVERM TAB 100MG (<i>mebendazole</i>)	F	PA
<i>ivermectin tab 3MG</i> (STROMECTOL Equiv)	F	PA
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	F	-
NITRATES - Drugs to treat chest pain		

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isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG (ISORDIL Equiv)	F	-
isosorbide mononitrate ER tab 120MG, 30MG, 60MG (IMDUR Equiv)	F	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) (isosorbide mononitrate)	F	-
isosorbide mononitrate tab 10MG, 20MG (MONOKET Equiv)	F	-
nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (NITRO-DUR Equiv)	F	-
nitroglycerin SL tab .3MG, .4MG, .6MG (NITROSTAT Equiv)	F	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
buspirone tab 10MG, 15MG, 5MG, 7.5MG (BUSPAR Equiv)	F	-
hydroxyzine pamoate cap 25MG, 50MG (VISTARIL Equiv)	F	-
hydroxyzine syrup 10MG/5ML (ATARAX Equiv)	F	-
hydroxyzine tab 10MG, 25MG, 50MG (ATARAX Equiv)	F	-
BENZODIAZEPINES - Drugs to treat anxiety		
alprazolam tab .25MG, .5MG, 1MG, 2MG (XANAX Equiv)	F	QL QL= 5 tabs/day

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16

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>chlordiazepoxide cap 10MG, 25MG, 5MG (LIBRIUM Equiv)</i>	F	-
<i>diazepam conc 5MG/ML (VALIUM Equiv)</i>	F	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML (DIAZEPAM Equiv)</i>	F	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG (VALIUM Equiv)</i>	F	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG (VALIUM Equiv)</i>	F	QL QL= 3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML (ATIVAN Equiv)</i>	F	-
<i>lorazepam tab .5MG, 1MG, 2MG (ATIVAN Equiv)</i>	F	-
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<i>disopyramide cap 100MG, 150MG (NORPACE Equiv)</i>	F	-
<i>quinidine gluconate CR tab</i>	F	-
<i>quinidine sulfate tab 200MG, 300MG</i>	F	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	F	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
<i>flecainide tab 100MG, 150MG, 50MG (TAMBOCOR Equiv)</i>	F	-

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17

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	F	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	F	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	F	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	F	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	F	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML, 40MG/0.4ML (<i>mepolizumab</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML (<i>tezepelumab-ekko</i>)	F	LMSP-PA-QL QL= 1 pen/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	F	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		

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18

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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
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% (ATROVENT Equiv)</i>	F	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT <i>(tiotropium bromide monohydrate)</i>	F	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
<i>montelukast chew tab 4MG, 5MG (SINGULAIR Equiv)</i>	F	-
<i>montelukast granule pack 4MG (SINGULAIR Equiv)</i>	F	-
<i>montelukast tab 10MG (SINGULAIR Equiv)</i>	F	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
<i>roflumilast tab 250MCG, 500MCG</i>	F	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ALVESCO INHALER 160MCG/ACT, 80MCG/ACT <i>(ciclesonide)</i>	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	F	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	F	-
FLUTICASONE DISKUS INHALER 50MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	F	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>)	F	-
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	F	-

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20

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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
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	F	-
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	F	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	F	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT (<i>fluticasone-salmeterol</i>)	F	-
<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	-
<i>albuterol sulfate syrup 2MG/5ML</i>	F	-
<i>albuterol sulfate tab 2MG, 4MG</i>	F	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	F	-

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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
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</i> <i>4.5MCG/ACT-160MCG/ACT,</i> <i>4.5MCG/ACT-80MCG/ACT</i> (SYMBICORT Equiv)	F	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT <i>(ipratropium-albuterol)</i>	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i>	F	-

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22

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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
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,</i> 1.25MG/0.5ML, 1.25MG/3ML (XOPENEX Equiv)	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE <i>(salmeterol xinafoate)</i>	F	-
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	F	-

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23

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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
TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH <i>(fluticasone-umeclidinium-vilanterol)</i>	F	-
VENTOLIN HFA INHALER 108MCG/ACT (<i>albuterol sulfate</i>)	F	QL QL= 2 inhalers/30 days
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR (<i>theophylline</i>)	F	-
<i>theophylline er tab 300MG, 450MG</i> (UNIPHYL Equiv)	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG (<i>theophylline</i>)	F	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	F	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG (<i>apixaban</i>)	F	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	F	-
XARELTO SUSP 1MG/ML (<i>rivaroxaban</i>)	F	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG (<i>rivaroxaban</i>)	F	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		

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24

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<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML (LOVENOX Equiv)</i>	F	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)</i>	F	PA
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam susp 2.5MG/ML (ONFI Equiv)</i>	F	PA Members age 9 or older require Prior Authorization
<i>clobazam tab 10MG, 20MG (ONFI Equiv)</i>	F	PA
<i>clonazepam tab .5MG, 1MG, 2MG (KLONOPIIN Equiv)</i>	F	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	F	QL QL= 2 packs/fill
DIAZEPAM GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	F	QL QL= 2 packs/fill
<i>diazepam rectal gel 10MG, 20MG</i>	F	QL QL= 2 packs/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
<i>carbamazepine chew tab 100MG (TEGRETOL Equiv)</i>	F	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG (CARBATROL Equiv)</i>	F	-

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25

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carbamazepine ER tab 100MG, 200MG, 400MG (TEGRETOL XR Equiv)	F	-
carbamazepine susp 100MG/5ML, 200MG/10ML (TEGRETOL Equiv)	F	-
carbamazepine tab 200MG (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 Luminera 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
 gabapentin cap 100MG, 300MG, 400MG (NEURONTIN Equiv)	F	QL QL= 9 caps/day
 gabapentin soln 250MG/5ML, 300MG/6ML (NEURONTIN Equiv)	F	QL QL= 72 mls/day
 gabapentin tab 600mg 600MG (NEURONTIN Equiv)	F	QL QL= 6 tabs/day

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<i>gabapentin tab 800mg 800MG (NEURONTIN Equiv)</i>	F	QL QL= 4.5 tabs/day
<i>lacosamide oral solution 100MG/10ML, 10MG/ML, 50MG/5ML (VIMPAT Equiv)</i>	F	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG (VIMPAT Equiv)</i>	F	-
<i>lamotrigine chew tab 25MG, 5MG (LAMICTAL Equiv)</i>	F	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG (LAMICTAL Equiv)</i>	F	-
<i>levetiracetam ER tab 500MG, 750MG (KEPPRA XR Equiv)</i>	F	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML (KEPPRA Equiv)</i>	F	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG (KEPPRA Equiv)</i>	F	-
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML (TRILEPTAL Equiv)</i>	F	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG (TRILEPTAL Equiv)</i>	F	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG (LYRICA Equiv)</i>	F	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG (LYRICA Equiv)</i>	F	QL QL= 2 caps/day

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

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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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XCOPRI PAK 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 50MG, 100MG 100MG, 50MG (<i>cenobamate</i>)	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG (<i>cenobamate</i>)	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG (<i>cenobamate</i>)	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>)	F	QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	F	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigadronate powder pack 500MG</i>	F	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		

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

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mirtazapine tab 15MG, 30MG, 45MG, 7.5MG (REMERON Equiv)	F	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
bupropion ER tab 100MG, 150MG, 200MG (WELLBUTRIN Equiv)	F	-
bupropion tab 100MG, 75MG (WELLBUTRIN Equiv)	F	-
bupropion XL tab 150MG, 300MG (WELLBUTRIN XL Equiv)	F	-
MAPROТИLINE TAB 25MG, 50MG, 75MG (maprotiline hcl)	F	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	F	-
PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>)	F	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	F	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	F	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	F	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	F	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	F	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	F	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	F	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	F	-

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<i>fluoxetine tab 60mg 60MG</i>	F	-
<i>fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)</i>	F	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)</i>	F	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)</i>	F	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)</i>	F	-
<i>sertraline conc 20MG/ML (ZOLOFT Equiv)</i>	F	-
<i>sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)</i>	F	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG (<i>nefazodone hcl</i>)	F	-
<i>nefazodone tab 50mg, 250mg</i>	F	-
<i>trazodone tab 100MG, 150MG, 50MG (DESYREL Equiv)</i>	F	-
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG (PRISTIQ Equiv)</i>	F	-
<i>duloxetine EC cap 20MG, 30MG, 60MG (CYMBALTA Equiv)</i>	F	-

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<i>venlafaxine ER cap 150MG, 37.5MG, 75MG (EFFEXOR XR Equiv)</i>	F	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG (EFFEXOR Equiv)</i>	F	-
TRICYCLIC AGENTS - Drugs to treat depression		
<i>amitriptyline tab (ELAVIL Equiv)</i>	F	-
<i>amoxapine tab 100MG, 150MG, 25MG, 50MG (AMOXAPINE Equiv)</i>	F	-
<i>desipramine tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (NORPRAMIN Equiv)</i>	F	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (SINEQUAN Equiv)</i>	F	-
<i>doxepin conc 10MG/ML (SINEQUAN Equiv)</i>	F	-
<i>imipramine tab 10MG, 25MG, 50MG (TOFRANIL Equiv)</i>	F	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG (PAMELOR Equiv)</i>	F	-
<i>nortriptyline oral soln 10MG/5ML (NORTRIPTYLINE Equiv)</i>	F	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
<i>acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)</i>	F	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		

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

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SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	F	QL QL= 2 tabs/day
XIGDUO XR TAB 5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	F	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	F	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	F	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG <i>(dapagliflozin-metformin hcl)</i>	F	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
<i>metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)</i>	F	-
<i>metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)</i>	F	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE <i>(glucagon)</i>	F	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG <i>(glucagon hcl (rdna))</i>	F	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML <i>(glucagon hcl)</i>	F	QL QL= 2 inj/fill

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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
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	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>)	F	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG (<i>alogliptin benzoate</i>)	F	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin phosphate</i>)	F	QL QL= 1 tab/day
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		

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

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VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	F	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		
HUMALOG JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro</i>)	F	-
HUMALOG MIX INJ (<i>insulin lispro protamine & lispro (human)</i>)	F	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 50UNIT/ML (<i>insulin lispro protamine & lispro (human)</i>)	F	-
HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
HUMULIN MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	F	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	F	OTC
HUMULIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	F	OTC
HUMULIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	F	OTC
HUMULIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	F	OTC

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HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>)	F	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	F	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) (<i>insulin lispro</i>)	F	-
INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
LYUMJEV INJ 100UNIT/ML (<i>insulin lispro-aabc</i>)	F	-
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro-aabc</i>)	F	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML (<i>insulin glargine-yfgn</i>)	F	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML (<i>insulin glargine-yfgn</i>)	F	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS TAB Equiv)	F	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	F	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	F	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		

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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
FARXIGA TAB 10MG, 5MG (<i>dapagliflozin propanediol</i>)	F	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>)	F	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	F	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	F	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	F	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	F	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	F	-
TOLAZAMIDE TAB (<i>tolazamide</i>)	F	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	F	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	F	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-

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ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG (<i>succimer</i>)	F	-
FERRIPROX SOLN 100MG/ML (<i>deferoxime</i>)	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naltrexone tab 50MG</i> (REVIA Equiv)	F	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	F	LMSP
<i>deferoxime tab 1000MG, 500MG</i> (FERRIPROX Equiv)	F	LD-PA Only available through Luminera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)	F	-
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	F	OTC

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<i>naloxone inj .4MG/ML, 4MG/10ML</i>	F	-
NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)	F	OTC
OPVEE NASAL SPRAY 1MG/ML, 2.7MG/0.1ML (<i>nalmefene hcl (antidote)</i>)	F	-
RIVIVE SPRAY 3MG/0.1ML (<i>naloxone hcl</i>)	F	OTC
ZIMHI SOLN 5MG/0.5ML (<i>naloxone hcl</i>)	F	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>granisetron tab 1MG (KYTRIL Equiv)</i>	F	QL QL= 9 tabs/fill
<i>ondansetron ODT 4MG, 8MG (ZOFTRAN Equiv)</i>	F	-
<i>ondansetron soln 4MG/5ML (ZOFTRAN Equiv)</i>	F	-
ONDANSETRON TAB 24MG (ZOFTRAN Equiv) (<i>ondansetron hcl</i>)	F	-
<i>ondansetron tab 4MG, 8MG (ZOFTRAN Equiv)</i>	F	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>meclizine chew tab 25MG (BONINE Equiv)</i>	F	OTC
<i>meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)</i>	F	OTC
<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	F	-
<i>trimethobenzamide cap 300MG (TIGAN Equiv)</i>	F	-

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ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
AKYNZEO CAP .5MG-300MG <i>(netupitant-palonosetron)</i>	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	F	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>aprepitant cap 125MG, 40MG, 80MG</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>aprepitant pak</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG (<i>rolapitant hcl</i>)	F	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	F	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	F	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	F	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	F	-
<i>nystatin powder</i>	F	-

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<i>nystatin tab 500000UNIT</i>	F	-
<i>terbinafine tab 250MG (LAMISIL Equiv)</i>	F	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
<i>fluconazole susp 10MG/ML, 40MG/ML (DIFLUCAN Equiv)</i>	F	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG (DIFLUCAN Equiv)</i>	F	-
<i>itraconazole cap 100MG (SPORANOX Equiv)</i>	F	-
<i>ketoconazole tab 200MG (NIZORAL Equiv)</i>	F	-
<i>voriconazole tab 200MG, 50MG (VFEND Equiv)</i>	F	-
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
<i>diphenhydramine cap 50mg 50MG (BENADRYL Equiv)</i>	F	Only 50mg covered
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
<i>cetirizine syrup 1MG/ML, 5MG/5ML (ZYRTEC Equiv)</i>	F	OTC
<i>cetirizine tab 10MG, 5MG (ZYRTEC Equiv)</i>	F	OTC
<i>loratadine chew tab 5MG (CLARITIN Equiv)</i>	F	OTC
<i>loratadine ODT 10MG, 5MG (CLARITIN Equiv)</i>	F	OTC
<i>loratadine syrup 5MG/5ML (CLARITIN Equiv)</i>	F	OTC
<i>loratadine tab 10MG (CLARITIN Equiv)</i>	F	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp 12.5MG, 25MG (PHENERGAN Equiv)</i>	F	-

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<i>promethazine syrup 6.25MG/5ML</i>	F	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	F	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	F	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	F	-
<i>cyproheptadine tab 4MG</i>	F	-
ANTIHYPERTIPIDEMICS - Drugs to treat high cholesterol		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	F	PA-QL QL= 1 tab/day
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>)	F	PA-QL QL= 1 tab/day
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	F	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	F	-

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

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INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	F	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	F	-
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
<i>REPATHA INJ 140MG/ML (evolocumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
<i>REPATHA PUSHTRONEX INJ 420MG/3.5ML (evolocumab)</i>	F	LMSP-PA-QL QL= 1 inj/28 days
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
<i>benazepril tab 10MG, 20MG, 40MG, 5MG</i> (LOTENSIN Equiv)	F	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	F	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	F	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	F	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	F	-

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<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	F	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	F	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	F	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	F	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	F	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	F	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	F	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	F	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	F	-
<i>clonidine tab</i> (CATAPRES Equiv)	F	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	F	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	F	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) (<i>methylldopa</i>)	F	-

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<i>methyldopa tab 250MG, 500MG (ALDOMET Equiv)</i>	F	-
<i>prazosin cap (MINIPRESS Equiv)</i>	F	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)</i>	F	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)</i>	F	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)</i>	F	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)</i>	F	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)</i>	F	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)</i>	F	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)</i>	F	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)</i>	F	-

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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	-
QUINAPRIL/HCTZ TAB 12.5MG-20MG	F	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	F	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	F	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
<i>eplerenone tab 25MG, 50MG</i> (INSPRA Equiv)	F	-
VASODILATORS - Drugs to treat high blood pressure		

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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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	F	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	F	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	F	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	F	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	F	LMSP
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	F	-
TRIMETHOPRIM TAB 100MG (<i>trimethoprim</i>)	F	-
<i>trimethoprim tab</i>	F	-
XIFAXAN TAB 550MG 550MG (<i>rifaximin</i>)	F	QL QL= 60 tabs/30 days
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	F	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>)	F	PA-QL QL= 60ml/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	F	-

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LAMPIT TAB 120MG, 30MG (<i>nifurtimox</i>)	F	RS Restricted to Infectious Disease Specialist
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	F	PA-QL QL= 6 tabs/3 days
GLYCOPEPTIDES - Drugs to treat bacterial infections		
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	F	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
<i>dapsone tab 100MG, 25MG</i>	F	-
LINCOSAMIDES - Drugs to treat bacterial infections		
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	F	-
MONOBACTAMS - Drugs to treat bacterial infections		
CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>)	F	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
OXAZOLIDINONES - Drugs to treat bacterial infections		
<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist

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

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<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>)	F	LD-PA Only available through AnovoRx 844-288-5007
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	F	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>)	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	F	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	F	-
ISONIAZID TAB 100MG (<i>isoniazid</i>)	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	-

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<i>pyrazinamide tab 500MG</i>	F	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	F	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	F	-
ANTINEOPLASTICS - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
HEXALEN CAP (<i>altretamine</i>)	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	F	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	F	-
TABLOID TAB 40MG (<i>thioguanine</i>)	F	-
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ZOLINZA CAP 100MG (<i>vorinostat</i>)	F	LMSP-PA-SF
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 100MCG/0.5ML (<i>interferon gamma-1b</i>)	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	F	-
INTRON-A INJ (<i>interferon alfa-2b inj</i>)	F	KMSP
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	F	-
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	F	LMSP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	F	-
MESNEX TAB 400MG (<i>mesna</i>)	F	LMSP

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN CAP .25MG, 1MG (<i>topotecan hcl</i>)	F	LMSP-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
<i>cyclophosphamide cap 25MG, 50MG</i>	F	-
CYCLOPHOSPHAMIDE TAB 25MG, 50MG (<i>cyclophosphamide</i>)	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG (<i>lomustine</i>)	F	-
MELPHALAN TAB 2MG (<i>melphalan</i>)	F	LMSP
MYLERAN TAB 2MG (<i>busulfan</i>)	F	LMSP
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	F	LMSP
<i>methotrexate inj 1GM</i>	F	-
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
INLYTA TAB 1MG, 5MG (<i>axitinib</i>)	F	KMSP-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>)	F	LD-PA-QL-SF QL= 3 caps/day; Only available through Optum 877-445-6874
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		

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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
TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
VENCLEXTA STARTER PACK (<i>venetoclax</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	F	LD-PA-QL QL= 1 tab/day; Only available through Luminera 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
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

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VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	F	KMSP-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	F	LMSP-PA-SF
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	F	LMSP-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	F	-
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	-
<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	-

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<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
ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through 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	-

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ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
WELIREG TAB 40MG (<i>belzutifan</i>)	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	F	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	F	LD-PA-QL-SF QL= 32 tabs/day; Only available through Onco360 877-662-6633
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>)	F	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG (<i>ribociclib succinate-letrazole</i>)	F	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>)	F	MSP-PA
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		

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ALECENSA CAP 150MG (<i>alectinib hcl</i>)	F	LMSP-PA-QL QL= 8 caps/day	
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306	
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306	
BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through 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 Luminera 855-847-3553	

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Luminera 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

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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
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
CAPRELSA 300MG TAB 300MG <i>(vandetanib)</i>	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 100MG <i>(vandetanib)</i>	F	LD-PA-QL-SF QL= 2 tabs/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>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv)	F	LMSP-PA-QL QL= 1 tab/day

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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

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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	
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	
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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	F	LMSP-PA-QL QL= 4 tabs/day
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG (<i>pemigatinib</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG (<i>alpelisib</i>)	F	LMSP-PA-SF
QINLOCK TAB 50MG (<i>ripretinib</i>)	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG (<i>selpercatinib</i>)	F	LMSP-PA-QL-SF QL= 4 caps/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

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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
RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG (<i>midostaurin</i>)	F	LMSP-PA-QL QL= 56 caps/28 days
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	F	LMSP-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG (<i>dasatinib</i>)	F	LMSP-PA-SF
STIVARGA TAB 40MG (<i>regorafenib</i>)	F	MSP-PA-QL-SF QL= 4 tabs/day
<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
TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>)	F	LMSP-PA-SF

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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
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 Biologics 800-850-4306
TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>)	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VANFLYTA TAB 17.7MG (<i>quizartinib dihydrochloride</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VANFLYTA TAB 26.5MG 26.5MG (<i>quizartinib dihydrochloride</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	F	LMSP-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523

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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	
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	
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	F	KMSP-PA-QL-SF QL= 2 caps/day	
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	

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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
ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP (<i>ceritinib</i>)	F	LMSP-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG (<i>ceritinib</i>)	F	LMSP-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG (<i>etoposide</i>)	F	LMSP
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	F	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>benztropine tab .5MG, 1MG, 2MG</i>	F	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	F	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
<i>entacapone tab 200MG</i> (COMTAN Equiv)	F	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	F	-
<i>amantadine syrup</i> (SYMMETREL Equiv)	F	-
<i>amantadine tab 100MG</i>	F	-
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	F	-

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<i>bromocriptine tab 2.5MG (PARLODEL Equiv)</i>	F	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG (SINEMET CR Equiv)</i>	F	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (PARCOPA Equiv)</i>	F	-
<i>carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG (SINEMET Equiv)</i>	F	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (MIRAPEX Equiv)</i>	F	-
<i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG (REQUIP XL Equiv)</i>	F	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG (REQUIP Equiv)</i>	F	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
<i>rasagiline tab .5MG, 1MG (AZILECT Equiv)</i>	F	-
<i>selegiline cap 5MG (ELDEPRYL Equiv)</i>	F	-
<i>selegiline tab 5MG (ELDEPRYL Equiv)</i>	F	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>trihexyphenidyl elixir .4MG/ML (ARTANE Equiv)</i>	F	-
<i>TRIHEXYPHENIDYL SOLN .4MG/ML (trihexyphenidyl hcl)</i>	F	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		

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CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	F	-
<i>carbidopa-levodopa-entacapone tab</i> 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv)	F	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	F	-
<i>lithium carbonate ER tab</i> 300MG, 450MG (LITHOBID Equiv)	F	-
<i>lithium carbonate tab</i> 300MG	F	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP (<i>carbamazepine (antipsychotic)</i>)	F	-
<i>lurasidone hcl tab</i> 120MG, 20MG, 40MG, 60MG, 80MG (LATUDA Equiv)	F	-
<i>ziprasidone cap</i> 20MG, 40MG, 60MG, 80MG (GEODON Equiv)	F	-
BENZISOXAZOLES - Drugs to treat mood disorders		
<i>paliperidone ER tab</i> 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv)	F	-
RISPERIDONE ODT .25MG (<i>risperidone</i>)	F	-
<i>risperidone ODT</i> .5MG, 1MG, 2MG, 3MG, 4MG	F	-

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<i>risperidone soln 1MG/ML (RISPERDAL Equiv)</i>	F	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL Equiv)</i>	F	-
BUTYROPHENONES - Drugs to treat mood disorders		
<i>haloperidol lactate conc 10MG/5ML, 2MG/ML (HALDOL Equiv)</i>	F	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG (HALDOL Equiv)</i>	F	-
DIBENZAPINES - Drugs to treat mood disorders		
<i>asenapine maleate SL tab 10MG, 2.5MG, 5MG (SAPHRIS Equiv)</i>	F	QL QL= 2 tabs/day
<i>clozapine tab 100MG, 200MG, 25MG, 50MG (CLOZARIL Equiv)</i>	F	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG (LOXITANE Equiv)</i>	F	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG (ZYPREXA Equiv)</i>	F	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (ZYPREXA Equiv)</i>	F	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (SEROQUEL Equiv)</i>	F	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG (SEROQUEL XR Equiv)</i>	F	-
PHENOTHIAZINES - Drugs to treat mood disorders		

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<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	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	F	-
THIOXANTHENES - Drugs to treat mood disorders		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	F	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	F	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	F	-

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<i>abacavir/lamivudine tab 300MG-600MG (EPZICOM Equiv)</i>	F	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG (TRIZIVIR Equiv)</i>	F	-
<i>APTIVUS CAP 250MG (tipranavir)</i>	F	-
<i>APTIVUS SOLN 100MG/ML (tipranavir)</i>	F	-
<i>atazanavir cap 150MG, 200MG, 300MG (REYATAZ Equiv)</i>	F	-
<i>BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	F	QL QL= 1 tab/ day
<i>CIMDUO TAB 300MG (lamivudine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day
<i>COMPLERA TAB 25MG-200MG-300MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day
<i>CRIVIXAN CAP 200MG, 400MG (indinavir sulfate)</i>	F	MSP
<i>darunavir tab 600MG, 800MG (PREZISTA Equiv)</i>	F	-
<i>DELSTRIGO TAB 100MG-300MG (doravirine-lamivudine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day
<i>DESCOVY TAB 15MG-120MG, 25MG-200MG (emtricitabine-tenofovir alafenamide fumarate)</i>	\$0	-
<i>didanosine DR cap (VIDEX EC Equiv)</i>	F	-

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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	-
FUZEON INJ 90MG (<i>enfuvirtide</i>)	F	-
GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	F	QL QL= 1 tab/day
INTELENCE TAB 25MG (<i>etravirine</i>)	F	-
INVIRASE CAP (<i>saquinavir mesylate</i>)	F	-

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

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NORVIR CAP (<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	-
SCRIPTOR TAB (<i>delavirdine mesylate</i>)	F	-
REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>)	F	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	F	-
RUKOBIA ER TAB 600MG (<i>fostemsavir tromethamine</i>)	F	-
SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>)	F	-
SELZENTRY TAB 25MG, 75MG (<i>maraviroc</i>)	F	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (<i>stavudine</i>)	F	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i>	F	-

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STRIBILD TAB 150MG-200MG-300MG <i>(elvitegravir-cobicistat-emtricitabine-tenofovir df)</i>	F	QL QL= 1 tab/day
SYMTUZA TAB 10MG-150MG-200MG-800MG <i>(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)</i>	F	-
<i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv)	F	-
TIVICAY PD TAB 5MG <i>(dolutegravir sodium)</i>	F	-
TIVICAY TAB 10MG, 25MG, 50MG <i>(dolutegravir sodium)</i>	F	-
TRIUMEQ PD TAB 5MG-30MG-60MG <i>(abacavir-dolutegravir-lamivudine)</i>	F	QL QL= 1 tab/day
TRIUMEQ TAB 50MG-300MG-600MG <i>(abacavir-dolutegravir-lamivudine)</i>	F	QL QL= 1 tab/day
TRIZIVIR TAB 150MG-300MG <i>(abacavir sulfate-lamivudine-zidovudine)</i>	F	-
VIDEX SOLN <i>(didanosine)</i>	F	-
VIRACEPT TAB 250MG, 625MG <i>(nelfinavir mesylate)</i>	F	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG <i>(tenofovir disoproxil fumarate)</i>	F	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	F	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	F	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	F	-

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

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MAVYRET TAB 40MG-100MG <i>(glecaprevir-pibrentasvir)</i>	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML <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 <i>(ribavirin (hepatitis c))</i> <i>ribavirin cap 200MG</i>	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
HERPES AGENTS - Drugs to treat viral infections		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	F	-
<i>famciclovir tab 125MG, 250MG, 500MG</i> (FAMVIR Equiv)	F	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	F	-

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INFLUENZA AGENTS - Drugs to treat viral infections		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	F	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	F	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	F	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>)	F	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	F	-
MISC. ANTIVIRALS- Drugs to treat viral infections		
LAGEVRIO CAP (EUA) 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB (<i>penicillamine</i>)	F	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	F	KMSP
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	F	-

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<i>cyclosporine cap 100MG, 25MG (SANDIMMUNE Equiv)</i>	F	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG (NEORAL Equiv)</i>	F	-
<i>cyclosporine modified soln 100MG/ML (NEORAL Equiv)</i>	F	-
<i>mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)</i>	F	-
<i>mycophenolate mofetil cap 250MG (CELLCEPT Equiv)</i>	F	-
<i>mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)</i>	F	-
<i>mycophenolate mofetil tab 500MG (CELLCEPT Equiv)</i>	F	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML <i>(cyclosporine)</i>	F	-
<i>sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)</i>	F	-
<i>tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)</i>	F	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder 100% (KAYEXALATE Equiv)</i>	F	-
<i>sodium polystyrene susp 15GM/60ML (SPS Equiv)</i>	F	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	F	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	F	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	F	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	F	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	F	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	F	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (LOPRESSOR Equiv)	F	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG</i> (BYSTOLIC Equiv)	F	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
<i>nadolol tab 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	-
<i>propranolol oral soln 20mg/5ml</i> 20MG/5ML (PROPRANOLOL Equiv)	F	-
<i>PROPRANOLOL SOLN 40MG/5ML (propranolol hcl)</i>	F	-

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<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	F	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	F	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	F	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	F	-
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	F	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG, 420MG</i> (CARDIZEM CD Equiv)	F	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	F	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	F	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	F	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	F	-
VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>verapamil tab 120MG, 40MG, 80MG (CALAN Equiv)</i>	F	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
<i>digoxin soln .05MG/ML (LANOXIN Equiv)</i>	F	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML (<i>digoxin</i>)	F	-
<i>digoxin tab .125MG, .25MG, 125MCG, 250MCG</i> (LANOXIN Equiv)	F	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG <i>(mavacamten)</i>	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
<i>sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)</i>	F	QL QL=6 tabs/30 days
<i>tadalafil tab 10MG, 20MG (CIALIS Equiv)</i>	F	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG (CIALIS Equiv)</i>	F	QL QL= 6 tabs/30 days
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG (<i>treprostинil</i>)	F	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523

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TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (<i>treprostinil</i>)	F	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (<i>treprostinil</i>)	F	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG (<i>treprostinil</i>)	F	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN 0.6 MG/ML .6MG/ML (<i>treprostinil</i>)	F	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>)	F	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	F	LMSP-PA-QL QL= 2 tabs/day

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OPSUMIT TAB 10MG (<i>macitentan</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TRACLEER TAB 32MG 32MG (<i>bosentan</i>)	F	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	F	PA 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
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>selexipag</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG (<i>riociguat</i>)	F	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis		

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VYNDAMAX CAP 61MG (<i>tafamidis</i>)	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP 20MG (<i>tafamidis meglumine</i> <i>(cardiac)</i>)	F	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	-

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<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-LEVELEN Equiv)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-
<i>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	-
<i>levonorgestrel-ethinyl estradiol-fe tab .02MG-.1MG-36.5MG, .1MG-20MCG-75MG</i> (BALCOLTRA Equiv)	\$0	-
<i>LO LOESTRIN TAB 1MG-10MCG-75MG (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</i>	\$0	-
<i>NATAZIA TAB (estradiol valerate-dienogest)</i>	\$0	-
<i>NEXTSTELLIS TAB 3MG-14.2MG (drospirenone-estetrol)</i>	\$0	-
<i>norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv)	\$0	-

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<i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG (MINASTRIN Equiv)</i>	\$0	-
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)</i>	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)</i>	\$0	-
<i>nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL Equiv)</i>	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)</i>	\$0	-
<i>sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)</i>	\$0	-
<i>tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)</i>	\$0	-
<i>tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)</i>	\$0	-
<i>TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>)</i>	\$0	-
<i>VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>)</i>	\$0	-
<i>velvet tab (CYCLESSA Equiv)</i>	\$0	-
<i>vienna tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG (ALESSE Equiv)</i>	\$0	-
<i>viorele tab, kariva tab (MIRCETTE Equiv)</i>	\$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		

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TWIRLA PATCH 30MCG/24HR-120MCG/24HR <i>(levonorgestrel-ethynodiol)</i>	\$0	-
zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
ANNOVERA RING .013MG/24HR-.15MG/24HR <i>(segesterone acetate-ethynodiol)</i>	\$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR <i>(etonogestrel-ethynodiol)</i>	\$0	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
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
PLAN B TAB 1.5MG (<i>levonorgestrel (emergency oc)</i>)	\$0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML <i>(medroxyprogesterone acetate (contraceptive))</i>	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG (<i>norgestrel</i>)	\$0	OTC
SLYND TAB 4MG (<i>drospernone</i>)	\$0	-

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
<i>budesonide SR cap 3MG (ENTOCORT EC Equiv)</i>	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	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG (DECADRON Equiv)</i>	F	-
<i>hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)</i>	F	-
<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML (DEPO-MEDROL Equiv)</i>	F	-
<i>methylprednisolone dose pack 4MG (MEDROL Equiv)</i>	F	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)</i>	F	-
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG (SOLU-MEDROL Equiv)</i>	F	-

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<i>prednisolone ODT 10MG, 15MG, 30MG (ORAPRED Equiv)</i>	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 (PEDIAPRED Equiv)</i>	F	-
PREDNISONE SOLN 5MG/5ML <i>(prednisone)</i>	F	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG (DELTASONE Equiv)</i>	F	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG <i>(hydrocortisone sod succinate)</i>	F	QL QL= 1 vial/fill
SOLU-CORTEF INJ 100MG 100MG <i>(hydrocortisone sod succinate)</i>	F	QL QL= 2 vials/fill
SOLU-MEDROL INJ 2GM 2GM <i>(methylprednisolone sod succ)</i>	F	-
<i>triamcinolone acetonide inj 200MG/5ML, 400MG/10ML, 40MG/ML (KENALOG Equiv)</i>	F	-
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
<i>fludrocortisone tab .1MG (FLORINEF Equiv)</i>	F	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)</i>	F	-

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94

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)</i>	F	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
<i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG (ZYRTEC Equiv)</i>	F	OTC
<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)</i>	F	OTC
<i>GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (<i>guaifenesin-codeine</i>)</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
<i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG (CLARITIN-D Equiv)</i>	F	OTC
<i>loratadine/pseudoephedrine 24-hour tab 10MG-240MG (CLARITIN-D Equiv)</i>	F	OTC
<i>PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv) (<i>promethazine & phenylephrine</i>)</i>	F	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv)</i>	F	-
<i>PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) (<i>promethazine-phenylephrine-codeine</i>)</i>	F	-

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<i>promethazine VC/codeine syrup 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv)</i>	F	-
<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)</i>	F	-
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>)	F	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	F	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20% (MUCOMYST Equiv)</i>	F	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
<i>adapalene cream .1% (DIFFERIN Equiv)</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3% (DIFFERIN Equiv)</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)</i>	F	-

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<i>adapalene/benzoyl peroxide gel .03-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv)	F	-
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	F	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	F	-
<i>clindamycin lotion 1%</i> (CLEOCIN-T Equiv)	F	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	F	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	F	-
<i>ERY PAD 2% (erythromycin (acne aid))</i>	F	-
<i>erythromycin gel 2%</i>	F	-
<i>erythromycin pad</i>	F	-
<i>erythromycin soln 2%</i>	F	-
<i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10%</i> (SUMAXIN Equiv)	F	-
<i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9%</i> (SUMADAN WASH Equiv)	F	-
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	F	-
<i>tretinoin cream .025%, .05%, .1%</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .04%, .1%</i> (RETIN-A GEL Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization

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<i>tretinoin gel .08% .08% (RETIN-A MICRO Equiv)</i>	F	PA Acne Only - members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
<i>gentamicin sulfate cream</i>	F	-
<i>gentamicin sulfate oint .1%</i>	F	-
<i>mupirocin oint 2% (BACTROBAN OINT Equiv)</i>	F	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<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	-
<i>ciclopirox topical susp .77% (LOPROX SUSP Equiv)</i>	F	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	F	-
<i>econazole cream 1% (SPECTAZOLE Equiv)</i>	F	-
<i>ketonconazole cream 2% (NIZORAL CREAM Equiv)</i>	F	-
<i>ketonconazole shampoo 2% (NIZORAL SHAMPOO Equiv)</i>	F	-
NIZORAL A-D SHAMPOO 1% (<i>ketoconazole (topical)</i>)	EXC	OTC

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<i>nizoral a-d shampoo 1%</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	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	F	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<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	-
<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
ANTIPSORIATICS - Drugs to treat psoriasis		
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	F	LMSP

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<i>calcipotriene cream .005% (DOVONEX CREAM Equiv)</i>	F	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	F	-
<i>calcipotriene soln .005% (DOVONEX SOLN Equiv)</i>	F	-
METHOXSALEN CAP 10MG (<i>methoxsalen rapid</i>)	F	LMSP
<i>methoxsalen cap 10MG</i>	F	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)	F	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>)	F	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 45MG/0.5ML (<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
<i>tazarotene cream 0.1% .1% (TAZORAC Equiv)</i>	F	-
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	F	LMSP-PA-QL QL= 1 inj/56 days
ZORYVE CREAM .3% (<i>roflumilast (topical)</i>)	F	PA-QL QL= 60 grams/30 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
<i>selenium sulfide shampoo 2.25% (SELSEB Equiv)</i>	F	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
<i>acyclovir oint 5% (ZOVIRAX Equiv)</i>	F	-
BURN PRODUCTS - Drugs to treat burns		

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<i>silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)</i>	F	-
SULFAMYLYON CREAM 85MG/GM (<i>mafénide acetate</i>)	F	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
<i>alclometasone cream .05% (ACLOVATE Equiv)</i>	F	-
<i>alclometasone oint .05% (ACLOVATE OINT Equiv)</i>	F	-
<i>betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)</i>	F	-
BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>)	F	-
<i>betamethasone augmented gel</i>	F	-
<i>betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)</i>	F	-
<i>betamethasone augmented oint .05% (DIPROLENE OINT Equiv)</i>	F	-
<i>betamethasone dipropionate cream .05% (DIPROSONE CREAM Equiv)</i>	F	-
<i>betamethasone dipropionate lotion .05%</i>	F	-
<i>betamethasone dipropionate oint .05% (DIPROSONE OINT Equiv)</i>	F	-
<i>betamethasone valerate cream .1%</i>	F	-
<i>betamethasone valerate lotion .1%</i>	F	-
<i>betamethasone valerate oint .1%</i>	F	-

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<i>clobetasol propionate cream .05% (TEMOVATE Equiv)</i>	F	-
<i>clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)</i>	F	-
<i>clobetasol propionate gel .05% (TEMOVATE GEL Equiv)</i>	F	-
<i>clobetasol propionate oint .05% (TEMOVATE Equiv)</i>	F	-
<i>desoximetasone cream .25% (TOPICORT CREAM Equiv)</i>	F	-
<i>desoximetasone oint .25% (TOPICORT Equiv)</i>	F	-
EPIFOAM AEROSOL 1% (<i>pramoxine-hc</i>)	F	-
FLUOCINOLONE ACET CREAM .01% (<i>fluocinolone acetonide</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% (LIDEX Equiv)</i>	F	-
<i>fluocinonide cream 0.1% .1% (VANOS CREAM Equiv)</i>	F	-
<i>fluocinonide emollient cream .05%</i>	F	-
<i>fluocinonide gel .05%</i>	F	-
<i>fluocinonide oint .05%</i>	F	-
<i>fluocinonide soln .05%</i>	F	-
<i>fluticasone propionate cream .05% (CUTIVATE Equiv)</i>	F	-
<i>fluticasone propionate oint .005% (CUTIVATE Equiv)</i>	F	-

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<i>halobetasol propionate cream .05% (ULTRAVATE Equiv)</i>	F	-
<i>halobetasol propionate oint .05% (ULTRAVATE Equiv)</i>	F	PA
<i>hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)</i>	F	-
<i>hydrocortisone lotion 1%, 2.5% (HYTONE Equiv)</i>	F	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	F	-
<i>mometasone cream .1% (ELOCON Equiv)</i>	F	-
<i>mometasone oint .1% (ELOCON Equiv)</i>	F	-
<i>mometasone soln .1% (ELOCON Equiv)</i>	F	-
<i>triamcinolone cream .025%, .1%, .5%</i>	F	-
<i>triamcinolone lotion .025%, .1%</i>	F	-
<i>triamcinolone oint .025%, .1%, .5%</i>	F	-
ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	F	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>)	F	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML (<i>dupilumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 200MG/1.14ML, 300MG/2ML (<i>dupilumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		

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ammonium lactate lotion 12%, 5% (LAC-HYDRIN Equiv)	EXC	OTC
LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>)	F	-
ENZYMEs - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	F	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - Drugs to grow hair		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG (PROPECIA Equiv)</i>	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
HAIR REDUCTION AGENTS - Drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
<i>imiquimod cream 5% (ALDARA Equiv)</i>	F	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
HYFTOR GEL .2% (<i>sirolimus (topical)</i>)	F	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>tacrolimus oint .03%, .1% (PROTOPIC OINT Equiv)</i>	F	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		

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PODOCON SOLN 25% (<i>podophyllum resin</i>)	F	-
PODOFILOX SOLN .5% (<i>podofilox</i>)	F	-
<i>podofilox soln</i>	F	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	F	-
<i>lidocaine gel 2%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine oint</i>	F	QL QL= 107gm/30 days
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	F	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	F	-
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	F	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% <i>(fluocinolone-hydroquinone-tretinoin)</i>	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	F	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv)	EXC	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	F	-
<i>metronidazole gel 1%</i> (METROGEL Equiv)	F	-
<i>metronidazole gel 0.75%.75%</i> (METROGEL Equiv)	F	-

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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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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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>metronidazole lotion .75% (METROLOTION Equiv)</i>	F	-
MIRVASO GEL .33% (<i>brimonidine tartrate (topical)</i>)	EXC	-
RHOFADE CREAM 1% (<i>oxymetazoline hcl (topical)</i>)	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
<i>malathion lotion .5% (OVIDE Equiv)</i>	F	QL
<i>permethrin cream 5% (ELIMITE CREAM Equiv)</i>	F	-
SPINOSAD SUSP .9% (<i>spinosad</i>)	F	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% (<i>bevacizumab</i>)	F	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	F	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
COVID-19 TEST (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 INJ TEST CARTRIDGE (<i>covid-19 at home test</i>)	EXC	OTC
CUE HEALTH MONITOR (<i>covid-19 at home test</i>)	EXC	OTC
KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>)	F	OTC
KETOSTIX (<i>acetone (urine) test</i>)	F	OTC
ONETOUCH TEST STRIP (<i>glucose blood</i>)	F	OTC

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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
ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>)	F	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP (<i>astaxanthin-tocotrienol-zinc-cholecalciferol</i>)	EXC	-
DEPLIN CAP (<i>l-methylfolate-algae</i>)	EXC	-
ELIGEN B12 TAB (<i>cyanocobalamin-salcaprozate sodium</i>)	EXC	-
FALESSA TAB (<i>levomefolate glucosamine</i>)	EXC	-
GLYGEST PAK (<i>2-fucosyllactose & lacto-n-neotetraose</i>)	EXC	-
L-METHYLFOLATE TAB (<i>l-methylfolate</i>)	EXC	-
LUVIRA CAP (<i>omega-3-acid ethyl esters (dietary management)</i>)	EXC	-
METANX CAP (<i>l-methylfolate w/ algae-vitamin b12-vitamin b6</i>)	EXC	-
OLLIZAC POWDER (<i>2-fucosyllactose & lacto-n-neotetraose</i>)	EXC	-
PODIAPN CAP (<i>l-methylfolate w/ vitamin b6-vitamin b12</i>)	EXC	-
XAQUIL XR TAB (<i>levomefolate glucosamine</i>)	EXC	-
XYZBAC TAB (<i>dietary management product</i>)	EXC	-
INFANT FOODS		

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INFANT FORMULA LIQUID (<i>infant foods</i>)	F	OTC-PA
INFANT FORMULA POWDER (<i>infant foods</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>)	F	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	F	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	F	-
acetazolamide tab 125MG, 250MG	F	-
methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)	F	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		

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AMILORIDE/HCTZ TAB 5MG-50MG (<i>amiloride & hydrochlorothiazide</i>)	F	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	F	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	F	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	F	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	F	-
FUROSCIX KIT 80MG/10ML (<i>furosemide</i>)	F	LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
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>torsemide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	F	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		

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<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	F	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	F	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB (DIURIL Equiv) <i>(chlorothiazide)</i>	F	-
<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	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
<i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv)	F	-
ALENDRONATE TAB 40MG 5MG <i>(alendronate sodium)</i>	F	-
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	F	-

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<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
<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 (recombinant))</i>	F	LMSP
TYMLOS INJ 3120MCG/1.56ML <i>(abaloparatide alfa)</i>	F	LMSP
CORTICOTROPIN ***		
ACTHAR GEL INJ 80UNIT/ML <i>(corticotropin)</i>	F	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
FERTILITY REGULATORS - Drugs to regulate fertility		
CLOMID TAB 50MG <i>(clomiphene citrate)</i>	EXC	INF
CLOMIPHENE TAB 50MG <i>(clomiphene citrate)</i>	EXC	INF
OVIDREL INJ 250MCG/0.5ML <i>(choriogonadotropin alfa)</i>	EXC	INF
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>cetorelix acetate for inj kit .25MG (CETROTIDE Equiv)</i>	EXC	INF
ORILISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	F	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	F	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG <i>(pegvisomant)</i>	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 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-boco</i>)	F	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		

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<i>raloxifene tab 60MG (EVISTA Equiv)</i>	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	F	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
SYNAREL NASAL SOLN 2MG/ML (<i>nafarelin acetate</i>)	F	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
<i>calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)</i>	F	-
<i>calcitriol soln 1MCG/ML (ROCALTROL Equiv)</i>	F	-
<i>carglumic acid tab 200MG (CARBAGLU Equiv)</i>	F	LD-PA Only available through AnovoRx 844-288-5007
<i>cinacalcet tab 30MG, 60MG, 90MG (SENSIPAR Equiv)</i>	F	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv)</i>	F	-
<i>levocarnitine soln 1GM/10ML (CARNITOR Equiv)</i>	F	-
<i>levocarnitine tab 330MG (CARNITOR Equiv)</i>	F	-

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PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML (<i>pegvaliase-pqpz</i>)	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	F	-
PHEBURANE ORAL PELLETS 483MG/GM (<i>sodium phenylbutyrate</i>)	F	LD Only available through Accredo 800-803-2523
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	F	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	F	LMSP-PA
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
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>)	F	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	F	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mifepristone tab 200MG (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG (mifepristone)	EXC	-
PROLACTIN INHIBITORS - Drugs to regulate hormones		
cabergoline tab .5MG (DOSTINEX Equiv)	F	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)	F	LMSP
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 diaspartate</i>)	F	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG (<i>tolvaptan</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG (<i>tolvaptan</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>ciprofloxacin tab 250MG, 500MG, 750MG (CIPRO Equiv)</i>	F	-
<i>levofloxacin soln 25MG/ML (LEVAQUIN Equiv)</i>	F	-
<i>levofloxacin tab 250MG, 500MG, 750MG (LEVAQUIN Equiv)</i>	F	-
<i>moxifloxacin tab 400MG (AVELOX Equiv)</i>	F	-
<i>ofloxacin tab 400MG (FLOXIN Equiv)</i>	F	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG (<i>plecanatide</i>)	F	PA-QL QL= 1 tab/day
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	F	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>ursodiol cap 300MG (ACTIGALL Equiv)</i>	F	-
<i>ursodiol tab 250MG, 500MG (URSO (FORTE) Equiv)</i>	F	-

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GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cromolyn conc 100MG/5ML (GASTROCROM Equiv)</i>	F	-
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation		
<i>lubiprostone cap 24MCG, 8MCG (AMITIZA Equiv)</i>	F	PA-QL QL= 2 caps/day
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML (REGLAN Equiv)</i>	F	-
<i>metoclopramide tab 10MG, 5MG (REGLAN Equiv)</i>	F	-
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	F	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>)	F	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>)	F	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479

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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
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
<i>balsalazide cap 750MG (COLAZAL Equiv)</i>	F	-
CIMZIA INJ 200MG/ML <i>(certolizumab pegol)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML <i>(certolizumab pegol)</i>	F	LMSP-PA-QL QL= 1 kit/plan year
<i>mesalamine enema 4GM (ROWASA Equiv)</i>	F	-
<i>mesalamine ER cap .375GM (APRISO Equiv)</i>	F	-
<i>mesalamine supp 1000MG (CANASA Equiv)</i>	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 (AZULFIDINE Equiv)</i>	F	-
<i>sulfasalazine tab 500MG (AZULFIDINE Equiv)</i>	F	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	F	-
LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections		

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VOWST CAP (<i>fecal microbiota spores, live-brpk</i>)	F	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
SYMPROIC TAB (<i>naldemedine tosylate</i>)	F	PA
SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>)	F	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	F	-
FOSRENOL POWDER PACK 1000MG, 750MG (<i>lanthanum carbonate</i>)	F	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	F	-
PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>)	F	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	F	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	F	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG (<i>potassium citrate-citric acid</i>)	F	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (<i>pot & sod citrates w/citric ac</i>)	F	-

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ORACIT SOLN 490MG/5ML-640MG/5ML (<i>sodium citrate & citric acid</i>)	F	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K TAB Equiv)	F	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	F	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	F	-
<i>sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	F	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	F	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	F	LD-PA Only available through CVS Specialty 800-238-7828
GENITOURINARY IRRIGANTS - Drugs to treat the urinary system		
<i>sodium chloride 0.9% irr soln .9%</i>	F	-
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	F	-
PROSTATIC HYPERPLASIA AGENTS - Drugs to treat enlarged prostate		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	F	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	F	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	F	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	F	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	F	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	F	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	F	-
GOUT AGENTS - Drugs to treat gout		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	F	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	F	-
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	F	ST Step Therapy requires trial of allopurinol
URICOSURICS - Drugs to treat gout		

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<i>probenecid tab 500MG</i> (BENEMID Equiv)	F	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML <i>(emicizumab-kxwh)</i>	F	LMSP-PA
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
EMPAVELI INJ 1080MG/20ML (<i>pegcetacoplan</i>)	F	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG (<i>avacopan</i>)	F	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	F	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
TAKHZYRO INJ 300MG/2ML (<i>lanadelumab-flyo</i>)	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML 150MG/ML <i>(lanadelumab-flyo)</i>	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	F	-

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BRILINTA TAB 60MG, 90MG (<i>ticagrelor</i>)	F	-
CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>)	F	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	F	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	F	-
<i>dipyridamole tab</i> (PERSANTINE Equiv)	F	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	F	-
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
PYRUKYND TAB 20MG, 50MG, 5MG (<i>mitapivat sulfate</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK 5MG (<i>mitapivat sulfate</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	F	MSP-PA
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	F	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		

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DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea</i>) <i>(sickle cell disease)</i>	F	-
ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>)	F	LMSP-PA-QL QL= 6 packets/day
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
OXBRYTA TAB FOR ORAL SUSP 300MG (<i>voxelotor</i>)	F	LD-PA-QL QL= 5 tabs/day; Only available through Accredo 800-803-2523
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	F	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
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

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		F	LMSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	F	LMSP	
PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 1 packet/day	
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 1 tab/day	
PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 2 tabs/day	
PROMACTA TAB 75MG 75MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 2 tabs/day	
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>)	F	LMSP	
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>)	F	LMSP	
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders			
ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG	F	-	
folbee tab 1MG-2.5MG-25MG	F	-	
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vitamin c-threonic acid-vitamin b12-fa</i>)	F	-	

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MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acd-c-threonic acid-b12-fa</i>)	F	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	F	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75 MG-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	-
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	F	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	F	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	F	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	QL QL= 1 tab/day

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine cap 50mg 50MG (BENADRYL Equiv)</i>	F	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>phenobarbital elixir 20MG/5ML</i>	F	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	F	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>estazolam tab 1MG, 2MG (PROSOM Equiv)</i>	F	-
<i>eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)</i>	F	QL QL= 1 tab/day
<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML (MIDAZOLAM Equiv)</i>	F	RS Restricted to Neurology Specialist
<i>temazepam cap 15mg 15MG (RESTORIL Equiv)</i>	F	-
<i>temazepam cap 30mg 30MG (RESTORIL Equiv)</i>	F	-
<i>triazolam tab .125MG, .25MG (HALCION Equiv)</i>	F	-
<i>zaleplon cap 10MG, 5MG (SONATA Equiv)</i>	F	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)</i>	F	QL QL= 1 tab/day
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>ramelteon tab 8MG (ROZEREM Equiv)</i>	F	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	QL 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> <i>1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM</i> (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
<i>peg 3350/electrolytes soln</i> <i>2.97GM-5.86GM-6.74GM-22.74GM-236GM</i> (NULYTELY Equiv)	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year

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sodium/magnesium/potassium soln 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM (<i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i>)	F	QL QL= 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
<i>lactulose soln</i>	F	-
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	F	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	F	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
<i>CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML</i> (clarithromycin)	F	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	F	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
<i>ERYTHROMYCIN EC CAP 250MG</i> (<i>erythromycin base</i>)	F	-

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

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

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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 DELICA LANCETS (<i>lancets</i>)	F	OTC
ONETOUCH DELICA PLUS LANCETS (<i>lancets</i>)	F	OTC
ONETOUCH DELICA ULTRASOFT LANCETS (<i>lancets</i>)	F	OTC
ONETOUCH METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO FLEX METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC

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ONETOUCH VERIO IQ METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO REFLECT METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
V-GO INJ KIT (<i>insulin infusion disposable pump</i>)	F	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% (<i>alcohol swabs</i>)	F	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	F	-
B-D PEN AUTOSHIELD DUO PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC
CARETOUCH MIS (<i>needle (disp) 27 g</i>)	F	OTC
TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TECHLITE PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	F	-
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>spacer/aerosol-holding chambers</i>)	\$0	OTC

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PEAK FLOW METER (<i>peak flow meter</i>)	\$0	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
UBRELVY TAB 100MG, 50MG (<i>ubrogepant</i>)	F	PA-QL QL= 10 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT (<i>zavegepant hcl</i>)	F	PA-QL QL= 6 units/fill; 60 units/365 days
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
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
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
REYVOW TAB 100MG, 50MG (<i>lasmiditan succinate</i>)	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days

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SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML <i>(sumatriptan succinate)</i>	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	F	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML <i>(sumatriptan succinate)</i>	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG (IMITREX Equiv)</i>	F	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG (ZOMIG Equiv)</i>	F	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
<i>sodium fluoride chew tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG (LURIDE Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML (LURIDE Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG (<i>sodium fluoride</i>)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
PHOSPHATE - Drugs to treat electrolyte deficiency		
<i>phospha 250 neutral tab 130MG-155MG-852MG (K-PHOS NEUTRAL Equiv)</i>	F	-

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<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	F	-
POTASSIUM - Drugs to treat electrolyte disorders		
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	F	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	F	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	F	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	F	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	F	-
<i>potassium chloride soln 10%, 20%</i>	F	-
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	F	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	F	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	F	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
JOENJA TAB 70MG (<i>leniolisib phosphate</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479

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<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (REVLIMID Equiv)</i>	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 Luminera 855-847-3553
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG	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
sirolimus soln 1MG/ML (RAPAMUNE Equiv)	F	-
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		

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LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)	F	LMSP-PA
SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>)	F	-
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG (<i>lonafarnib</i>)	F	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>)	F	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML (<i>belimumab</i>)	F	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
<i>lidocaine viscous soln 2%</i> (XYLOCAINE HCL (MOUTH-THROAT) Equiv)	F	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	F	-
<i>nystatin susp 100000UNIT/ML</i>	F	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln .12%</i> (PERIDEX Equiv)	F	-
DENTAL PRODUCTS - Drugs to prevent cavities		

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FLUORIDEX SENSITIVITY PASTE 1.1%-5% (<i>sodium fluoride-potassium nitrate</i>)	F	-
PREVIDENT SOLN .2% (<i>sodium fluoride (dental)</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	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	F	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	F	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	F	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	F	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB (<i>b-complex w/ c-biotin-e-minerals & folic acid</i>)	F	-
DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>)	F	-

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FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>)	F	-
renaphro cap (NEPHROCAP Equiv)	F	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
multivitamin/minerals tab (STROVITE Equiv)	F	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
pediatric multiple vitamins/fluoride/iron soln	F	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>)	F	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>)	F	-
MULTIVITAMIN/FLOURIDE CHEW 1MG (<i>pediatric multivitamins w/fl</i>)	F	-
MULTIVITAMIN/FLUORIDE CHEW TAB (<i>pediatric multivitamins w/fl</i>)	F	-
pediatric multiple vitamins/fluoride soln	F	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
baclofen tab 10MG, 20MG, 5MG (BACLOFEN Equiv)	F	-

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<i>carisoprodol tab 350MG (SOMA Equiv)</i>	F	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	F	-
<i>cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)</i>	F	-
<i>cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)</i>	F	-
<i>methocarbamol tab 500MG, 750MG (ROBAXIN Equiv)</i>	F	-
<i>tizanidine tab (ZANAFLEX Equiv)</i>	F	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)</i>	F	-
FIBRODYSPASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***		
<i>SOHONOS CAP 1.5MG 1.5MG (<i>palovarotene</i>)</i>	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
<i>SOHONOS CAP 10MG 10MG (<i>palovarotene</i>)</i>	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
<i>SOHONOS CAP 1MG 1MG (<i>palovarotene</i>)</i>	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
<i>SOHONOS CAP 2.5MG 2.5MG (<i>palovarotene</i>)</i>	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828

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SOHONOS CAP 5MG 5MG (<i>palovarotene</i>)	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% (<i>alcohol (nasal)</i>)	F	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
<i>azelastine nasal spray .1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	F	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
<i>ipratropium nasal spray .03%, .06% (ATROVENT</i> Equiv)	F	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
<i>fluticasone nasal spray 50MCG/ACT (FLONASE</i> Equiv)	F	QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	F	OTC-QL QL= 2 bottles/fill
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
RADICAVA ORS STARTER KIT 105MG/5ML (<i>edaravone</i>)	F	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523

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RADICAVA ORS SUSP 105MG/5ML (<i>edaravone</i>)	F	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
RELYVRCIO PAK 1GM-3GM (<i>sodium phenylbutyrate-taurursodiol</i>)	F	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	F	-
FRIEDRICH'S ATAXIA AGENTS ***		
SKYCLARYS CAP 50MG (<i>omaveloxolone</i>)	F	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
RETT SYNDROME AGENTS ***		
DAYBUE SOLN 200MG/ML (<i>trofinetide</i>)	F	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>)	F	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN (<i>medium chain triglycerides</i>)	F	OTC-PA
MCT OIL (<i>medium chain triglycerides</i>)	F	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		

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

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

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

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<i>moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)</i>	F	-
NATACYN OPHTH SUSP 5% (<i>natamycin</i>)	F	QL QL= 15ml/fill
NEOMYCIN/POLYMICIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-gramicidin</i>)	F	-
<i>ofloxacin ophth soln .3% (OCUFLOX Equiv)</i>	F	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML (POLYTRIM Equiv)</i>	F	-
<i>sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)</i>	F	-
<i>tobramycin ophth soln (TOBREX Equiv)</i>	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	-
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
<i>cyclosporine ophth emulsion .05% (RESTASIS Equiv)</i>	F	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist

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OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
<i>proparacaine ophth soln .5% (ALCAINE Equiv)</i>	F	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)</i>	F	-
<i>DEXAMETHASONE OPHTH SOLN .1% (dexamethasone sodium phosphate (ophth))</i>	F	-
<i>difluprednate ophth emulsion .05% (DUREZOL Equiv)</i>	F	-
<i>fluorometholone ophth soln .1% (FML LIQUIFILM Equiv)</i>	F	-
<i>LOTEMAX OPHTH OINT .5% (loteprednol etabonate)</i>	F	-
<i>loteprednol etabonate ophth gel .5% (LOTEMAX Equiv)</i>	F	-
<i>loteprednol ophth susp .2%, .5% (LOTEMAX, ALREX Equiv)</i>	F	-
<i>MAXIDEX OPHTH SOLN .1%, 9% (dexamethasone (ophth))</i>	F	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)</i>	F	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)</i>	F	-

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NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>)	F	-
PRED MILD OPHTH SOLN .12% (<i>prednisolone acetate (ophth)</i>)	F	-
PRED-G OPHTH SOLN .3%-1% (<i>gentamicin-prednisolone acetate</i>)	F	-
PREDNISOLONE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	F	-
PREDNISOLONE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	F	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% (<i>prednisolone sodium phosphate (ophth)</i>)	F	-
<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)
OPHTHALMICS - MISC. - Miscellaneous eye agents		

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ALOCRIL OPHTH SOLN 2% (<i>nedocromil sodium (ophth)</i>)	F	-
ALOMIDE OPHTH SOLN .1% (<i>lodoxamide tromethamine</i>)	F	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	F	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	F	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	F	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	F	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	F	-
CROMOLYN SODIUM OPHTH SOLN 4% (<i>cromolyn sodium (ophth)</i>)	F	-
CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>)	F	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
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	-

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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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>)	F	-
ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	F	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	F	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	F	OTC OTC covered only
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	F	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	F	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	F	OTC-QL QL= 2.5ml/30 days
UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>)	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
<i>bimatoprost ophth soln .03%</i>	F	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	F	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>)	F	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	F	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		

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

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HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	F	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	F	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	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
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
<i>hydroxyprogesterone inj 250MG/ML (MAKENA Equiv)</i>	F	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)</i>	F	-
<i>norethindrone tab 5MG (AYGESTIN Equiv)</i>	F	-
<i>progesterone cap 100MG, 200MG (PROMETRIUM Equiv)</i>	F	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
<i>acamprosate calcium DR tab 333MG (CAMPRAL Equiv)</i>	F	-
<i>DISULFIRAM TAB 500MG (ANTABUSE Equiv) (disulfiram)</i>	F	-
<i>disulfiram tab 250MG, 500MG (ANTABUSE Equiv)</i>	F	-
ANTI-CATALEPTIC AGENTS - Drugs to treat sleep disorders		
<i>LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM (sodium oxybate)</i>	F	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523

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SODIUM OXYBATE SOLN 500MG/ML (<i>sodium oxybate</i>)	F	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	F	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	F	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	F	ST Step Therapy requires trial of memantine tab
<i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	F	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	F	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (EXELON Equiv)	F	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (SYMBYAX Equiv)	F	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (perphenazine-amitriptyline)	F	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK (<i>milnacipran hcl</i>)	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	F	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>)	F	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
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
tetrabenazine tab 12.5MG, 25MG (XENAZINE Equiv)	F	LMSP
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		

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AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	F	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	F	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	F	LMSP
EXTAVIA INJ .3MG (<i>interferon beta-1b</i>)	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</i> <i>(multiple sclerosis)</i>)	F	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG (<i>siponimod</i> <i>fumarate</i>)	F	LMSP
MAYZENT TAB STARTER PACK .25MG (<i>siponimod</i> <i>fumarate</i>)	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon</i> <i>beta-1a</i>)	F	LMSP

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PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	F	LMSP
teriflunomide tab 14MG, 7MG (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
PSEUDOLOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	F	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	F	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
<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
<i>NICOTINE KIT (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
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>)	F	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 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>(elexacaftor-tezacaftor-ivacaftor)</i>	F	KMSP-PA-QL QL= 84 tabs/28 days
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
OFEV CAP 100MG, 150MG <i>(nintedanib esylate)</i>	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>pirfenidone cap 267MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	F	-

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<i>doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)</i>	F	-
<i>doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)</i>	F	-
<i>doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)</i>	F	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)</i>	F	-
<i>doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)</i>	F	-
<i>minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)</i>	F	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab (TAPAZOLE Equiv)</i>	F	-
<i>propylthiouracil tab 50MG</i>	F	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG (<i>thyroid</i>)	F	-

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<i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG (SYNTHROID Equiv)</i>	F	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)</i>	F	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)</i>	F	-
THYROLAR TAB (<i>liotrix (t3-t4)</i>)	F	-
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	EXC	VAC
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 5LFU/0.5ML-25LFU/0.5ML (<i>diphtheria-tetanus toxoids (dt)</i>)	EXC	VAC
KINRIX INJ, QUADRACEL DTAP-IPV INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	EXC	VAC

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KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)</i>	EXC	VAC
PEDIARIX INJ 10LFU/0.5ML-10MCG/0.5ML-25LFU/0.5ML-58MCG /0.5ML <i>(diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac)</i>	EXC	VAC
PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)</i>	EXC	VAC
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
<i>dicyclomine cap 10MG (BENTYL Equiv)</i>	F	-
<i>dicyclomine soln 10MG/5ML (BENTYL Equiv)</i>	F	-
<i>dicyclomine tab 20MG (BENTYL Equiv)</i>	F	-
<i>glycopyrrolate tab 1MG, 2MG (ROBINUL Equiv)</i>	F	-
<i>hyoscyamine sulfate CR tab .375MG (LEVBID Equiv)</i>	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML (LEVSIN Equiv)</i>	F	-
<i>hyoscyamine sulfate ODT .125MG (ANASPAZ Equiv)</i>	F	-
<i>hyoscyamine sulfate SL tab .125MG (LEVSIN Equiv)</i>	F	-

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
<i>fesoterodine fumarate ER tab 4MG, 8MG (TOVIAZ Equiv)</i>	F	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)</i>	F	-
<i>oxybutynin syrup 5MG/5ML</i>	F	-
<i>oxybutynin tab 5MG (DITROPAN Equiv)</i>	F	-
OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>)	F	OTC
<i>solifenacain tab 10MG, 5MG (VESICARE Equiv)</i>	F	-
<i>tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)</i>	F	-
<i>tolterodine tab 1MG, 2MG (DETROL Equiv)</i>	F	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB (<i>mirabegron</i>)	F	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG (URECHOLINE Equiv)</i>	F	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
ACTHIB INJ, HIBERIX INJ 10MCG (<i>haemophilus b polysac conj vac</i>)	EXC	VAC
BCG INJ 50MG (<i>bcg vaccine</i>)	EXC	VAC

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PEDVAXHIB INJ 7.5MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	EXC	VAC
PENBRAYA INJ (<i>mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc</i>)	EXC	VAC
PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	\$0	VAC
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	\$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	\$0	QL-VAC QL= 1 vaccine/lifetime; Covered for members age 19 years or older
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	\$0	QL-VAC QL= 1 vaccine/lifetime
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>)	\$0	QL-VAC QL= 1 inj/28 days
AREXVY INJ 120MCG/0.5ML (<i>rsv pre-fusion f3 protein (rsvpref3) vac recombinant adjuvanted</i>)	EXC	VAC

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COMIRNATY INJ 30MCG/0.3ML (covid-19 (sars-cov-2) mrna virus vaccine)	\$0	QL-VAC QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML 30MCG/0.3ML (covid-19 (sars-cov-2) mrna virus vaccine)	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML (covid-19 mrna bivalent virus vaccine (moderna))	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML (covid-19 mrna bivalent virus vaccine (pfizer))	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML (covid-19 mrna bivalent virus vaccine (pfizer))	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML (covid-19 mrna bivalent virus vaccine (pfizer))	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML (covid-19 mrna bivalent virus vaccine (moderna))	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN) .5ML (covid-19 (sars-cov-2) adenovirus vaccine)	\$0	QL-VAC QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML (covid-19 (sars-cov-2) subunit (spike) protein virus vaccine)	\$0	QL-VAC QL= 1 dose/17 days

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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
DENGVAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>)	EXC	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 5MCG/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	EXC	VAC
FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK QUAD PF INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLULALVAL QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days

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FLUMIST QUADRIVALENT NASAL SUSP (<i>influenza virus vaccine live quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ (<i>influenza virus vac split high-dose quad preservative free</i>)	\$0	QL-VAC QL= 1 inj/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
FLUZONE/FLUARIX QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
IMOVAZ INJ 2.5UNIT/ML (<i>rabies virus vaccine, hdc</i>)	EXC	VAC
IPOV INJ (<i>poliovirus vaccine, ipv</i>)	EXC	VAC
IXCHIQ INJ (<i>chikungunya virus vaccine live</i>)	EXC	VAC
PREHEVBRIOSUSP 10MCG/ML (<i>hepatitis b vaccine 3-antigen recombinant</i>)	EXC	VAC
PRIORIX INJ (<i>measles, mumps & rubella virus vaccines</i>)	EXC	VAC
RABAVERT INJ (<i>rabies vaccine, pcc</i>)	EXC	VAC
ROTARIX SUSP (<i>rotavirus vaccine, live oral</i>)	EXC	VAC
ROTATEQ INJ (<i>rotavirus vaccine, live oral pentavalent</i>)	EXC	VAC
SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</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

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

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TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>)	F	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	F	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	F	-
<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	F	QL QL= 8 tabs/28 days, 18 tabs on first fill
ESTRING 2MG, 7.5MCG/24HR (<i>estradiol vaginal</i>)	F	-
PREMARIN VAGINAL CREAM .625MG/GM (<i>estrogens, conjugated vaginal</i>)	F	-
VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>)	F	PA
ENDOMETRIN INSERT 100MG (<i>progesterone (vaginal)</i>)	F	PA
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	F	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	F	-
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	F	-

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173

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
vitamin D cap 1.25MG, 50000UNIT	F	RX strength only
VITAMIN D TAB 400UNIT 400UNIT (<i>ergocalciferol</i>)	\$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
niacin cap 250MG, 500MG	F	OTC
niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)	F	OTC
niacin tab 100MG, 250MG, 500MG, 50MG	F	OTC
NIACIN TR TAB 1000MG (<i>niacin</i>)	F	OTC
niacinamide tab 100MG, 500MG	F	OTC

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ALPHABETICAL LISTING OF DRUGS

A						
abacavir soln	74	acyclovir cap	81	AFLURIA INJ, FLUZONE	168	
abacavir tab	74	acyclovir oint	100	INJ		
abacavir/lamivudine tab	75	acyclovir susp	81	AIMOVIG INJ	135	
abacavir/lamivudine/zidovu	75	acyclovir tab	81	AJOVY INJ	135	
dine tab		ADACEL/BOOSTRIX INJ	164	AKYNZEO CAP	43	
abiraterone tab 250mg	58	ADALIMUMAB-ADAZ	5	albuterol HFA inhaler	21	
acamprosate calcium DR	156	PFS INJ		albuterol neb soln	21	
tab		ADALIMUMAB-FKJP	5	ALBUTEROL	21	
acarbose tab	33	AUTO-INJECTOR KIT		NEBULIZER SOLN		
acebutolol cap	84	ADALIMUMAB-FKJP	5	albuterol sulfate syrup	21	
acetaminophen/codeine	12	PFS KIT 20 MG/0.4ML		albuterol sulfate tab	21	
soln		ADALIMUMAB-FKJP	5	albuterol/ipratropium neb	21	
acetaminophen/codeine tab	12	PFS KIT 40 MG/0.8ML		soln		
acetazolamide ER cap	108	adapalene cream	96	alclometasone cream	101	
acetazolamide tab	108	adapalene gel	96	alclometasone oint	101	
acetic acid otic soln	152	adapalene/benzoyl	96	ALCOHOL SWABS	134	
acetic acid/hydrocortisone	153	peroxide gel 0.1-2.5%		ALECENSA CAP	61	
otic soln		adapalene/benzoyl	97	alendronate tab	110	
acetylcysteine soln	96	peroxide gel 0.3-2.5%		ALENDRONATE TAB	110	
acitretin cap	99	ADBRY INJ	103	40MG		
ACTEMRA ACTPEN INJ	7	adefovir dipivoxil tab	80	alfuzosin SR tab	122	
ACTEMRA SC INJ	7	ADEMPAS TAB	88	ALINIA SUSP	51	
ACTHAR GEL INJ	111	ADVAIR HFA INHALER	21	allopurinol tab	122	
ACTHIB INJ, HIBERIX	167	AEROCHAMBER	134	ALOCRIL OPHTH SOLN	151	
INJ		AFLURIA INJ	168	ALOGLIPTIN TAB	36	
ACTIMMUNE INJ	55			ALOGLIPTIN/PIOGLITAZ	34	
				ONE TAB, OSENI TAB		

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ALPHABETICAL LISTING OF DRUGS

ALOGIPTIN-METFORM IN TAB	34	amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	97	APTIVUS CAP	75
ALOGIPTIN-PIOGLITAZ ONE TAB	34	amoxapine tab	33	APTIVUS SOLN	75
ALOMIDE OPHTH SOLN	151	amoxicillin cap	155	AREXVY INJ	168
alprazolam tab	16	AMOXICILLIN CHEW TAB	155	aripiprazole tab	74
ALUNBRIG TAB 30MG	61	amoxicillin susp	155	armodafinil tab	3
ALUNBRIG TAB 90MG, 180MG	61	amoxicillin tab	155	ARMOUR THYROID TAB, NATURE THROID	163
ALVESCO INHALER	19	amoxicillin/clavulanate susp	155	ARNUITY ELLIPTA INHALER	20
amantadine cap	70	amoxicillin/clavulanate tab	155	asenapine maleate SL tab	73
amantadine syrup	70	500-125mg, 875-125mg		ashlyna tab, daysee tab	89
amantadine tab	70	amphetamine/dextroamphe tamine ER cap	1	ASMANEX HFA INHALER	20
ambrisentan tab	87	amphetamine/dextroamphe tamine tab	1	ASMANEX INHALER	20
amethyst tab	89	ampicillin cap	155	aspirin chew tab 81mg	10
amiloride tab	110	ampicillin/clavulanate cap	123	aspirin ec tab 81mg	10
AMILORIDE/HCTZ TAB	109	anagrelide cap	155	ASTAMED MYO CAP	107
amiloride/hydrochlorothia zide tab	109	anastrozole tab	58	atazanavir cap	75
aminocaproic acid soln	127	ANDRODERM PATCH	14	atenolol tab	84
aminocaproic acid tab	127	ANNOVERA RING	92	atenolol/chlorthalidone tab	49
amiodarone tab	18	ANORO ELLIPTA	22	atomoxetine cap	2
amitriptyline tab	33	INHALER		atorvastatin tab	46
amlodipine tab	85	APAP/CODEINE SOLN	12	atovaquone susp	51
amlodipine/benzazepril cap	49	apraclonidine ophth soln	146	atovaquone/proguanil tab	53
amlodipine/olmesartan tab	49	aprepitant cap	43	atropine ophth oint	145
amlodipine/valsartan tab	49	aprepitant pak	43	atropine ophth soln	145
ammonium lactate lotion	104				

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ALPHABETICAL LISTING OF DRUGS

ATROPINE SULFATE	146	BAQSIMI NASAL POWDER	35	betamethasone	101
OPHTH OINT				dipropionate lotion	
ATROVENT HFA	19	BCG INJ	167	betamethasone	101
INHALER		B-D INSULIN SYRINGE	134	dipropionate oint	
AVONEX INJ	159	U-500		betamethasone valerate	101
AYVAKIT TAB	60	B-D PEN AUTOSHIELD	134	cream	
AZASITE SOLN	147	DUO PEN NEEDLE		betamethasone valerate	101
azathioprine tab	82	benazepril tab	47	lotion	
azelaic acid gel	105	benazepril/hydrochlorothia	49	betamethasone valerate	101
azelastine nasal spray 0.1%	143	zide tab		oint	
azelastine ophth soln	151	BENLYSTA	139	bethanechol tab	167
azithromycin susp	130	AUTO-INJECTOR		bexarotene cap	70
azithromycin tab	130	BENLYSTA INJ	139	bexarotene gel	99
B					
BACITRACIN OPHTH OINT	147	BENZNIDAZOLE TAB	15	bicalutamide tab	58
bacitracin/neomycin/poly myxin b ophth oint	147	benzonatate cap 100mg, 200mg	94	BIKTARVY TAB	75
bacitracin/polymyxin b ophth oint	147	benztropine tab	70	bimatoprost ophth soln	104
bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	149	betamethasone augmented cream	101	bisoprolol tab	84
baclofen tab	141	betamethasone augmented gel	101	bisoprolol/hydrochlorothia zide tab	49
balsalazide cap	119	betamethasone augmented lotion	101	bosentan tab	87
BALVERSA TAB 3MG	61	betamethasone oint	101	BOSULIF CAP	61
BALVERSA TAB 4MG	61	betamethasone dipropionate cream	101	BOSULIF TAB	61
BALVERSA TAB 5MG	61			BRAFTOVI CAP 75MG	61

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ALPHABETICAL LISTING OF DRUGS

BREZTRI AEROSPHERE	22	buprenorphine/naloxone	13	calcium acetate cap	120
INHALER		SL tab		CALIBRATION LIQUID	131
BRILINTA TAB	124	bupropion ER tab	31	CALQUENCE TAB	62
brimonidine ophth soln	146	bupropion SR tab	160	CAMZYOS CAP	86
0.15%		bupropion tab	31	capecitabine tab	56
brimonidine ophth soln	146	bupropion XL tab	31	CAPRELSA 300MG TAB	62
0.2%		buspirone tab	16	CAPRELSA TAB	62
brimonidine tartrate gel	105	butorphanol nasal spray	13	captopril tab	47
brimonidine tartrate ophth	147	BYDUREON BCISE	37	carbamazepine chew tab	25
soln 0.1%		AUTO INJ		carbamazepine ER cap	25
brimonidine/timolol ophth	145	BYDUREON INJ	37	carbamazepine ER tab	26
soln		BYDUREON PEN INJ	37	carbamazepine susp	26
brinzolamide ophth susp	151	BYLVAY CAP 1200MCG	118	carbamazepine tab	26
bromfenac ophth soln	151	BYLVAY CAP 400MCG	118	carbidopa tab	70
bromfenac sodium ophth	151	BYLVAY SPRINKLE CAP	118	carbidopa/levodopa ER tab	71
soln 0.07%		200MCG		CARBIDOPA/LEVODOPA	71
bromocriptine cap	70	BYLVAY SPRINKLE CAP	119	ODT	
bromocriptine tab	71	600MCG		carbidopa/levodopa tab	71
BRUKINSA CAP	61	<hr/>		carbidopa-levodopa-entaca	72
budesonide inh susp	20	cabergoline tab	115	pone tab	
budesonide SR cap	93	CABLIVI INJ KIT	124	CARETOUCH MIS	134
budesonide/formoterol	22	CABOMETYX TAB	62	carglumic acid tab	113
inhaler		calcipotriene cream	100	carisoprodol tab	142
bumetanide tab	109	calcipotriene oint	100	carvedilol tab	84
buprenorphine SL tab	13	calcipotriene soln	100	CAYSTON INH SOLN	52
buprenorphine/naloxone sl	13	calcitonin nasal spray	110	cefdinir cap	89
film		calcitriol cap	113	cefdinir susp	89
		calcitriol soln	113	cefuroxime tab	89

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ALPHABETICAL LISTING OF DRUGS

celecoxib cap	7	cholestyramine powder	46	clindamycin lotion	97
cephalexin cap	89	pack		clindamycin pad	97
cephalexin susp	89	CIBINQO TAB	103	clindamycin topical soln	97
CERDELGA CAP	124	ciclopirox cream	98	clindamycin vaginal cream	172
CERVICAL CAP	131	ciclopirox gel	98	CLINDESSE VAGINAL	172
cetirizine syrup	44	ciclopirox nail soln	98	CREAM	
cetirizine tab	44	ciclopirox shampoo	98	clobazam susp	25
cetirizine/pseudoephedrine	95	ciclopirox topical susp	98	clobazam tab	25
12-hour tab		cilostazol tab	124	clobetasol propionate	102
cetrorelix acetate for inj	112	CIMDUO TAB	75	cream	
kit		CIMZIA INJ	119	clobetasol propionate	102
cevimeline cap	140	CIMZIA STARTER INJ	119	emollient cream	
CHEMET CAP	41	KIT		clobetasol propionate gel	102
chlordiazepoxide cap	17	cinacalcet tab	113	clobetasol propionate oint	102
chlorhexidine gluconate	139	ciprofloxacin ophth soln	147	CLOMID TAB	111
soln		CIPROFLOXACIN OTIC	153	CLOMIPHENE TAB	111
chloroquine tab	53	SOLN		clonazepam tab	25
CHLOROTHIAZIDE TAB	110	ciprofloxacin susp	116	clonidine ER tab	2
chlorpromazine tab	74	ciprofloxacin tab	117	clonidine patch	48
chlorthalidone tab	110	ciprofloxacin/dexamethaso	153	clonidine tab	48
chlorzoxazone tab 500mg	142	ne otic susp		clopidogrel tab 75mg	124
CHOLBAM CAP	117	citalopram soln	31	clotrimazole troches	139
cholestyramine lite	45	citalopram tab	31	clotrimazole/betamethason	98
powder		CITRULLINE PACKET	145	e cream	
cholestyramine lite	45	CLARITHROMYC SUSP	130	clozapine tab	73
powder pack		clarithromycin tab	130	CODEINE SULFATE TAB	10
cholestyramine powder	45	clindamycin cap	52		
		clindamycin gel	97	15MG	

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ALPHABETICAL LISTING OF DRUGS

codeine sulfate tab 15mg, 30mg	10	COVID-19 VACCINE BIVALENT BOOSTER IN. (PFIZER)	169	cromolyn neb soln cromolyn ophth soln CROMOLYN SODIUM OPHTH SOLN	18 151 151
codeine sulfate tab 60mg	10	COVID-19 VACCINE BIVALENT BOOSTER IN.	169	cryselle tab CUE COVID-19 INJ TEST	90 106
colchicine tab	122	COVID-19 VACCINE BIVALENT BOOSTER IN.	169	CARTRIDGE	
colchicine/probenecid tab	122	COVID-19 VACCINE BIVALENT BOOSTER IN.	169	CUE HEALTH MONITOR	106
colesevelam pack	46	5-11Y (PFIZER)		cyanocobalamin inj	125
colesevelam tab	46	COVID-19 VACCINE	169	cyclobenzaprine tab 10mg	142
colestipol tab	46	BIVALENT BOOSTER IN.		cyclobenzaprine tab 5mg	142
COLY-MYCIN S OTIC SUSP	153	6M-4Y (PFIZER)		CYCLOMYDRIL OPHTH SOLN	146
COMBIVENT RESPIMAT INHALER	22	COVID-19 VACCINE BIVALENT BOOSTER IN. 6M-5Y (MODERNA)	169	cyclopentolate ophth soln	146
COMETRIQ KIT	62	COVID-19 VACCINE INJ	169	cyclophosphamide cap	56
COMIRNATY INJ	169	(JANSSEN)		CYCLOPHOSPHAMIDE	56
COMIRNATY INJ	169	COVID-19 VACCINE INJ	169	TAB	
30MCG/0.3ML		(NOVAVAX)		cyclosporine cap	83
COMPLERA TAB	75	COVID-19 VACCINE INJ	170	cyclosporine modified cap	83
CONTRACEPTIVE FILM	172	5-11Y (PFIZER)		cyclosporine modified	83
CONTRACEPTIVE FOAM	172	COVID-19 VACCINE INJ	170	soln	
CONTRACEPTIVE GEL	172	6M-11Y (MODERNA)		cyclosporine ophth	148
COPIKTRA CAP	62	COVID-19 VACCINE INJ	170	emulsion	
COTELLIC TAB	62	6M-4Y (PFIZER)		cyproheptadine syrup	45
COVID-19 TEST	106	CREATINE PACKET	145	cyproheptadine tab	45
COVID-19 VACCINE	169	5000MG		CYSTADROPS SOLN	151
BIVALENT BOOSTER IN. (MODERNA)		CREON CAP	108	CYSTAGON CAP	121
		CRINONE GEL	173		
		CRIXIVAN CAP	75		
		cromolyn conc	118		

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ALPHABETICAL LISTING OF DRUGS

CYSTARAN OPHTH SOLN	151	DEXAMETHASONE CONC	93	DIAPHRAGM	131
CYTRA K CRYSTALS	120	dexamethasone elixir	93	DASTAT RECTAL GEL,	25
CYTRA-3 SYRUP	120	DEXAMETHASONE OPHTH SOLN	149	DIAZEPAM RECTAL GEL	
D		DEXAMETHASONE SODIUM PHOSPHATE	93	diazepam conc	17
dalfampridine ER tab	159	INJ		DIAZEPAM GEL	25
danazol cap	14	DEXAMETHASONE	93	diazepam oral soln	17
dantrolene cap	142	SOLN		5mg/5ml	
dapsone tab	52	dexamethasone tab	93	diazepam rectal gel	25
darunavir tab	75	DEXCOM G6 RECEIVER	132	diazepam tab 2mg, 10mg	17
DAYBUE SOLN	144	DEXCOM G6 SENSOR	132	diazepam tab 5mg	17
deferasirox granules	41	DEXCOM G6	132	diclofenac gel	99
packet		TRANSMITTER		diclofenac gel 1%	99
deferasirox tab	41	DEXCOM G7 RECEIVER	132	diclofenac potassium tab	7
deferasirox tab for oral susp	41	DEXCOM G7 SENSOR	132	diclofenac sodium EC tab	7
deferiprone tab	41	dexmethylphenidate ER	3	diclofenac sodium ophth soln	151
DELSTRIGO TAB	75	cap		diclofenac sodium XR tab	8
DENVAXIA SUSP	170	dexmethylphenidate tab	3	dicloxacillin cap	155
DEPLIN CAP	107	dextroamphetamine ER	1	dicyclomine cap	165
DEPO-PROVERA INJ	92	cap		dicyclomine soln	165
DESCOVY TAB	75	dextroamphetamine tab	1	dicyclomine tab	165
desipramine tab	33	DIACOMIT CAP	26	didanosine DR cap	75
desmopressin acetate tab	114	DIACOMIT POWDER	26	DIFICID SUSP	131
desoximetasone cream	102	PACK		DIFICID TAB	131
desoximetasone oint	102	DIALYVITE TAB	140	difluprednate ophth emulsion	149
desvenlafaxine ER tab	32	DIALYVITE/ZINC TAB	140	digoxin soln	86

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ALPHABETICAL LISTING OF DRUGS

DIGOXIN SOLN 0.05MG/ML digoxin tab	86	DOPTELET TAB dorzolamide ophth soln dorzolamide/timolol ophth soln	125 151 145	dutasteride cap	122
DILANTIN CAP 30MG diltiazem ER cap diltiazem tab	30 85 85	DOVATO TAB doxazosin tab doxepin cap doxepin conc doxercalciferol cap	76 48 33 33 113	E econazole cream	98
dimethyl fumarate DR cap	159	doxepin cap	33	EDURANT TAB	76
dimethyl fumarate DR starter pack	159	doxepin conc	33	EFAVIRENZ CAP	76
diphenhydramine cap 50mg	44	doxycycline hyclate cap doxycycline hyclate tab	162 163	efavirenz tab	76
DIPHENOXYLATE/ATRO PINE LIQUID	40	doxycycline monohydrate cap 100mg	163	efavirenz/emtricitabine/ten ofovir df tab	76
diphenoxylate/atropine tab	40	doxycycline monohydrate	163	efavirenz/lamivudine/tenof	76
DIPTHERIA/TETANUS	164	cap 50mg	163	ovir df (lo) tab	
TOXOID (PEDIATRIC) INJ		doxycycline monohydrate tab	163	EGRIFTA INJ	112
dipyridamole tab	124	doxycycline susp	163	ELIGEN B12 TAB	107
disopyramide cap	17	D-PENAMINE TAB	82	ELIQUIS TAB, ELIQUIS STARTER PACK	24
disulfiram tab	156	dronabinol cap	43	ELIXOPHYLLIN ELIXIR	24
DIURIL SUSP	110	drospirenone/ethinyl estradiol/levomefolate tab	90	ELLA TAB	92
divalproex ER tab	30	DROXIA CAP	125	ELMIRON CAP	122
divalproex sodium DR tab	30	DRYSOL SOLN	105	EMCYT CAP	58
divalproex sprinkle cap	30	DULERA INHALER	22	EMGALITY INJ	135
dofetilide cap	18	duloxetine EC cap	32	EMGALITY INJ	135
donepezil ODT	157	DUPIXENT INJ	103	100MG/ML	
donepezil tab	157	DUPIXENT PEN INJ	103	EMPAVELI INJ	123
donepezil tab 23mg	157			emtricitabine cap	76

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182

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

enalapril/hydrochlorothiazi de tab	49	ERY PAD	97	ETOPOSIDE CAP	70
ENBREL INJ 25MG	9	ERYTHROMYCIN EC CAP	130	etravirine tab	76
ENBREL INJ 50MG	10	erythromycin	131	EULEXIN CAP	58
ENBREL MINI INJ	10	ethylsuccinate susp		everolimus tab	62
ENBREL SURECLICK INJ 50MG	10	erythromycin gel	97	everolimus tab	138
ENDARI POWDER PACK	125	erythromycin ophth oint	147	(ZORTRESS equiv)	
ENDOMETRIN INSERT	173	erythromycin pad	97	everolimus tab for oral susp	62
ENGERIX-B INJ,	170	erythromycin soln	97	EVOTAZ TAB	76
RECOMBIVAX-HB INJ		escitalopram soln	31	EVRYSDI SOLN	144
enoxaparin inj	25	escitalopram tab	31	exemestane tab	58
enpresse tab	90	esomeprazole cap	166	EXTAVIA INJ	159
ENSPRYNG INJ	138	estazolam tab	128	ezetimibe tab	47
entacapone tab	70	estradiol cream	173	F	
entecavir tab	80	estradiol patch	116	FALESSA TAB	107
EPIDIOLEX SOLN	26	estradiol tab	116	famciclovir tab	81
EPIFOAM AEROSOL	102	estradiol vaginal tab,	173	famotidine susp	166
epinephrine pen inj	173	yuvafem vaginal tab		famotidine tab	166
0.15mg, 0.3mg		estradiol valerate inj	116	FARXIGA TAB	40
EPIVIR HBV SOLN	80	estradiol/norethindrone tab	116	FASENRA PEN INJ	18
eplerenone tab	50	ESTRING	173	febuxostat tab	122
EQUETRO CAP	72	eszopiclone tab	128	felbamate susp	28
ERIVEDGE CAP	58	ethacrynic tab	109	felbamate tab	28
ERLEADA TAB	58	ethambutol tab	54	felodipine ER tab	85
ERLEADA TAB 240MG	58	ethosuximide cap	30	FEMALE CONDOMS	131
erlotinib tab	57	ethosuximide soln	30	fenofibrate cap 67mg,	46
erlotinib tab 25mg	57	etodolac cap	8	134mg, 200mg	
		etodolac tab	8		

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ALPHABETICAL LISTING OF DRUGS

fenofibrate tab 48mg, 54mg, 145mg, 160mg	46	FLUOCINOLONE ACET CREAM	102	FLURBIPROFEN TAB 8
fenofibric acid DR cap	46	fluocinolone acetonide	102	flutamide cap 58
fentanyl patch	11	cream		FLUTICASONE DISKUS 20
ferrex 150 forte cap	126	fluocinolone acetonide	102	INHALER FLUTICASONE HFA 20
FERRIPROX SOLN	41	oint		INHALER FLUTICASONE 143
fesoterodine fumarate ER tab	167	fluocinolone acetonide soln	102	fluticasone nasal spray fluticasone propionate 102
FILSPARI TAB	121	fluocinolone otic oil	153	cream FLUTICASONE 20
finasteride tab	104	fluocinonide cream 0.05%	102	PROPIONATE DISKUS INHALER 100MCG/ACT
fingolimod hcl cap 0.5mg	159	fluocinonide cream 0.1%	102	FLUTICASONE 21
FINTEPLA SOLN	26	fluocinonide emollient	102	FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT
FIRDAPSE TAB	54	cream		FLUTICASONE PROPIONATE DISKUS
flecainide tab	17	fluocinonide gel	102	FLUTICASONE PROPIONATE DISKUS
FLORIVA PLUS DROPS	141	fluocinonide oint	102	INHALER 50MCG/ACT
FLUAD INJ	170	fluocinonide soln	102	FLUTICASONE 21
FLUAD QUAD INJ	170	FLUORIDEX	140	PROPIONATE DISKUS
FLUBLOK QUAD PF INJ	170	SENSITIVITY PASTE		INHALER 50MCG/ACT
FLUCELVAX QUAD INJ	170	fluorometholone ophth	149	fluticasone propionate oint 102
fluconazole susp	44	soln		fluticasone/salmeterol 23
fluconazole tab	44	fluorouracil cream	99	inhalear, wixela inhaler
flucytosine cap	43	fluorouracil soln	99	FLUTICASONE-SALMET 23
fludrocortisone tab	94	fluoxetine cap	31	EROL INHALER 113-14
FLULAVAL QUAD INJ,	170	fluoxetine soln	31	MCG/ACT
FLUZONE QUAD INJ		fluoxetine tab 60mg	32	FLUTICASONE-SALMET 23
FLUMIST	171	fluphenazine tab	74	EROL INHALER 232-14
QUADRIVALENT NASAL SUSP		FLURBIPROFEN OPHTH SOLN	152	MCG/ACT

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ALPHABETICAL LISTING OF DRUGS

FLUTICASONE-SALMET	23	FREESTYLE LIBRE 3	132	gentamicin sulfate oint	98
EROL INHALER 55-14		READER		GENVOYA TAB	76
MCG/ACT		FREESTYLE LIBRE 3	132	gianvi tab, ocella tab	90
fluvoxamine ER cap	32	SENSOR		GILENYA CAP 0.25MG	159
fluvoxamine tab	32	FREESTYLE LIBRE	132	GILOTrif TAB	57
FLUZONE HD PF INJ	171	RECEIVER		glatiramer inj	159
FLUZONE HIGH DOSE PF INJ	171	FREESTYLE LIBRE	132	GLEOSTINE/LOMUSTINE CAP	56
FLUZONE/FLUARIX QUAD INJ	171	SENSOR (14-DAY)		glimepiride tab	40
FOLBEE PLUS CZ TAB	141	FULPHILA INJ	125	glipizide ER tab	40
folbee tab	126	FUROSCIX KIT	109	glipizide tab	40
folic acid tab 1mg	125	furosemide soln	109	glipizide/metformin tab	34
folic acid tab 400mcg	125	furosemide tab	109	GLUCAGEN HYPOKIT	35
folic acid tab 800mcg	125	FUZEON INJ	76	INJ	
fondaparinux inj	25	G		GLUCAGON EMR INJ	35
fosamprenavir tab	76	gabapentin cap	26	GLUCAGON INJ KIT	36
fosinopril tab	47	gabapentin soln	26	GLUCAGON KIT	36
fosinopril/hydrochlorothiazide tab	50	gabapentin tab 600mg	26	GLYBURID MCR TAB	40
FOSRENOL POWDER PACK	120	gabapentin tab 800mg	27	glyburide tab	40
FOTIVDA CAP	63	galantamine ER cap	157	glyburide/metformin tab	34
FREESTYLE LIBRE 2 RECEIVER	132	galantamine tab	157	glycopyrrolate tab	165
FREESTYLE LIBRE 2 SENSOR	132	GALZIN CAP	137	GLYGEST PAK	107
		GAVRETO CAP	63	GOLYTELY SOLN	129
		gefitinib tab	57	granisetron tab	42
		gemfibrozil tab	46	griseofulvin micro tab	43
		GENOTROPIN INJ	112	griseofulvin susp	43
		GENTAK OPHTH OINT	147	griseofulvin tab	43
		gentamicin ophth soln	147	guaifenesin/codeine soln	95
		gentamicin sulfate cream	98		

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ALPHABETICAL LISTING OF DRUGS

GUAIFENESIN/CODEINE SYRUP	95	HUMALOG KWIKPEN INJ	38	HUMULIN R U-500 KWIKPEN INJ	39
guanfacine ER tab	3	HUMALOG MIX INJ	38	HYCAMTIN CAP	56
guanfacine IR tab	48	HUMALOG MIX	38	hydralazine tab	51
GVOKE INJ	36	KWIKPEN, INSULIN		hydrochlorothiazide cap	110
GVOKE INJ KIT	36	LISPRO MIX KWIKPEN		hydrochlorothiazide tab	110
GVOKE PFS INJ	36	HUMALOG PEN INJ	38	hydrocodone/acetaminophen soln	13
H		HUMIRA INJ 10MG	6	hydrocodone/acetaminophen tab	13
HADLIMA INJ	5	HUMIRA INJ 20MG	6	hydrocodone/homatropine syrup	95
HADLIMA INJ 40MG/0.8ML	6	HUMIRA INJ 40MG	6	HYDROCORTISONE ACETATE/PRAMOXINE CREAM	15
HADLIMA PUSH INJ	6	HUMIRA INJ 80MG	6	hydrocortisone cream	103
HADLIMA PUSH INJ 40MG/0.8ML	6	HUMIRA INJ	6	hydrocortisone enema	15
halobetasol propionate cream	103	CROHNS/UC/HIDRADEN ITIS STARTER PACK		hydrocortisone lotion	103
halobetasol propionate oint	103	HUMIRA INJ PEDIATRIC	6	hydrocortisone oint	103
haloperidol lactate conc	73	CROHNS STARTER PACK		hydrocortisone tab	93
haloperidol tab	73	HUMIRA INJ PEDIATRIC	6	hydromorphone tab 2mg	11
HEMLIBRA INJ	123	UC STARTER PACK		hydromorphone tab 4mg	11
HEXALEN CAP	55	HUMIRA INJ	6	hydromorphone tab 8mg	11
HIZENTRA INJ	154	PSORIASIS/UVEITIS STARTER PACK		hydroquinone cream	105
HOMATROPINE OPHTH SOLN	146	HUMIRA PEN INJ 40MG	6	hydroxychloroquine tab	53
HUMALOG JR	38	HUMULIN MIX INJ	38	hydroxyprogesterone inj	156
KWIKPEN INJ		HUMULIN MIX PEN INJ	38	hydroxyurea cap	55
		HUMULIN N INJ	38	hydroxyzine pamoate cap	16
		HUMULIN N PEN INJ	38		
		HUMULIN R INJ	38		
		HUMULIN R INJ U-500	39		

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ALPHABETICAL LISTING OF DRUGS

hydroxyzine syrup	16	INCRELEX INJ	113	irbesartan tab	48
hydroxyzine tab	16	INCRUSE ELLIPTA	19	irbesartan/hydrochlorothia	50
HYFTOR GEL	104	INHALER		zide tab	
hyoscyamine sulfate CR	165	indapamide tab	110	ISENTRESS (HD) TAB	77
tab		indomethacin cap	8	ISENTRESS CHEW TAB	77
hyoscyamine sulfate elixir	165	indomethacin CR cap	8	ISENTRESS POWDER	77
hyoscyamine sulfate ODT	165	INFANT FORMULA	108	PACK	
hyoscyamine sulfate SL tab	165	LIQUID		isibloom tab, enskyce tab,	90
hyoscyamine tab	166	INFANT FORMULA	108	apri tab	
HYQVIA INJ	154	POWDER		isoniazid syrup	54
I		INGREZZA CAP	158	isoniazid tab	54
ibandronate tab 150mg	111	INGREZZA PACK	158	ISOPTO CARBACHOL	146
ibuprofen susp (Rx ONLY)	8	40-80MG		OPHTH SOLN	
ibuprofen tab	8	INLYTA TAB	56	isosorbide dinitrate tab	16
ICLUSIG TAB	63	INQOVI TAB	60	isosorbide mononitrate ER	16
IDHIFA TAB	63	INSULIN LISPRO INJ	39	tab	
ILEVRO OPHTH SUSP	152	INSULIN LISPRO JR	39	isosorbide mononitrate tab	16
imatinib tab	63	KWIKPEN INJ		itraconazole cap	44
IMBRUVICA CAP 140MG	63	INSULIN LISPRO	39	ivermectin tab	15
IMBRUVICA CAP 70MG	63	KWIKPEN INJ		IXCHIQ INJ	171
IMBRUVICA SUSP	63	INTELENCE TAB	76		
IMBRUVICA TAB	63	INTRON-A INJ	55	J	
420MG, 560MG		INVIRASE CAP	76	JAKAFI TAB	64
IMCIVREE INJ	2	INVIRASE TAB	77	JANUMET TAB	34
imipramine tab	33	IOPIDINE OPHTH SOLN	147	JANUMET XR TAB	34
imiquimod cream	104	IPOL INJ	171	JANUVIA TAB	36
IMOVAX INJ	171	ipratropium nasal spray	143	JARDIANCE TAB	40
IMPAVIDO CAP	51	ipratropium neb soln	19	JAYPIRCA TAB	64
				jinteli tab	116

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ALPHABETICAL LISTING OF DRUGS

JOENJA TAB	137	KINRIX PREF SYRINGE,	165	lansoprazole cap	166
JULUCA TAB	77	QUADRACEL PREF		lanthanum carbonate chew	120
JYNARQUE PAK	115	SYRINGE		tab	
JYNARQUE TAB	115	KISQALI PAK	60	lapatinib ditosylate tab	64
K		KISQALI TAB	64	latanoprost ophth soln	152
KALYDECO PAK	161	KLOXXADO NASAL	41	layolis FE tab, wymzya FE	90
KALYDECO TAB	161	SPRAY		tab	
kelnor tab	90	KOSELUGO CAP	64	LEDIPASVIR/SOFOSBUV	80
KESIMPTA INJ	159	KOSELUGO CAP 10MG	64	IR TAB	
ketoconazole cream	98	KRAZATI TAB	64	leflunomide tab	9
ketoconazole shampoo	98	KRINTAFEL TAB	53	lenalidomide cap	138
ketoconazole tab	44			LENVIMA CAP	56
KETO-DIASTIX TEST	106	L		letrozole tab	59
STRIP		labetalol tab	84	leucovorin tab	55
ketorolac inj 15mg/ml	8	lacosamide oral solution	27	levalbuterol neb soln	23
ketorolac inj 30mg/ml	8	lacosamide tab	27	levetiracetam ER tab	27
ketorolac inj 60mg/2ml	8	LACTIC ACID LOTION	104	levetiracetam soln	27
ketorolac ophth soln	152	lactulose soln	119	levetiracetam tab	27
ketorolac tab	8	LAGEVRIO CAP (EUA)	82	levobunolol ophth soln	145
KETOSTIX	106	LAGEVRIO CAP 200MG	82	levocarnitine soln	113
ketotifen ophth soln	152	lamivudine soln	77	levocarnitine tab	113
KEVZARA INJ	7	lamivudine tab	77	levofloxacin ophth soln	147
KINERET INJ	7	lamivudine tab 100mg	80	LEVOFLOXACIN OPHTH	147
KINRIX INJ,	164	lamivudine/zidovudine tab	77	SOLN 0.5%	
QUADRACEL DTAP-IPV		lamotrigine chew tab	27	levofloxacin soln	117
INJ		lamotrigine tab	27	levofloxacin tab	117
		LAMPIT TAB	52	levonorgestrel tab	92
		LANCET KIT	132		
		LANCETS	132		

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ALPHABETICAL LISTING OF DRUGS

levonorgestrel-ethinyl estradiol-fe tab	90	LIVMARLI SOLN LIVTENCITY TAB	119 80	loxapine cap lubiprostone cap	73 118
levothyroxine tab	164	L-METHYLFOLATE TAB	107	LUMAKRAS TAB	64
LEXIVA SUSP	77	LO LOESTRIN TAB	90	LUMAKRAS TAB 320MG	65
lidocaine cream 3%	105	LOKELMA PAK	139	LUMIGAN OPHTH SOLN	152
lidocaine gel	105	LONSURF TAB	60	LUMRYZ PACK	156
lidocaine oint	105	lopinavir/ritonavir soln	77	LUPKYNIS CAP	138
lidocaine patch 5%	105	lopinavir/ritonavir tab	77	lurasidone hcl tab	72
lidocaine soln	105	loratadine chew tab	44	LUVIRA CAP	107
lidocaine viscous soln	139	loratadine ODT	44	LYNPARZA TAB	65
lidocaine/hydrocortisone cream	15	loratadine syrup	44	LYSODREN TAB	59
lidocaine/prilocaine cream	105	loratadine tab	44	LYTGEOBI THERAPY PACK	65
linezolid susp	52	loratadine/pseudoephedrin e 12-hour tab	95	LYUMJEV INJ	39
linezolid tab	52	loratadine/pseudoephedrin e 24-hour tab	95	LYUMJEV KWIKPEN INJ	39
liothyronine tab	164	lorazepam conc	17	M	
LIQUIGEN	144	lorazepam tab	17	malathion lotion	106
lisdexamfetamine dimesylate cap	1	LORBRENA TAB 100MG	64	MALE CONDOMS	131
lisdexamfetamine dimesylate chew tab	1	LORBRENA TAB 25MG	64	MAPROTILINE TAB	31
lisinopril tab	47	losartan tab	48	maraviroc tab	77
lisinopril/hydrochlorothiazide tab	50	losartan/hydrochlorothiazi de tab	50	MARPLAN TAB	31
LITFULO CAP	104	LOTEMAX OPHTH OINT	149	MATULANE CAP	55
lithium carbonate cap	72	loteprednol etabonate	149	MAVENCLAD THERAPY PAK	159
lithium carbonate ER tab	72	ophth gel		MAVYRET PAK	80
lithium carbonate tab	72	loteprednol ophth susp	149	MAVYRET TAB	81
		lovastatin tab	46	MAXIDEX OPHTH SOLN	149
				MAYZENT TAB	159

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ALPHABETICAL LISTING OF DRUGS

MAYZENT TAB STARTEF	159	methadone soln 5mg/5ml	11	methylprednisolone sod	93
PACK		methadone tab	11	succinate inj	
MCT OIL	144	methadone tablet 10mg	11	metoclopramide soln	118
meclizine chew tab	42	methazolamide tab	108	metoclopramide tab	118
meclizine tab	42	methenamine hippurate tab	53	metolazone tab	110
medroxyprogesterone tab	156	methimazole tab	163	metoprolol ER tab	84
mefloquine tab	53	methocarbamol tab	142	metoprolol tab	84
megestrol susp	59	methotrexate inj	56	metoprolol/hydrochlorothi	50
megestrol tab	59	methotrexate tab	55	azide tab	
MEKINIST SOLN	65	methoxsalen cap	100	metronidazole cream	105
MEKINIST TAB 0.5MG	65	methsuximide cap	30	metronidazole gel	105
MEKINIST TAB 2MG	65	methyldopa tab	48	metronidazole gel 0.75%	105
MEKTOVI TAB	65	methylergonovine tab	153	metronidazole lotion	106
meloxicam tab	8	methylphenidate CD cap	3	metronidazole tab	51
MELPHALAN TAB	56	methylphenidate chew tab	3	metronidazole vaginal gel	172
memantine ER cap	157	methylphenidate ER cap	3	mexiletine hcl cap	17
memantine soln	157	METHYLPHENIDATE ER	4	midazolam inj	128
memantine tab	157	TAB		midodrine tab	173
mercaptopurine tab	55	methylphenidate ER tab	4	mifepristone tab	36
mesalamine enema	119	10mg, 20mg		MIFIPREX TAB	115
mesalamine ER cap	119	methylphenidate soln	4	miglustat cap	124
mesalamine supp	119	methylphenidate tab	4	minocycline cap	163
MESNEX TAB	55	methylprednisolone	93	minoxidil tab	51
METANX CAP	107	acetate inj		mirtazapine ODT	30
metformin ER tab	35	methylprednisolone dose	93	mirtazapine tab	31
metformin tab	35	pack		MIRVASO GEL	106
methadone conc	11	methylprednisolone tab	93	misoprostol tab	166
methadone soln 10mg/5ml	11			modafinil tab	
					4

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ALPHABETICAL LISTING OF DRUGS

mometasone cream	103	mycophenolate mofetil	83	NEOMYCIN/POLYMICIN 148
mometasone oint	103	cap		/GRAMICIDIN OPHTH
mometasone soln	103	mycophenolate mofetil	83	SOLN
montelukast chew tab	19	susp		neomycin/polymixin/hydro 153
montelukast granule pack	19	mycophenolate mofetil tab	83	coritisone otic soln
montelukast tab	19	MYFEMBREE TAB	116	neomycin/polymixin/hydro 153
MORPHINE SULF SOLN	11	MYLERAN TAB	56	coritisone otic susp
10MG/5ML		MYRBETRIQ TAB	167	neomycin/polymyxin/dexa 149
morphine sulfate ER tab	12	N		
MORPHINE SULFATE	12	nabumetone tab	8	methasone ophth oint
SOLN		nadolol tab	84	neomycin/polymyxin/dexa 149
morphine sulfate tab	12	naloxone hcl nasal spray	41	methasone ophth soln
MOUNJARO INJ	37	naloxone inj	42	NEOMYCIN/POLYMYXI 150
moxifloxacin ophth soln	148	naloxone prefilled inj	42	N/HYDROCORTISONE
moxifloxacin tab	117	naltrexone tab	41	OPHTH SOLN
MULTAQ TAB	18	naproxen EC tab	8	NEPHRON FA TAB 127
MULTIGEN FOLIC TAB	126	naproxen tab	9	NERLYNX TAB 65
MULTIGEN PLUS TAB	127	NARCAN NASAL SPRAY	42	NEVANAC OPHTH SUSP 152
MULTIGEN TAB	127	NATACYN OPHTH SUSP	148	NEVIRAPINE ER TAB 77
MULTIVITAMIN/FLOURI	141	NATAZIA TAB	90	NEVIRAPINE SUSP 77
DE CHEW 0.25MG		nateglinide tab	39	nevirapine tab 77
MULTIVITAMIN/FLOURI	141	NATPARA INJ	111	NEXLETOL TAB 45
DE CHEW 1MG		nebivolol hcl tab	84	NEXLIZET TAB 45
MULTIVITAMIN/FLUORI	141	NEBUSAL NEB SOLN	96	NEXPLANON IMPLANT 92
DE CHEW TAB		NEFAZODONE TAB	32	NEXTSTELLIS TAB 90
multivitamin/minerals tab	141	nefazodone tab 50mg,	32	niacin cap 174
mupirocin oint	98	250mg		niacin CR tab 174
mycophenolate DR tab	83	neomycin tab	4	niacin ER tab 47
				niacin tab 174

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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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ALPHABETICAL LISTING OF DRUGS

NIACIN TR TAB	174	norethindrone	91	nystatin tab	44
niacinamide tab	174	acetate/ethinyl estradiol		nystatin topical powder	99
nicotine gum	160	tab		nystatin/triamcinolone	99
NICOTINE KIT	160	norethindrone tab	92	cream	
nicotine lozenge	160	norethindrone/ethinyl	91	nystatin/triamcinolone oint	99
nicotine patch	160	estradiol FE tab		NYVEPRIA INJ	126
NICOTROL INHALER	161	nortrel 7/7/7 tab, pirmella	91		
NICOTROL NASAL SPRAY	161	7/7/7 tab			
nifedipine cap	85	nortriptyline cap	33	O	
nifedipine ER tab	85	nortriptyline oral soln	33	OCALIVA TAB	117
nilutamide tab	59	NORVIR CAP	78	octreotide inj	115
NINLARO CAP	66	NORVIR POWDER PACK	78	OCTREOTIDE INJ	115
nitazoxanide tab	52	NORVIR SOLN	78	100MCG	
nitrofurantoin	53	np thyroid tab	164	ODEFSEY TAB	78
macrocrystals cap		NUBEQA TAB	59	ODOMZO CAP	58
nitrofurantoin	53	NUCALA INJ	18	OFEV CAP	162
monohydrate cap		NUDEEXTA CAP	160	ofloxacin ophth soln	148
nitroglycerin patch	16	NULYTELY SOLN	129	ofloxacin tab	117
nitroglycerin SL tab	16	NUTRITIONAL	108	olanzapine ODT	73
NIVESTYM INJ	125	SUPPLEMENT LIQUID		olanzapine tab	73
NIZORAL A-D SHAMPOO	98	NUTRITIONAL	108	olanzapine/fluoxetine cap	158
norethindrone ace-ethinyl	90	SUPPLEMENT POWDER		OLLIZAC POWDER	107
estradiol-fe cap		NUVARING	92	olmesartan tab	48
norethindrone	91	nystatin cream	99	olmesartan/hydrochlorothi	50
acetate/ethinyl estradiol FE chew tab		nystatin oint	99	azide tab	
		nystatin powder	43	olopatadine ophth soln	152
		nystatin susp	139	0.1%	
				olopatadine ophth soln	152
				0.2%	
				OLUMIANT TAB	
					5

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ALPHABETICAL LISTING OF DRUGS

omega-3-acid ethyl esters cap	45	ONETOUCH VERIO FLEX METER	133	ORSERDU TAB ORSERDU TAB 345MG	59
omeprazole DR cap	166	ONETOUCH VERIO IQ METER	134	oseltamivir cap oseltamivir cap 30mg	82
omeprazole tab	166	ONETOUCH VERIO METER	134	oseltamivir susp	82
OMNIPOD 5 G7 KIT INTRO	133	ONETOUCH VERIO REFLECT METER	134	OTEZLA STARTER PACK	9
OMNIPOD 5 G7 MIS PODS	133	ONETOUCH VERIO TEST STRIP	107	OTEZLA TAB OVIDREL INJ	9
OMNIPOD 5 INTRO KIT	133	OPILL TAB OPSUMIT TAB	92	OXBRYTA TAB FOR ORAL SUSP	111
OMNIPOD 5 PACK PODS	133	OPVEE NASAL SPRAY	42	oxcarbazepine susp	125
OMNIPOD DASH INTRO KIT	133	ORACIT SOLN ORENCIA CLICK INJ	121	oxcarbazepine tab	27
OMNIPOD DASH PODS	133	ORENCIA SC INJ	9	oxybutynin ER tab	27
OMNIPOD GO KIT	133	125MG/ML	9	oxybutynin syrup	167
OMNIPOD STARTER KIT	133	ORENCIA SC INJ	9	oxybutynin tab	167
OMNITROPE INJ	112	50MG/0.4ML	9	oxycodone soln	12
ondansetron ODT	42	ORENCIA SC INJ	9	oxycodone tab	12
ondansetron soln	42	87.5MG/0.7ML	9	oxycodone/acetaminophen	13
ondansetron tab	42	ORGOVYX TAB	59	tab	
ONETOUCH DELICA LANCETS	133	ORIAHNN CAP	116	OXYCODONE/ASPIRIN TAB	13
ONETOUCH DELICA PLUS LANCETS	133	ORILISSA TAB 150MG	112	OXYTROL PATCH (OTC)	167
ONETOUCH DELICA ULTRASOFT LANCETS	133	ORILISSA TAB 200MG	112	OZEMPIC INJ	37
ONETOUCH METER	133	ORKAMBI GRANULES PACKET	161	<hr/>	
ONETOUCH TEST STRIP	106	ORKAMBI TAB	162	P paliperidone ER tab	72
				PALYNZIQ INJ	114
				pantoprazole EC tab	166
				paricalcitol cap	114

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ALPHABETICAL LISTING OF DRUGS

paroxetine ER tab	32	PERPHENAZINE/	158	PIQRAY TAB	66
paroxetine tab	32	AMITRIPTYLINE TAB		pirfenidone cap	162
PAXLOVID TAB	80	PHEBURANE ORAL	114	pirfenidone tab 267mg	162
150-100MG		PELLETS		pirfenidone tab 801mg	162
PAXLOVID TAB	80	phenazopyridine tab	122	piroxicam cap	9
300-100MG		PHENELZINE SULFATE	31	PLAN B TAB	92
pazopanib tab	66	TAB		PLEGRIDY INJ	159
PEAK FLOW METER	135	phenelzine tab	31	PLEGRIDY PEN INJ	160
PEDIARIX INJ	165	phenobarbital elixir	128	PNEUMOVAX INJ	168
pediatric multiple	141	phenobarbital tab	128	PODIAPN CAP	107
vitamins/fluoride soln		phenoxybenzamine cap	48	PODOC CON SOLN	105
pediatric multiple	141	phentermine cap	1	PODOFILOX SOLN	105
vitamins/fluoride/iron soln		phentermine tab	1	POLYETHYLENE	155
PEDVAXHIB INJ	168	phenylephrine ophth soln	146	GLYCOL 8000	
peg 3350 soln (100 gram	129	phenytoin cap	30	GRANULES	
Moviprep equiv)		phenytoin chew tab	30	polymyxin b/trimethoprim	148
peg 3350/electrolytes soln	129	phenytoin susp	30	ophth soln	
PEGASYS INJ	81	PHEXXI GEL	172	POMALYST CAP	60
PEG-INTRON INJ	81	phlexy-10 tab	145	potassium bicarbonate	137
PEMAZYRE TAB	66	PHOSLYRA SOLN	120	effer tab	
PENBRAYA INJ	168	phospha 250 neutral tab	136	potassium chloride ER cap	137
penicillamine tab	137	phytonadione tab	173	potassium chloride ER tab	137
penicillin vk tab	155	PIFELTRO TAB	78	potassium chloride micro	137
PENTACEL INJ	165	pilocarpine ophth soln	146	tab	
pentamidine neb soln	51	pilocarpine tab	140	potassium chloride powder	137
pentoxifylline ER tab	123	PIMOZIDE TAB	160	packet	
permethrin cream	106	pindolol tab	84	potassium chloride soln	137
perphenazine tab	74	pioglitazone tab	39	potassium citrate CR tab	121

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ALPHABETICAL LISTING OF DRUGS

potassium citrate/citric acid powder pack	121	pregabalin soln	28	PROMACTA TAB	126
potassium citrate/citric acid soln	121	PREHEVBRIOSUSP	171	12.5MG, 25MG	
potassium phosphate monobasic tab	137	PREMARIN TAB	116	PROMACTA TAB 50MG	126
pramipexole tab	71	PREMARIN VAGINAL	173	PROMACTA TAB 75MG	126
prasugrel tab	124	CREAM		promethazine supp	44
pravastatin tab	46	PREMPHASE TAB,	116	promethazine syrup	45
praziquantel tab	15	PREMPRO TAB		promethazine tab	45
prazosin cap	49	PRENATAL VITAMINS	141	PROMETHAZINE VC	95
PRED MILD OPHTH SOLN	150	(PRENATAL PLUS,		SYRUP	
PRED-G OPHTH SOLN	150	PREPLUS, PRENAPLUS)		promethazine VC/codeine	95
prednisolone ODT	94	PRETOMANID TAB	54	syrup	
PREDNISOLONE ODT TAB	94	PREVIDENT SOLN	140	promethazine/codeine	96
PREDNISOLONE OPHTH SUSP	150	PREVNAR 13 INJ	168	syrup	
PREDNISOLONE	150	PREVNAR 20 INJ	168	PROMETHEGAN SUPP	45
SODIUM PHOSPHATE OPHTH SOLN		PREVYMIS TAB	80	propafenone ER cap	18
prednisolone soln	94	PREZCOBIX TAB	78	propafenone tab	18
PREDNISONE SOLN	94	PREZISTA SUSP	78	proparacaine ophth soln	149
prednisone tab	94	PREZISTA TAB	78	propranolol ER cap	84
pregabalin cap	27	PRIFTIN TAB	54	propranolol oral soln	84
pregabalin cap 225mg	27	primaquine tab	53	20mg/5ml	
pregabalin cap 300mg	28	primidone tab	28	PROPRANOLOL SOLN	84
		PRIORIX INJ	171	propranolol tab	85
		probenecid tab	123	propylthiouracil tab	163
		prochlorperazine supp	74	pro-stat liquid	145
		prochlorperazine tab	74	PULMOZYME INH SOLN	162
		proctosol HC cream	15	pyrazinamide tab	55
		progesterone cap	156	pyridostigmine CR tab	54
		PROMACTA POWDER	126	pyridostigmine tab	54

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ALPHABETICAL LISTING OF DRUGS

pyrimethamine tab	54	REBETOL SOLN	81	RINVOQ ER TAB	5
PYRUKYND TAB	124	REGRANEX GEL	106	risedronate tab	111
PYRUKYND TAPER	124	RELENZA DISKHALER	82	risperidone ODT	72
PACK		RELYVARIO PAK	144	risperidone soln	73
Q		renaphro cap	141	risperidone tab	73
QINLOCK TAB	66	RENOVA CREAM	98	ritonavir tab	78
QSYMIA CAP	2	repaglinide tab	39	rivastigmine cap	157
quetiapine tab	73	REPATHA INJ	47	rivastigmine patch	158
quetiapine XR tab	73	REPATHA PUSHTRONEX	47	RIVIVE SPRAY	42
quinapril tab	48	INJ		rizatriptan ODT	135
QUINAPRIL/HCTZ TAB	50	RESCRIPTOR TAB	78	rizatriptan tab	135
quinapril/hydrochlorothiazide tab	50	RETACRIT INJ	126	roflumilast tab	19
quinidine gluconate CR tab	17	RETEVMO CAP	66	ropinirole ER tab	71
quinidine sulfate tab	17	REVLIMID CAP	138	ropinirole tab	71
QVAR REDIHALER	21	REYATAZ POWDER	78	rosuvastatin tab	46
		PACK		ROTARIX SUSP	171
		REYVOW TAB	135	ROTATEQ INJ	171
R		REZLIDHIA CAP	66	ROZLYTREK CAP	66
RABAVERT INJ	171	REZUROCK TAB	138	ROZLYTREK PAK	66
rabeprazole EC tab	166	RHOFADE CREAM	106	RUBRACA TAB	67
RADICAVA ORS	143	ribavirin cap	81	rufinamide susp	28
STARTER KIT		RIBAVIRIN TAB	81	rufinamide tab	28
RADICAVA ORS SUSP	144	RIDAURA CAP	7	RUKOBIA ER TAB	78
raloxifene tab	113	rifabutin cap	55	RYBELSUS TAB	37
ramelteon tab	129	RIFAMATE CAP	54	RYDAPT CAP	67
ramipril cap	48	rifampin cap	55		
ranolazine tab	15	riluzole tab	144		
rasagiline tab	71	RIMANTADINE TAB	82		
				S	
				salsalate tab	10

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ALPHABETICAL LISTING OF DRUGS

SANDIMMUNE SOLN 100MG/ML	83	SHINGRIX INJ SIGNIFOR INJ	171 115	sodium chloride 0.9% irr soln	121
SANTYL OINT sapropterin dihydrochloride powder packet	104 114	sildenafil susp sildenafil tab sildenafil tab 20mg silver sulfadiazine cream	88 86 88 101	sodium chloride neb soln sodium citrate/citric acid soln	96 121
sapropterin dihydrochloride soluble tab	114	SIMBRINZA OPHTH SUSP SIMPONI	147 7	sodium fluoride chew tab sodium fluoride cream sodium fluoride gel sodium fluoride paste	136 140 140 140
SAVELLA PAK SAVELLA TAB	158 158	AUTO-INJECTOR 100MG SIMPONI INJ 100MG		sodium fluoride rinse sodium fluoride soln	140 136
SAXENDA INJ scopolamine patch	2 42	simvastatin tab sirolimus soln	46 138	SODIUM FLUORIDE TAE sodium fluoride/potassium	136 140
selegiline cap selegiline tab	71 71	sirolimus tab SIVEXTRO TAB	83 53	nitrate paste SODIUM OXYBATE	
selenium sulfide shampoo	100	SKYCLARYS CAP	144	SOLN	
SELZENTRY SOLN	78	SKYRIZI INJ 150MG/ML	100	sodium polystyrene	83
SELZENTRY TAB	78	SKYRIZI INJ 180	119	powder	
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	39	MG/1.2ML SKYRIZI INJ		sodium polystyrene susp sodium	83 97
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	39	360MG/2.4ML SKYRIZI INJ	100	sulfacetamide/sulfur cleanser 10-5%	
SEREVENT DISKUS INHALER	23	75MG/0.83ML SKYTROFA INJ		sodium sulfacetamide/sulfur	97
sertraline conc sertraline tab	32 32	SLYND TAB smz/tmp (DS) tab	92 51	cleanser 9-4.5% sodium	
sevelamer powder pak sevelamer tab	120 120	smz/tmp susp	51	sulfacetamide/sulfur emulsion 10-5%	97

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ALPHABETICAL LISTING OF DRUGS

sodium/magnesium/potassium soln	130	spironolactone/hydrochlorothiazide tab	109	SUNOSI TAB	3																																																																																								
SOFOSBUVIR/VELPATAS VIR TAB	81	sprintec 28 tab	91	SYMDEKO TAB	162																																																																																								
SOGROYA INJ	112	SPRYCEL TAB	67	SYMPROIC TAB	120																																																																																								
SOHONOS CAP 1.5MG	142	SPS SUSP	139	SYMTUZA TAB	79																																																																																								
SOHONOS CAP 10MG	142	STAVUDINE CAP	78	SYNAREL NASAL SOLN	113																																																																																								
SOHONOS CAP 1MG	142	STELARA INJ	100	SYNJARDY TAB	34																																																																																								
SOHONOS CAP 2.5MG	142	STIMATE NASAL SOLN	114	SYNJARDY XR TAB	34																																																																																								
SOHONOS CAP 5MG	143	STIVARGA TAB	67	10-1000MG, 25-1000MG																																																																																									
solifenacin tab	167	STRENSIQ INJ	114	SYNJARDY XR TAB	35																																																																																								
SOLU-CORTEF INJ	94	STRIBILD TAB	79	5-1000MG,																																																																																									
SOLU-CORTEF INJ 100MG	94	sucralfate susp	166	12.5-1000MG																																																																																									
SOLU-MEDROL INJ 2GM	94	sucralfate tab	166	SOMAVERT INJ	112	SUFLAVE SOLN	130	T		sorafenib tosylate tab	67	sulfacetamide sodium	148	TABLOID TAB	55	sotalol AF tab	85	ophth soln		TABRECTA TAB	67	sotalol tab	85	sulfacetamide	150	tacrolimus cap	83	SPIKEVAX INJ 50MCG/0.5ML	171	sodium/prednisolone		tacrolimus oint	104	SPINOSAD SUSP	106	SPUFAMYLON CREAM	101	tadalafil tab	86	SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	19	sulfasalazine EC tab	119	tadalafil tab (PAH)	88	spironolactone tab	110	sulfasalazine tab	119	tadalafil tab 2.5mg, 5mg	86			sulindac tab	9	TAFINLAR CAP	67			SUMATRIPTAN INJ	136	TAFINLAR TAB	67			SUMATRIPTAN INJ 6MG/0.5ML	136	TAGRISSO TAB	57			sumatriptan tab	136	TAKHZYRO INJ	123			sunitinib malate cap	67	TAKHZYRO INJ 150MG/ML	123					TALTZ INJ	100					TALZENNA CAP 0.25MG	67
SOMAVERT INJ	112	SUFLAVE SOLN	130	T																																																																																									
sorafenib tosylate tab	67	sulfacetamide sodium	148	TABLOID TAB	55																																																																																								
sotalol AF tab	85	ophth soln		TABRECTA TAB	67																																																																																								
sotalol tab	85	sulfacetamide	150	tacrolimus cap	83																																																																																								
SPIKEVAX INJ 50MCG/0.5ML	171	sodium/prednisolone		tacrolimus oint	104																																																																																								
SPINOSAD SUSP	106	SPUFAMYLON CREAM	101	tadalafil tab	86																																																																																								
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	19	sulfasalazine EC tab	119	tadalafil tab (PAH)	88																																																																																								
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		sunitinib malate cap	67	TAKHZYRO INJ 150MG/ML	123																																																																																								
				TALTZ INJ	100																																																																																								
				TALZENNA CAP 0.25MG	67																																																																																								

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ALPHABETICAL LISTING OF DRUGS

TALZENNA CAP 0.5MG, 0.75MG, 1MG	67	TERIPARATIDE INJ	111	timolol maleate tab	85
tamoxifen tab	59	620MCG/2.48ML		tinidazole tab	51
tamsulosin cap	122	testosterone cypionate inj	14	tiopronin tab	122
TASIGNA CAP	67	TESTOSTERONE	14	TIVICAY PD TAB	79
TAVNEOS CAP	123	ENANTHATE INJ		TIVICAY TAB	79
tazarotene cream 0.1%	100	200MG/ML		tizanidine tab	142
TAZVERIK TAB	68	TESTOSTERONE GEL 1% 25MG	14	TOBI PODHALER	4
TECHLITE INSULIN SYRINGE	134	testosterone gel 1% 50mg	14	TOBRADEX OPHTH OINT	150
TECHLITE PEN NEEDLE	134	testosterone gel 1% pump	14	tobramycin neb soln	4
TEGSEDI INJ	161	TESTOSTERONE GEL PUMP	14	tobramycin ophth soln	148
telmisartan tab	48	testosterone gel pump	14	tobramycin/dexamethasone ophth soln	150
temazepam cap 15mg	128	1.62%		TODAY SPONGE	172
temazepam cap 30mg	128	testosterone soln	14	TOLAZAMIDE TAB	40
temozolomide cap	56	tetrabenazine tab	158	TOLBUTAMIDE TAB	40
tenofovir disoproxil fumarate tab 300mg	79	TEZSPIRE INJ	18	tolterodine SR cap	167
TEPMETKO TAB	68	THALOMID CAP	82	tolterodine tab	167
terazosin cap	49	theophylline ER tab	24	topiramate sprinkle cap	28
terbinafine tab	44	theophylline soln	24	topiramate tab	28
terbutaline sulfate tab	23	THEOPHYLLINE TAB ER	24	toremifene tab	59
terconazole cream	172	thioridazine tab	74	torsemide tab	109
TERCONAZOLE CREAM 0.8%	173	thiothixene cap	74	TRACLEER TAB 32MG	88
terconazole supp	173	THYROLAR TAB	164	tramadol tab	12
teriflunomide tab	160	tiagabine tab	29	tranexamic acid tab	127
		TIBSOVO TAB	68	tranylcypromine tab	31
		timolol maleate ophth gel	145	trazodone tab	32
		timolol maleate ophth soln	145		

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

199

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

ALPHABETICAL LISTING OF DRUGS

TRELEGY ELLIPTA	24	TRIHEXYPHENIDYL	71	TYVASO DPI POWDER	87
INHALER		SOLN		MAINTENANCE KIT	
TREMFYA INJ	100	trihexyphenidyl tab	70	32-48MCG	
tretinoin cap	55	TRIKAFTA TAB	162	TYVASO DPI POWDER	87
tretinoin cream	97	TRIKAFTA THERAPY	154	TITRATION KIT	
tretinoin gel	97	PACK		16-32-48MCG	
tretinoin gel 0.08%	98	tri-legest tab	91	TYVASO DPI POWDER	87
triamcinolone acetonide inj	94	TRI-LUMA CREAM	105	TITRATION KIT	
triamcinolone cream	103	trimethobenzamide cap	42	16-32MCG	
triamcinolone in orabase paste	140	TRIMETHOPRIM TAB	51	TYVASO INH SOLN 0.6 MG/ML	87
triamcinolone lotion	103	tri-sprintec tab	91		
triamcinolone oint	103	TRIUMEQ PD TAB	79	U	
triamcinolone OTC nasal spray	143	TRIUMEQ TAB	79	UBRELVY TAB	135
triamterene/hydrochlorothiazide cap	109	TRIZIVIR TAB	79	UPNEEQ SOLN	152
triamterene/hydrochlorothiazide tab	109	tropicamide ophth soln	146	UPTRAVI TAB	88
triazolam tab	128	TRUEPLUS INSULIN SYRINGE	134	ursodiol cap	117
tricitrates soln	121	TRUEPLUS PEN	134	ursodiol tab	117
tricon cap	127	NEEDLE		V	
trientine cap	137	TRULANCE TAB	117	valacyclovir tab	81
trifluoperazine tab	74	TRULICITY INJ	37	VALCHLOR GEL	99
TRIFLURIDINE OPHTH SOLN	148	TUKYSA TAB	57	valganciclovir soln	80
trihexyphenidyl elixir	71	TURALIO CAP	68	valganciclovir tab	80
		TWIRLA PATCH	92	valproic acid cap	30
		TYBLUME TAB	91	valproic acid syrup	30
		TYMLOS INJ	111	valsartan tab	48
		TYVASO DPI POWDER	86	valsartan/hydrochlorothiazide tab	50

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ALPHABETICAL LISTING OF DRUGS

vancomycin cap	52	VICTOZA INJ	38	WEGOVY INJ	2
VANFLYTA TAB	68	VIDEX SOLN	79	WEGOVY INJ	2
VANFLYTA TAB 26.5MG	68	vienna tab, lessina tab,	91	1.7MG/0.75ML	
VANIQA CREAM	104	kurvelo tab		WEGOVY INJ	2
VARENICLINE TAB	161	vigabatrin powder pack	29	2.4MG/0.75ML	
varenicline tartrate tab	161	vigabatrin tab	29	WELIREG TAB	60
varenicline tartrate tab	161	vigadroner powder pack	29		
starter pack		viorele tab, kariva tab	91		
VARUBI TAB	43	VIRACEPT TAB	79	XACIATO GEL	172
VAXNEUVANCE INJ	168	VIREAD TAB 150MG,	79	XALKORI CAP	69
VELIVET PAK	91	200MG, 250MG		XALKORI SPRINKLE	69
velivet tab	91	vitamin D cap	174	CAP	
VEMLIDY TAB	81	VITAMIN D TAB	174	XAQUIL XR TAB	107
VENCLEXTA STARTER	57	400UNIT		XARELTO STARTER	24
PACK		VITRAKVI CAP 100MG	68	PACK	
VENCLEXTA TAB	57	VITRAKVI CAP 25MG	69	XARELTO SUSP	24
VENELEX OINT	106	VITRAKVI SOLN	69	XARELTO TAB	24
venlafaxine ER cap	33	VIZIMPRO TAB	58	XCOPRI PAK	28
venlafaxine tab	33	VONJO CAP	69	100-150MG	
VENTAVIS INH SOLN	87	voriconazole tab	44	XCOPRI PAK	28
VENTOLIN HFA	24	VOSEVI TAB	81	150-200MG	
INHALER		VOWST CAP	120	XCOPRI PAK 50-200MG	29
verapamil SR cap	85	VOXZOGO INJ	114	XCOPRI TAB 150MG,	29
VERAPAMIL SR CAP	85	VYNDAMAX CAP	89	200MG	
360mg		VYNDAQEL CAP	89	XCOPRI TAB 50MG,	29
verapamil tab	86			100MG	
VERZENIO TAB	68	W		XCOPRI TITRATION PAK	29
V-GO INJ KIT	134	WAKIX TAB	3	12.5-25MG	
		warfarin tab	24		

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ALPHABETICAL LISTING OF DRUGS

XCOPRI TITRATION PAK	29	ZAVZPRET NASAL	135
150-200MG		SPRAY	
XCOPRI TITRATION PAK	29	ZEGALOGUE INJ	36
50-100MG		ZEGERID CAP OTC	166
XDEMVY OPHTH SOLN	148	ZEJULA CAP	69
XELJANZ SOLN	5	ZEJULA TAB	69
XELJANZ TAB	5	ZELBORAF TAB	69
XELJANZ XR TAB	5	ZEPBOUND INJ	2
XEMBIFY INJ	154	ZEPOSIA CAP	160
XENLETA TAB	53	ZEPOSIA STARTER PACK	160
XIFAXAN TAB 550MG	51	zidovudine cap	79
XIGDUO XR TAB	35	zidovudine syrup	79
XIGDUO XR TAB	35	zidovudine tab	79
10-1000MG		ZIMHI SOLN	42
XIGDUO XR TAB	35	ziprasidone cap	72
2.5-1000MG, 5-1000MG		ZIRGAN OPHTH GEL	148
XIGDUO XR TAB	35	ZOKINVY CAP	139
5-500MG, 10-500MG,		ZOLINZA CAP	55
10-1000MG		zolmitriptan tab	136
XOSPATA TAB	69	zolpidem ER tab	128
XPOVIO PAK	60	zolpidem tab	127
XTAMPZA ER CAP	12	zonisamide cap	28
XYZBAC TAB	107	ZORYVE CREAM	100
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Z		ZTALMY SUSP	28
zafemy patch	92	ZYDELIG TAB	70
zaleplon cap	128	ZYKADIA CAP	70
ZARXIO INJ	126	ZYKADIA TAB	70
		ZYLET OPHTH SUSP	150

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