Search Tip:

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

University of California Medically Administered Products Formulary Alphabetical Index Last Updated 10/4/2024

Drug Name	Special Code	Tier	Category
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABILIFY MAINTENA INJ	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ, ABILIFY ASIMTUFII INJ	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABRAXANE INJ, PACLITAXEL INJ	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA IV INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADAKVEO INJ	MSP-PA-SOC	С	HEMATOPOIETIC AGENTS
ADCETRIS INJ	MSP-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADVATE INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
ADYNOVATE INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
ADZYNMA KIT (Only available through Orsini 800-410-8575)	LD-PA	С	HEMATOLOGICAL AGENTS - MISC.
AFSTYLA KIT	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
AKYNZEO INJ	-	NC	ANTIEMETICS
ALDURAZYME INJ	MSP-PA-SOC	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALIMTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALOXI INJ (Restricted to Oncology or Hematology Specialist)	MSP-RS	С	ANTIEMETICS
ALPHANATE/VWF COMPLEX/HUMAN INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
ALPROLIX INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
ALTUVIIIO INJ (Only available through Accredo 800-803-2523)	LD-PA	С	HEMATOLOGICAL AGENTS - MISC.
ALYGLO INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ALYMSYS IV SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AMONDYS INJ	-	EXC	NEUROMUSCULAR AGENTS
AMTAGVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AMVUTTRA SOLN (QL= 1 inj/3 months; Only available through Lumicera 855-847-3553)	LD-PA-QL	С	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANKTIVA SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
APRETUDE SUSP (QL= 7 inj/year)	QL	\$0	ANTIVIRALS
ARALAST NP INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC	С	RESPIRATORY AGENTS - MISC.
ARISTADA INJ	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARRANON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj (TRISENOX equiv)	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer		generic = small letters		BRANDS = CAPITAL LETTERS
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
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UMSP	Universty of California or Lumicera Specialty Pharmac				

Drug Name	Special Code	Tier	Category
ASPARLAS INJ (Only available through Diplomat Pharmacy 877-977-911	8) LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVASTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ	PA-SOC-UMSP	С	GASTROINTESTINAL AGENTS - MISC.
azacitidine inj (VIDAZA equiv)	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZEDRA DOSIM INJ, AZEDRA THERA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BARHEMSYS INJ	-	NC	ANTIEMETICS
BAVENCIO INJ (Only available through Biologics 800-850-4306)	LD-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BELEODAQ INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BELRAPZO SOL (Only available through Diplomat Pharmacy 877-977-91	18) LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bendamustine hcl for iv soln (TREANDA equiv)	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDAMUSTINE SOLN 100MG	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDEKA INJ	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV INJ	LMSP-PA-SOC	С	ASSORTED CLASSES
BEOVU INJ (QL= Starting Dose: 1 syringe/28 days for first 3 fills; Maintenance Dose: 1 syringe/56 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	С	OPHTHALMIC AGENTS
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days; Only available through Lumicera 855-847-3553)	e LD-PA-QL	С	OPHTHALMIC AGENTS
BEQVEZ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEVACIZUMAB INJ (Only available through Lumicera 855-847-3553; Restricted to Ophthalmology Specialist)	LD-RS	С	OPHTHALMIC AGENTS
BIVIGAM INJ	MSP-PA-SOC	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
bleomycin inj (BLENOXANE equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ (Only available through Diplomat Pharmacy 877-977-9118	3) LD-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bortezomib inj (VELCADE equiv)	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA-UMSP	С	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL= 4 kits/28 days; limit 28 days/fill; Only available throu Orsini 800-410-8575)	gh LD-PA-QL	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
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MSP Mandatory Specialty Pharmacy Program PA Prior Authorization RS Restricted to Specialist SOC Site of Care UMSP University of California or Lumicera Specialty Pharmac		QL SP	Quantity Limit Available through Specialty Pharmacy Program

BRIUMVI INJ (QL= 7 vials/48 weeks)	LMSP-QL	С	
			PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BYOOVIZ INJ (QL= 1 inj/eye/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	С	OPHTHALMIC AGENTS
CABENUVA IM SUSP (QL= 1 kit/30 days)	QL-SP	С	ANTIVIRALS
CAMCEVI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
carboplatin inj	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARIMUNE NF INJ	MSP-PA	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
carmustine inj (BICNU equiv)	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
CEREZYME INJ	MSP-PA-SOC	С	HEMATOPOIETIC AGENTS
CIMERLI INJ (QL= 1 inj/eye/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	С	OPHTHALMIC AGENTS
CINQAIR INJ (QL= 6 vials/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL-SOC	С	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINVANTI INJ	-	NC	ANTIEMETICS
cisplatin inj (PLATINOL AQ equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
COLUMVI INJ 10MG/10ML (QL= 3 vials/21 days)	PA-QL-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLUMVI INJ 2.5MG (QL= 1 vial/21 days)	PA-QL-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COSENTYX INJ	-	NC	DERMATOLOGICALS
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
cyclophosphamide inj (CYTOXAN equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE IV SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYRAMZA INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTARABINE INJ	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX FASPRO SOLN	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX INJ	MSP-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
daunorubicin inj	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAXXIFY INJ	-	NC	DERMATOLOGICALS
decitabine inj (DACOGEN equiv)	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
desmopressin (DDAVP) inj (DESMOPRESSIN ACETATE equiv)	PA-SOC	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
docetaxel inj	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel inj (TAXOTERE equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXORUBICIN INJ	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DUROLANE INJ	PA-UMSP	С	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT INJ	PA-UMSP	С	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv)	-	NC	NEUROMUSCULAR AGENTS
ELAHERE INJ (Only available through Biologics 800-850-4306)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELAPRASE INJ	MSP-PA-SOC	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELELYSO INJ (Only available through Accredo 800-803-2523)	LD-PA	С	HEMATOPOIETIC AGENTS
ELEVIDYS KIT (QL= 1 kit/lifetime; Only available through Orsini 800-410-8575)	LD-PA-QL	С	NEUROMUSCULAR AGENTS
ELFABRIO SOLN (Only available through Eversana 866-849-4481)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD	PA-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ	PA-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days; Only available through Onco360 877-662-6633)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELZONRIS SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND IV INJ	-	NC	ANTIEMETICS
EMPLICITI INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENHERTU INJ (Only available through Accredo 800-803-2523)	LD-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENJAYMO SOLN (Only available through Lumicera 855-847-3553)	LD-PA	С	HEMATOLOGICAL AGENTS - MISC.
ENTYVIO INJ	PA-SOC-UMSP	С	GASTROINTESTINAL AGENTS - MISC.
EPKINLY INJ 48MG/0.8ML (QL= 4 vials/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 4MG/0.8ML (QL= 2 vials/365 days; Only available through Biologics 800-850-4306)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj (FLOLAN equiv) (Only available through Accredo 888-773-7376)	LD-PA	С	CARDIOVASCULAR AGENTS - MISC.
ERBITUX INJ	MSP-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eribulin mesylate inj (HALAVEN equiv)	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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Drug Name	Special Code	Tier	Category
ESPEROCT INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
etoposide inj (VEPESID equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA-SOC-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ (Only available through Orsini 800-410-8575)	LD-PA	С	ANTIHYPERLIPIDEMICS
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
EYLEA HD INJ	-	NC	OPHTHALMIC AGENTS
EYLEA INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	OPHTHALMIC AGENTS
FABRAZYME INJ (Only available through Accredo 800-803-2523)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
FASENRA INJ (QL= 1 inj/8 weeks)	MSP-PA-QL-SOC	С	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 inj/8 weeks)	MSP-PA-QL-SOC	С	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASLODEX INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEIBA INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
FENSOLVI INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FERAHEME INJ (Only available through Lumicera 855-847-3553)	LD-SOC	С	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferumoxytol inj (FERAHEME equiv) (Only available through Lumicera 855-847-3553)	LD-SOC	С	HEMATOPOIETIC AGENTS
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRMAGON INJ 120MG (QL= 2 vials/fill)	PA-QL-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 80MG (QL= 1 vial/28 days)	PA-QL-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA DIF INJ	MSP-PA	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
FLOLAN INJ, VELETRI INJ (Only available through Accredo 888-773-7376)	LD-PA	С	CARDIOVASCULAR AGENTS - MISC.
FLUDARABINE INJ	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj (ADRUCIL equiv)	LMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluphenazine decanoate inj	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FOCINVEZ INJ	-	NC	ANTIEMETICS
FOLOTYN INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FOSAPREPITANT DIMEGLUMINE INJ	-	NC	ANTIEMETICS
fosaprepitant dimeglumine soln (EMEND equiv) (Restricted to Oncology or Hematology Specialist)	MSP-RS	С	ANTIEMETICS
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	LMSP-RS	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULVESTRANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FUSILEV INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
FYARRO INJ (Only available through Lumicera 855-847-3553)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAMASTAN INJ	MSP	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ (Only available through Biologics 800-850-4306)	LD-PA	С	MISCELLANEOUS THERAPEUTIC CLASSES
GAMMAGARD INJ	MSP-PA-SOC	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAGARD S/D INJ	MSP-PA-SOC	С	PASSIVE IMMUNIZING AGENTS
GAMMAKED INJ	MSP-PA-SOC	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	MSP-PA-SOC	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMUNEX-C INJ	MSP-PA-SOC	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAZYVA INJ	MSP-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
gemcitabine inj (GEMZAR equiv)	LMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GENVISC 850 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ (Only available through Accredo 800-803-2523)	LD-PA	С	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC	С	RESPIRATORY AGENTS - MISC.
HALDOL INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol decanoate inj (HALDOL equiv)	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HEMGENIX INJ (QL= 1 kit/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	С	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
HERCEPTIN HYLECTA SOL	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HUMATE-P INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
HYALGAN INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydroxyprogesterone caproate inj (MAKENA equiv)	PA-SOC-UMSP	С	PROGESTINS
HYMOVIS INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ibandronate inj (BONIVA equiv)	LMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
IDELVION INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
IDOSE TR IMP	-	NC	OPHTHALMIC AGENTS
IFEX INJ	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFOSFAMIDE INJ	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj (IFEX equiv)	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IGALMI FILM	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ILARIS INJ (Only available through Lumicera 855-847-3553)	LD-PA-SOC	С	ANALGESICS - ANTI-INFLAMMATORY
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ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMP (QL= 2 inj/36 months; Only available through Walgreens 888-347-3416)	LD-QL	С	OPHTHALMIC AGENTS
IMDELLTRA IŃJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMFINZI INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMJUDO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	LMSP	С	HEMATOPOIETIC AGENTS
INFLECTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
INFLIXIMAB INJ	LMSP-PA-SOC	С	GASTROINTESTINAL AGENTS - MISC.
INFUGEM SOL	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INJECTAFER INJ	LMSP-SOC	С	HEMATOPOIETIC AGENTS
INVEGA INJ	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
irinotecan inj (CAMPTOSAR equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISTODAX OVR INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
IZERVAY SOLN (QL= 2 vials/28 days)	MSP-PA-QL	С	OPHTHALMIC AGENTS
JELMYTO INJ (QL= 17 kits/425 days; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
JEVTANA INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
KADCYLA INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ (Only available through CVS Specialty 800-237-2767)	LD-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
KEPIVANCE INJ (Only available through Lumicera 855-847-3553)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISUNLA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KOATE-DVI INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
KOGENATE FS INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
KORSUVA INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	С	MISCELLANEOUS THERAPEUTIC CLASSES

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
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Drug Name	Special Code	Tier	Category
KOVALTRY INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
KRYSTEXXA INJ	PA-SOC-UMSP	С	GOUT AGENTS
KYMRIAH SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOL	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LAMZEDE INJ (Only available through Eversana 866-849-4481)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 days)	LMSP-PA-QL	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
LÁNŘEOTIDÉ ÍNJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LARTRUVO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3 vials/year)	MSP-PA-QL-SOC	С	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENMELDY INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416)	LD-PA-SOC	С	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQVIO SOLN	-	NC	ANTIHYPERLIPIDEMICS
leucovorin calcium inj	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leuprolide acetate inj (LUPRON equiv)	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUPROLIDE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOLEUCOVOR INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levoleucovorin calcium inj	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levoleucovorin inj (FUSILEV equiv)	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIBTAYO INJ (QL= 1 vial/3 weeks; Only available through Onco360 Specialty 877-662-6633)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOQTORZI INJ (Only available through Lumicera 855-847-3553)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUCENTIS INJ	-	NC	OPHTHALMIC AGENTS
LUMIZYME INJ	PA-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUNSUMIO INJ	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ	PA-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 inj/180 days)	PA-QL-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT PED INJ	PA-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
LUXTURNA SUS (QL= 1 kit per eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	С	OPHTHALMIC AGENTS
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
MACUGEN INJ	-	NC	OPHTHALMIC AGENTS
MARGENZA INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEPSEVII INJ (Only available through Accredo 888-773-7376)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
mesna inj (MESNEX equiv) (Only available through Lumicera 855-847-3553)	LD	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESNEX INJ (Only available through Lumicera 855-847-3553)	LD	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj (MUTAMYCIN equiv)	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	LMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ (Only available through Lumicera 855-847-3553)	LD	С	HEMATOPOIETIC AGENTS
MONONINE INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
MONOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYLOTARG INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYOBLOC INJ	-	NC	NEUROMUSCULAR AGENTS
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine inj (ARRANON equiv)	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXVIAZYME INJ (Only available through Lumicera 855-847-3553)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIPENT INJ	LMSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NOVOEIGHT INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	С	HEMATOPOIETIC AGENTS
NUCALA VIALS	PA-SOC-UMSP	С	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ (Only available through Biologics 800-850-4306)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUWIQ INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ (QL= 600mg/180 days)	LMSP-QL-SOC	С	PSYCHOTHERAPEUTIC AND
OCREVUS ZUNOVO INJ (QL= 1 vial/6 months)	LMSP-QL-SOC	С	NEUROLOGICAL AGENTS - MISC. PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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OCTAGAM INJ	MSP-PA-SOC	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OMISIRGE SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ONCASPAR INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONDANSETRON INJ	-	С	ANTIEMETICS
ondansetron inj (ZOFRAN equiv)	-	С	ANTIEMETICS
ONIVYDE INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN (Only available through Lumicera 855-847-3553)	LD-PA	С	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN (QL= 2 vials/4 weeks; Only available through Lumicera 855-847-3553)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPFOLDA CAP (Only available through Orsini 800-410-8575)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORENCIA IV INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
oxaliplatin inj	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
oxaliplatin inj (ELOXATIN equiv)	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OXLUMO INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	С	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMP (QL= 2 inj/180 days)	QL-UMSP	С	OPHTHALMIC AGENTS
paclitaxel inj	UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PACLITAXEL INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj (PALONOSETRON equiv) (Restricted to Oncology or Hematology Specialist)	MSP-RS	С	ANTIEMETICS
PALONOSETRON INJ	-	NC	ANTIEMETICS
pamidronate inj	LMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANZYGA SOLN	MSP-PA-SOC	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
PEDMARK INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln (ALIMTA equiv)	PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
PEMETREXED INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMFEXY SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMGARDA SOLN (QL= 9 vials/90 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
PEPAXTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ (QL= 14ml/3 weeks)	MSP-PA-QL-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERSERIS INJ	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PHESGO SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PIASKY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
olerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	LMSP-RS	С	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POLIVY INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POMBILITI SOLN (Only available through Orsini 800-410-8575)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
POTELIGEO INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PRIVIGEN INJ	MSP-PA-SOC	С	PASSIVE IMMUNIZING AGENTS
PROFILNINE INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA INJ	PA-SOC-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QALSODY SOLN (QL= 1 vial/28 days; Only available through Optum Frontier Therapies 855-768-9727)	LD-PA-QL	С	NEUROMUSCULAR AGENTS
QUADRAMET INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ (Only available through Lumicera 855-847-3553)	LD-PA	С	HEMATOPOIETIC AGENTS
REBYOTA SUSP FECAL (QL= 150ml/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	С	GASTROINTESTINAL AGENTS - MISC.
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
	PA-SOC-UMSP	С	GASTROINTESTINAL AGENTS - MISC.
RENFLEXIS INJ			

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Drug Name	Special Code	Tier	Category
REVCOVI INJ (Only available through Eversana 866-849-4481)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RISPERDAL INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone microspheres inj (RISPERDAL INJ equiv)	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIXUBIS INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
ROCTAVIAN INJ (QL= 1 kit/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	С	HEMATOLOGICAL AGENTS - MISC.
ROLVEDON INJ	-	NC	HEMATOPOIETIC AGENTS
ROMIDEPSIN INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
romidepsin inj (ISTODAX equiv)	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUXIENCE INJ	PA-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN (Only available through Walgreens 888-347-3416)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYKINDO INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RYSTIGGO INJ (QL= 36ml/63 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	С	MISCELLANEOUS THERAPEUTIC CLASSES
RYTELO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SANDOSTATIN LAR INJ KIT (QL= 1 kit/28 days)	PA-QL-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL= 1 vial/28 days; Only available through CVS Special 800-237-2767)	alty LD-PA-QL	С	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SÓLN (Only available through Biologics 800-850-4306)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SEVENFACT INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL= 1 kit/28 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SINUVA IMP (QL= 2 kits/90 days; Only available through Orsini 800-410-85	75) LD-PA-QL	С	NASAL AGENTS - SYSTEMIC AND TOPICAL
SKYRIZI SOLN (QL= 1 vial/28 days; Limit 3 fills/6 months)	LMSP-PA-QL	С	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium ferric gluconate inj	LMSP-PA	С	HEMATOPOIETIC AGENTS
sodium ferric gluconate inj (FERRLECIT equiv)	LMSP	C	HEMATOPOIETIC AGENTS
SODIUM THIOSULFATE INJ (Only available through Lumicera 855-847-359 Restricted to Oncology or Hematology Specialist)		С	ANTIDOTES AND SPECIFIC ANTAGONISTS
SOLIRIS INJ (Only available through Walmart Specialty 877-453-4566)	LD-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SPEVIGO INJ (QL= 2 vials/fill; Limit 4 vials/month; Only available through Accredo 800-803-2523)	LD-PA-QL	С	DERMATOLOGICALS
SPINRAZA INJ (QL= 1 vial/4 months; Only available through Accredo 800-803-2523)	LD-PA-QL	С	NEUROMUSCULAR AGENTS
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Drug Name	Special Code	Tier	Category
SPRAVATO NASAL SOLN (QL= 12 devices/28 days)	PA-QL	С	ANTIDEPRESSANTS
STELARA IV INJ	LMSP-PA-SOC	С	GASTROINTESTINAL AGENTS - MISC.
STERILE DILUENT SOLN (Only available through Accredo 800-803-2523)	LD	С	PHARMACEUTICAL ADJUVANTS
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA INJ (QL= 2 vials/26 weeks; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist)	LD-QL-RS	С	ANTIVIRALS
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO IMPLANT	-	NC	MEDICAL DEVICES AND SUPPLIES
SUSVIMO INJ 10MG (QL= 1 inj/eye/168 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	С	OPHTHALMIC AGENTS
SYFOVRE INJ (QL= 2 vials/25 days; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	С	OPHTHALMIC AGENTS
SYLVANŤ SOLN	MSP-PA	С	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA-UMSP	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNOJOYNT INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ, SYNVISC ONE INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TECARTUS SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ HYBREZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	MSP-PA-QL-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	MSP-PA-QL-SOC	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMODAR IV INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus inj (TORISEL equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ (Only available through Accredo 800-803-2523)	LD-PA-SOC	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TEVIMBRA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEZSPIRE SOLN (QL= 1 inj/28 days)	PA-QL-UMSP	С	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL-UMSP	С	DIAGNOSTIC PRODUCTS
TIVDAK INJ (QL= 5 vials/21 days; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOFIDENCE INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOPOTECAN INJ	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
topotecan inj (HYCAMTIN equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
topotecan inj (TOPOTECAN equiv)	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
TREANDA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR 11.25mg INJ(QL= 1 inj/84 days)	LMSP-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR 22.5mg INJ (QL= 1 inj/168 days)	LMSP-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR 3.75mg INJ (QL= 1 inj/28 days)	LMSP-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREMFYA IV INJ	-	NC	DERMATOLOGICALS
treprostinil inj (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	С	CARDIOVASCULAR AGENTS - MISC.
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TRIESENCE INJ (QL=2 inj/fill; Only available through Lumicera 855-847-3553)	LD-QL	С	OPHTHALMIC AGENTS
TRIFERIC AVNU INJ	-	NC	HEMATOPOIETIC AGENTS
TRILURON INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUS (QL= 1 inj/24 weeks; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days; Restricted to Infectious Disease Specialist)	QL-RS-SOC-SP	С	ANTIVIRALS
TRUXIMA INJ	PA-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYENNE INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416)	LD-PA-QL-SOC	С	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ 2 MG/2ML	-	NC	ANTIDIABETICS
ULTOMIRIS INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
UPLIZNA SOLN (QL= 3 vials/6 months; Only available through Accredo 800-803-2523)	LD-PA-QL	С	MISCELLANEOUS THERAPEUTIC CLASSES
UZEDY INJ	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VABYSMO INJ	-	NC	OPHTHALMIC AGENTS
valrubicin inj (VALSTAR equiv) (QL= 24 vials/3 months)	PA-QL-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VECTIBIX INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VEGZELMA IV SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	LMSP-SOC	С	HEMATOPOIETIC AGENTS
VEOPOZ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO IV SOLN	-	EXC	NEUROMUSCULAR AGENTS
VIMIZIM INJ (Only available through Accredo 800-803-2523)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	MSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
RS UMSP	Restricted to Specialist Universty of California or Lumicera Specialty Pharmac	SOC	Site of Care	SP	Available through Specialty Pharmacy Program

Drug Name	Special Code	Tier	Category
VINCRISTINE INJ	-	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine sulfate iv soln (VINCRISTINE equiv)	-	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	OPHTHALMIC AGENTS
VIVIMUSTA INJ 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VONVENDI INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
VPRIV INJ	PA-SOC-UMSP	С	HEMATOPOIETIC AGENTS
VYEPTI INJ	-	NC	MIGRAINE PRODUCTS
VYJUVEK GEL (QL= 4 vials/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL-SOC	С	DERMATOLOGICALS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART HYTRULO INJ (Only available through Lumicera 855-847-3553)	LD-PA-SOC	С	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ (QL= 12 vials/28 days, 8 fills/year; Only available through Lumicera 855-847-3553)	LD-PA-QL-SOC	С	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ (Only available through Biologics 800-850-4306)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN (Only available through Lumicera 855-847-3553)	LD-PA	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA-UMSP	С	NEUROMUSCULAR AGENTS
XGEVA INJ	PA-SOC-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIAFLEX INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	С	MISCELLANEOUS THERAPEUTIC CLASSES
XIPERE INJ (QL= 2 inj/fill; Only available through Accredo 888-773-7376)	LD-QL	С	OPHTHALMIC AGENTS
XOFIGO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XOLAIR INJ	PA-SOC-UMSP	С	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE (QL= 2 inj/28 days)	PA-QL-SOC-UMSP	С	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	PA-QL-SOC-UMSP	С	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	MSP-PA-SOC	С	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YESCARTA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ (Only available through Walgreens 888-347-3416)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMP (QL=2 inj/36 months; Only available through Diplomat Pharmacy 877-977-9118)	LD-QL	С	OPHTHALMIC AGENTS
ZALTRAP INJ	MSP-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
ZEPZELCA SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZILRETTA INJ	-	NC	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
ZINPLAVA SOL (Only available through Walgreens 888-347-3416)	LD-PA	С	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS-SOC-UMSP	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	LMSP-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 3.6MG (QL= 1 implant/28 days)	LMSP-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (RECLAST equiv)	SOC-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid inj (ZOMETA equiv)	SOC-UMSP	С	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLEDRONIC ACID INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (QL= 1 kit/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	С	NEUROMUSCULAR AGENTS
ZULRESSO INJ	-	NC	ANTIDEPRESSANTS
ZYNLONTA SOLN (Only available through Onco360 Specialty 877-662-6633)	LD-PA	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTEGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ (QL= 1 vial/28 days; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	С	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYPREXA RELPREVV INJ	-	С	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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MSP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SOC	Site of Care	SP	Available through Specialty Pharmacy Program
UMSP	Universty of California or Lumicera Specialty Pharmac				

DrugName	Last Opdated* 10/4/2024	Special Code	Tie
ANTI-TNF-ALPHA - MONOCLON	ANALGESICS - ANTI-INFLAMMATORY NAL ANTIBODIES		
SIMPONI ARIA INJ		-	NC
INTERLEUKIN-1BETA BLOCKE	ERS		
LARIS INJ (Only available through Lumice INTERLEUKIN-6 RECEPTOR IN	,	LD-PA-SOC	С
ACTEMRA IV INJ		-	NC
TOFIDENCE INJ		-	NC
TYENNE INJ		-	NC
SELECTIVE COSTIMULATION N	MODULATORS		
ORENCIA IV INJ		_	NC
ONE NOR THE	ANDROGENS-ANABOLIC		110
ANDROGENS			
TESTOPEL MIS		-	NC
ANTIASTHMATIC - MONOCLON	ANTIASTHMATIC AND BRONCHODILATOR AGENTS NAL ANTIBODIES		
,	available through Walgreens 888-347-3416)	LD-PA-QL-SOC	С
FASENRA INJ (QL= 1 inj/8 weeks)		MSP-PA-QL-SOC	С
FASENRA INJ 10MG/0.5ML (QL= 1 inj/8 v	weeks)	MSP-PA-QL-SOC	С
NUCALA VIALS		PA-SOC-UMSP	С
TEZSPIRE SOLN (QL= 1 inj/28 days)		PA-QL-UMSP	С
KOLAIR INJ		PA-SOC-UMSP	С
KOLAIR SYRINGE (QL= 2 inj/28 days)		PA-QL-SOC-UMSP	С
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/		PA-QL-SOC-UMSP	С
GABA RECEPTOR MODULATO	ANTIDEPRESSANTS DR - NEUROACTIVE STEROID		
ZULRESSO INJ N-METHYL-D-ASPARTIC ACID ((NMDA) RECEPTOR ANTAGONISTS	-	NC
SPRAVATO NASAL SOLN (QL= 12 device	· '	PA-QL	С
SPINAVATO NASAL SOLIN (QL- 12 device	ANTIDIABETICS	I A-QL	U
ANTIDIABETIC - CELLULAR TH			
LANTIDRA INJ ANTIDIABETIC-ANTIBODIES		-	EXC
TZIELD INJ 2 MG/2ML			NC
IZIELD INJ 2 MG/2ML	ANTIDOTEC AND ODEOLEIC ANTACONICTO	•	NC
ANTIDOTES AND SPECIFIC AN	ANTIDOTES AND SPECIFIC ANTAGONISTS NTAGONISTS		
, -	able through Lumicera 855-847-3553; Restricted to Oncology or Hematology	LD-RS	С
Specialist)	ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONIS	STS		
		MSP-RS	С
ALOXI INJ (Restricted to Oncology or Hen		MSP-RS	C C
ALOXI INJ (Restricted to Oncology or Hen ONDANSETRON INJ		MSP-RS - -	
ONDANSETRON INJ ondansetron inj (ZOFRAN equiv)		MSP-RS MSP-RS	С
ALOXI INJ (Restricted to Oncology or Hen ONDANSETRON INJ ondansetron inj (ZOFRAN equiv) palonosetron inj (PALONOSETRON equiv)	ematology Specialist)	-	C C
ALOXI INJ (Restricted to Oncology or Hen ONDANSETRON INJ ondansetron inj (ZOFRAN equiv) palonosetron inj (PALONOSETRON equiv) Note: Unless otherwise specifically noted, all streng	ematology Specialist) v) (Restricted to Oncology or Hematology Specialist) ngths and forms of products listed in the formulary are covered. generic = small letters BRANDS = C	-	C C
ALOXI INJ (Restricted to Oncology or Hen ONDANSETRON INJ ondansetron inj (ZOFRAN equiv) palonosetron inj (PALONOSETRON equiv) Note: Unless otherwise specifically noted, all streng	ematology Specialist) v) (Restricted to Oncology or Hematology Specialist) ngths and forms of products listed in the formulary are covered. generic = small letters BRANDS = C	- MSP-RS APITAL LETTERS	C C

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName Last Updated* 10/4/2024	Special Code	Tier
ANTIEMETICS Cont.	<u> </u>	
PALONOSETRON INJ	-	NC
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS INJ		NC
ANTIEMETICS - MISCELLANEOUS		110
AKYNZEO INJ		NC
	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	1400.00	
fosaprepitant dimeglumine soln (EMEND equiv) (Restricted to Oncology or Hematology Specialist)	MSP-RS	C
CINVANTI INJ	-	NC
EMEND IV INJ	-	NC
FOCINVEZ INJ	-	NC NC
FOSAPREPITANT DIMEGLUMINE INJ	-	NC
ANTIHYPERLIPIDEMICS		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ (Only available through Orsini 800-410-8575)	LD-PA	С
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO SOLN	-	NC
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BELRAPZO SOL (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	С
bendamustine hcl for iv soln (TREANDA equiv)	MSP-PA	С
BENDAMUSTINE SOLN 100MG	LMSP-PA	С
BENDEKA INJ	LMSP-PA	С
carboplatin inj	UMSP	С
carmustine inj (BICNU equiv)	LMSP-PA	С
cisplatin inj (PLATINOL AQ equiv)	MSP	С
CISPLATIN INJ 50MG/50ML	MSP	С
cyclophosphamide inj (CYTOXAN equiv)	MSP	С
IFEX INJ	UMSP	С
IFOSFAMIDE INJ	UMSP	С
ifosfamide inj (IFEX equiv)	UMSP	С
oxaliplatin inj	UMSP	С
oxaliplatin inj (ELOXATIN equiv)	UMSP	С
TEMODAR IV INJ	MSP-PA	С
YONDELIS INJ (Only available through Walgreens 888-347-3416)	LD-PA	С
ZEPZELCA SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	С
CYCLOPHOSPHAMIDE INJ	-	NC
CYCLOPHOSPHAMIDE IV SOLN	-	NC
PEPAXTO INJ	-	NC
TREANDA INJ	-	NC
VIVIMUSTA INJ 100MG	-	NC
ANTIMETABOLITES		С
azacitidine inj (VIDAZA equiv)	MSP-PA	
azacitidine inj (VIDAZA equiv) CYTARABINE INJ	MSP	С
azacitidine inj (VIDAZA equiv) CYTARABINE INJ decitabine inj (DACOGEN equiv) FLUDARABINE INJ		

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BRANDS = CAPITAL LETTERS

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generic = small letters

DrugName	2001 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Special Code	Tier
ANTIN	EOPLASTICS AND ADJUNCTIVE THERAPIES Con	t.	
fluorouracil inj (ADRUCIL equiv)		LMSP	С
FOLOTYN INJ		MSP-PA	С
gemcitabine inj (GEMZAR equiv)		LMSP	С
nelarabine inj (ARRANON equiv)		MSP-PA	С
pemetrexed disodium for iv soln (ALIMTA equiv)		PA	С
ALIMTA INJ		-	NC
ARRANON INJ		-	NC
NFUGEM SOL		-	NC
pemetrexed disodium for iv soln 750mg (ALIMTA	equiv)	-	NC
PEMETREXED INJ		-	NC
PEMETREXED SOLN		-	NC
PEMFEXY SOLN		-	NC
VIDAZA INJ		-	NC
ANTINEOPLASTIC - ANGIOGENESIS	SINHIBITORS		
CYRAMZA INJ		MSP-PA	С
MVASI INJ (Restricted to Oncology, Ophthalmo	logy or Hematology Specialist)	RS-SOC-UMSP	С
ZALTRAP INJ		MSP-PA	С
ZIRABEV INJ (Restricted to Oncology, Ophthaln	nology or Hematology Specialist)	RS-SOC-UMSP	С
ALYMSYS IV SOLN		-	NC
AVASTIN INJ		-	NC
VEGZELMA IV SOLN		-	NC
ANTINEOPLASTIC - ANTIBODIES			
ADCETRIS INJ		MSP-PA-SOC	С
ARZERRA INJ		MSP-PA	С
BAVENCIO INJ (Only available through Biologics	s 800-850-4306)	LD-PA-SOC	С
BESPONSA INJ		MSP-PA	С
BLINCYTO INJ (Only available through Diploma	t Pharmacy 877-977-9118)	LD-PA-SOC	С
COLUMVI INJ 10MG/10ML (QL= 3 vials/21 days	5)	PA-QL-UMSP	С
COLUMVI INJ 2.5MG (QL= 1 vial/21 days)		PA-QL-UMSP	С
DARZALEX INJ		MSP-PA-SOC	С
ELAHERE INJ (Only available through Biologics	800-850-4306)	LD-PA	С
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 da	ays; Only available through Onco360 877-662-6633)	LD-PA-QL	С
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 day	ys; Only available through Onco360 877-662-6633)	LD-PA-QL	С
EMPLICITI INJ		MSP-PA	С
ENHERTU INJ (Only available through Accredo	800-803-2523)	LD-PA-SOC	С
	; Only available through Biologics 800-850-4306)	LD-PA-QL	С
EPKINLY INJ 4MG/0.8ML (QL= 2 vials/365 days	; Only available through Biologics 800-850-4306)	LD-PA-QL	С
GAZYVA INJ		MSP-PA-SOC	С
MFINZI INJ		MSP-PA	С
MJUDO INJ (Only available through Diplomat P	harmacy 877-977-9118)	LD-PA	С
JEMPERLI SOLN (Only available through Diplor		LD-PA	С
KADCYLA INJ(Only available through Walgreen		LD-PA-SOC	С
KEYTRUDA INJ	·	PA-SOC-UMSP	С
_IBTAYO INJ (QL= 1 vial/3 weeks; Only available	e through Onco360 Specialty 877-662-6633)	LD-PA-QL	С
LOQTORZI INJ (Only available through Lumicer		LD-PA	С
LUNSUMIO INJ		LMSP-PA	С

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Last Updated* 10/4/2024 DrugName **Special Code Tier** ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. LD-PA С MONJUVI INJ (Only available through Biologics 800-850-4306) С MYLOTARG INJ (Only available through Walgreens 888-347-3416) LD-PA OPDIVO INJ PA-SOC-UMSP С C PADCEV INJ (Only available through Walgreens 888-347-3416) LD-PA-SOC С POLIVY INJ MSP-PA С POTELIGEO INJ (Only available through CVS Specialty 800-237-2767) I D-PA PA-SOC-UMSP С **RUXIENCE INJ** LD-PA С RYBREVANT SOLN (Only available through Walgreens 888-347-3416) С LD-PA SARCLISA SOLN (Only available through Biologics 800-850-4306) MSP-PA-QL-SOC С TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks) С MSP-PA-QL-SOC TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks) TIVDAK INJ (QL= 5 vials/21 days; Only available through Diplomat Pharmacy 877-977-9118) LD-PA-QL С PA-SOC-UMSP С TRUXIMA INJ С YERVOY INJ PA-SOC-UMSP С ZYNLONTA SOLN (Only available through Onco360 Specialty 877-662-6633) LD-PA С LD-PA-QL ZYNYZ INJ (QL= 1 vial/28 days; Only available through Diplomat Pharmacy 877-977-9118) NC **IMDELLTRA INJ** NC RIABNI SOLN RITUXAN INJ NC NC TEVIMBRA INJ **ANTINEOPLASTIC - ANTI-HER2 AGENTS** MARGENZA INJ (Only available through Walgreens 888-347-3416) LD-PA С RS-SOC-UMSP С OGIVRI INJ (Restricted to Oncology or Hematology Specialist) С PERJETA INJ (QL= 14ml/3 weeks) MSP-PA-QL-SOC TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist) RS-SOC-UMSP С HERCEPTIN INJ NC HERZUMA INJ NC NC KANJINTI INJ NC **ONTRUZANT INJ ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY EXC** ABECMA INJ **EXC** AMTAGVI INJ FXC **BREYANZI INJ EXC CARVYKTI INJ EXC** KYMRIAH SUS **OMISIRGE SUS EXC** PROVENGE INJ EXC EXC **TECARTUS SUS** EXC YESCARTA INJ ANTINEOPLASTIC - EGFR INHIBITORS С MSP-PA-SOC **ERBITUX INJ VECTIBIX INJ** MSP-PA С **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

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

ELIGARD

ELIGARD INJ

FIRMAGON INJ 120MG (QL= 2 vials/fill)

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1	LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
ı	MSP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
	RS UMSP	Restricted to Specialist Universty of California or Lumicera Specialty Pharmac	SOC	Site of Care	SP	Available through Specialty Pharmacy Program
1						

С

С

С

PA-UMSP

PA-UMSP

PA-QL-UMSP

Last Updated* 10/4/2024 DrugName **Special Code Tier** ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. PA-QL-UMSP С FIRMAGON INJ 80MG (QL= 1 vial/28 days) С fulvestrant inj (Restricted to Oncology or Hematology Specialist) LMSP-RS leuprolide acetate inj (LUPRON equiv) **UMSP** C **LUPRON DEPOT INJ** PA-UMSP C LMSP-PA-QL С TRELSTAR 11.25mg INJ (QL= 1 inj/84 days) TRELSTAR 22.5mg INJ (QL= 1 inj/168 days) LMSP-PA-QL С LMSP-PA-QL С TRELSTAR 3.75mg INJ (QL= 1 inj/28 days) LMSP-PA-QL С ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days) LMSP-PA-QL С ZOLADEX INJ 3.6MG (QL= 1 implant/28 days) NC **CAMCEVI INJ** NC **FASLODEX INJ FULVESTRANT INJ** NC NC LEUPROLIDE INJ **ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS** NC LARTRUVO INJ ANTINEOPLASTIC ANTIBIOTICS С bleomycin inj (BLENOXANE equiv) **MSP** MSP С daunorubicin inj doxorubicin inj **MSP** С JELMYTO INJ (QL= 17 kits/425 days; Only available through Diplomat Pharmacy 877-977-9118) LD-PA-QL С С mitomycin inj (MUTAMYCIN equiv) LMSP-PA **LMSP** С mitoxantron inj valrubicin inj (VALSTAR equiv) (QL= 24 vials/3 months) PA-QL-UMSP С **ANTINEOPLASTIC COMBINATIONS** DARZALEX FASPRO SOLN MSP-PA С LD-PA-QL С OPDUALAG SOLN (QL= 2 vials/4 weeks; Only available through Lumicera 855-847-3553) VYXEOS INJ (Only available through Biologics 800-850-4306) LD-PA С HERCEPTIN HYLECTA SOL NC PHESGO SOLN NC RITUXAN HYCELA INJ NC NC TECENTRIQ HYBREZA INJ **ANTINEOPLASTIC ENZYME INHIBITORS** BELEODAQ INJ (Only available through Walgreens 888-347-3416) LD-PA C bortezomib inj (VELCADE equiv) LMSP-PA С С FYARRO INJ (Only available through Lumicera 855-847-3553) I D-PA С ISTODAX OVR INJ MSP-PA KYPROLIS SOL MSP-PA С MSP-PA С **ROMIDEPSIN INJ** С romidepsin inj (ISTODAX equiv) MSP-PA С temsirolimus inj (TORISEL equiv) **MSP** NC **BORTEZOMIB INJ** RYTELO INJ NC NC **VELCADE INJ**

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

ASPARLAS INJ (Only available through Diplomat Pharmacy 877-977-9118)

ONCASPAR INJ (Only available through Walgreens 888-347-3416)

ANTINEOPLASTIC ENZYMES

NC = Not Covered NC/3P = Not Covered, Third Party Reviewer **BRANDS** = CAPITAL LETTERS generic = small letters ΙD LMSF Lumicera Mandatory Specialty Pharmacy Program Medical Benefit Limited Distribution М MSP Mandatory Specialty Pharmacy Program QL PA Prior Authorization Quantity Limit RS Restricted to Specialist SOC Site of Care SF Available through Specialty Pharmacy Program UMSP Universty of California or Lumicera Specialty Pharmac

LD-PA

LD-PA

С

С

DrugName Special Code Tier ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. ANTINEOPLASTIC RADIOPHARMACEUTICALS AZEDRA DOSIM INJ. AZEDRA THERA INJ **EXC** LUTATHERA SOLN **EXC** EXC PLUVICTO INJ **EXC** QUADRAMET INJ EXC STRONTIUM INJ XOFIGO INJ EXC ANTINEOPLASTICS MISC. MSP-PA С arsenic trioxide inj (TRISENOX equiv) ELZONRIS SOLN (Only available through Diplomat Pharmacy 877-977-9118) LD-PA С LMSP-PA С NIPENT INJ С PROLEUKIN INJ MSP-PA ANKTIVA SOLN NC **CHEMOTHERAPY ADJUNCTS** KEPIVANCE INJ (Only available through Lumicera 855-847-3553) LD-PA С CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS UMSP С leucovorin calcium ini levoleucovorin inj (FUSILEV equiv) MSP-PA С С MESNEX INJ (Only available through Lumicera 855-847-3553) LD **COSELA INJ** NC NC **FUSILEV INJ** CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS KHAPZORY SOLN (Only available through Diplomat Pharmacy 877-977-9118) LD-PA С С MSP-PA LEVOLEUCOVOR INJ С MSP-PA levoleucovorin calcium inj LD С mesna inj (MESNEX equiv) (Only available through Lumicera 855-847-3553) NC PEDMARK INJ MITOTIC INHIBITORS ABRAXANE INJ, PACLITAXEL INJ С LMSP-PA **MSP** С docetaxel inj **MSP** С docetaxel inj (TAXOTERE equiv) С eribulin mesylate inj (HALAVEN equiv) LMSP-PA etoposide inj (VEPESID equiv) **MSP** С MSP-PA C **IXEMPRA KIT** JEVTANA INJ MSP-PA С **UMSP** С paclitaxel inj С MSP VINBLASTINE INJ С VINCRISTINE INJ С vincristine sulfate iv soln (VINCRISTINE equiv) NC MARQIBO INJ PACLITAXEL INJ NC **TOPOISOMERASE I INHIBITORS MSP** С irinotecan inj (CAMPTOSAR equiv) С ONIVYDE INJ MSP-PA TOPOTECAN INJ **MSP** С

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

	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer		generic = small letters		BRANDS = CAPITAL LETTERS
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
RS UMSP	Restricted to Specialist Universty of California or Lumicera Specialty Pharmac	SOC	Site of Care	SP	Available through Specialty Pharmacy Program

DrugName Last Updated* 10/4/2024	Special Code	Tier
	<u>opeciai oode</u>	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.	MOD	0
topotecan inj (HYCAMTIN equiv)	MSP	С
topotecan inj (TOPOTECAN equiv)	MSP	С
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	С
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
NVEGA INJ	-	С
PERSERIS INJ	-	С
isperidone microspheres inj (RISPERDAL INJ equiv)	-	С
JZEDY INJ	-	С
RISPERDAL INJ	-	NC
RYKINDO INJ	-	NC
BUTYROPHENONES		
naloperidol decanoate inj (HALDOL equiv)	-	С
HALDOL INJ	-	NC
DIBENZAPINES		
ZYPREXA RELPREVV INJ	-	С
PHENOTHIAZINES		
uphenazine decanoate inj		С
QUINOLINONE DERIVATIVES		J
BILIFY MAINTENA INJ	-	С
ABILIFY MAINTENA INJ. ABILIFY ASIMTUFII INJ	-	C
ARISTADA INJ	-	С
ANTIVIRALS	-	C
ANTIRETROVIRALS	01	
APRETUDE SUSP (QL= 7 inj/year)	QL	\$0
CABENUVA IM SUSP (QL= 1 kit/30 days)	QL-SP	С
SUNLENCA INJ (QL= 2 vials/26 weeks; Only available through CVS Specialty 800-237-2767; Restricted to Infectious	LD-QL-RS	С
Disease Specialist)	OL DO COO CD	0
ROGARZO INJ (QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days; Restricted to infectious Disease Specialist)	QL-RS-SOC-SP	С
ASSORTED CLASSES		
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
	LMSP-PA-SOC	С
BENLYSTA IV INJ	LIVISP-PA-SUC	C
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
poprostenol inj (FLOLAN equiv) (Only available through Accredo 888-773-7376)	LD-PA	С
LOLAN INJ, VELETRI INJ (Only available through Accredo 888-773-7376)	LD-PA	С
reprostinil inj (REMODULIN equiv) (Only available through Accredo 800-803-2523)	LD-PA	С
REMODULIN INJ	-	NC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ZILRETTA INJ	-	NC
DERMATOLOGICALS		
ANTIPSORIATICS		
ANTIFOURIATIOS		

BRANDS = CAPITAL LETTERS

generic = small letters

NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Limited Distribution LD LMSP Lumicera Mandatory Specialty Pharmacy Program М Medical Benefit MSP Mandatory Specialty Pharmacy Program QL PA Prior Authorization Quantity Limit

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

Restricted to Specialist SOC SP RS Site of Care Available through Specialty Pharmacy Program UMSP Universty of California or Lumicera Specialty Pharmac

University of California Medically Administered Products Formulary Category/Class

Last Updated* 10/4/2024

Last Updated* 10/4/2024 DrugName	Special Code	Tie
DERMATOLOGICALS Cont.		
SPEVIGO INJ (QL= 2 vials/fill; Limit 4 vials/month; Only available through Accredo 800-803-2523)	LD-PA-QL	С
COSENTYX INJ	-	NC
LUMYA SOLN	-	NC
TREMFYA IV INJ	-	NC
GLABELLAR LINES (FROWN LINES) AGENTS		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
DAXXIFY INJ	-	NC
WOUND CARE PRODUCTS		
VYJUVEK GEL (QL= 4 vials/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL-SOC	С
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL-UMSP	С
ENDOCRINE AND METABOLIC AGENTS - MISC.	THE CINCI	Ü
BONE DENSITY REGULATORS	DA OOO LIMOD	
EVENITY INJ	PA-SOC-UMSP	С
bandronate inj (BONIVA equiv)	LMSP	С
pamidronate inj	LMSP	С
PROLIA INJ	PA-SOC-UMSP	С
(GEVA INJ	PA-SOC-UMSP	С
zoledronic acid inj (RECLAST equiv)	SOC-UMSP SOC-UMSP	С
zoledronic acid inj (ZOMETA equiv)	30C-0W3P	C
BONIVA INJ	-	NC
RECLAST INJ	-	NC NC
ZOLEDRONIC ACID INJ	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ (Only available through Accredo 800-803-2523)	LD-PA-SOC	С
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT INJ PED (QL= 1 inj/180 days)	PA-QL-UMSP	С
LUPRON DEPOT PED INJ	PA-UMSP	С
TRIPTODUR SUS (QL= 1 inj/24 weeks; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	С
FENSOLVI INJ	-	NC
SUPPRELIN LA KIT	-	NC
METABOLIC MODIFIERS		
ALDURAZYME INJ	MSP-PA-SOC	С
BRINEURA KIT (QL= 4 kits/28 days; limit 28 days/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	С
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	С
ELAPRASE INJ	MSP-PA-SOC	С
ELFABRIO SOLN (Only available through Eversana 866-849-4481)	LD-PA	С
FABRAZYME INJ (Only available through Accredo 800-803-2523)	LD-PA	С
(ANUMA INJ (Only available through Walgreens 888-347-3416)	LD-PA	С
AMZEDE INJ (Only available through Eversana 866-849-4481)	LD-PA	С
	PA-UMSP	С
LUMIZYME INJ		С
LUMIZYME INJ MEPSEVII INJ (Only available through Accredo 888-773-7376) NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA LD-PA	

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University of California Medically Administered Products Formulary Category/Class

Last Updated* 10/4/2024

ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.

Special Code

Tier

DrugName

UMSP

Universty of California or Lumicera Specialty Pharmac

ENDOCRINE AND METABOLIC AGENTS - MISC. COIL	•	
IEXVIAZYME INJ (Only available through Lumicera 855-847-3553)	LD-PA	С
IULIBRY INJ (Only available through Biologics 800-850-4306)	LD-PA	С
DPFOLDA CAP (Only available through Orsini 800-410-8575)	LD-PA	С
POMBILITI SOLN (Only available through Orsini 800-410-8575)	LD-PA	С
REVCOVI INJ (Only available through Eversana 866-849-4481)	LD-PA	С
/IMIZIM INJ (Only available through Accredo 800-803-2523)	LD-PA	С
(ENPOZYME SOLN (Only available through Lumicera 855-847-3553)	LD-PA	С
POSTERIOR PITUITARY HORMONES		
lesmopressin (DDAVP) inj (DESMOPRESSIN ACETATE equiv)	PA-SOC	С
SOMATOSTATIC AGENTS		
anreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 days)	LMSP-PA-QL	С
SANDOSTATIN LAR INJ KIT (QL= 1 kit/28 days)	PA-QL-UMSP	С
SIGNIFOR LAR INJ (QL= 1 kit/28 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	С
ANREOTIDE INJ	-	NC
SOMATULINE INJ		NC
GASTROINTESTINAL AGENTS - MISC.		140
INFLAMMATORY BOWEL AGENTS		
WSOLA INJ	PA-SOC-UMSP	С
	PA-SOC-UMSP	C
ENTYVIO INJ		
NFLIXIMAB INJ	LMSP-PA-SOC	С
RENFLEXIS INJ	PA-SOC-UMSP	С
KYRIZI SOLN (QL= 1 vial/28 days; Limit 3 fills/6 months)	LMSP-PA-QL	С
TELARA IV INJ	LMSP-PA-SOC	С
NFLECTRA INJ	-	NC
DMVOH INJ	-	NC
REMICADE INJ	-	NC
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL (QL= 150ml/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	С
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	С
GOUT AGENTS		
GOUT AGENTS		
KRYSTEXXA INJ	PA-SOC-UMSP	С
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
	LD-PA	С
GIVLAARI INJ (Only available through Accredo 800-803-2523) ANTIHEMOPHILIC PRODUCTS	בט-ו א	U
	MSP-PA-SOC	С
NOVATE IN L		
ADYNOVATE INJ	MSP-PA-SOC	С
FSTYLA KIT	MSP-PA-SOC	С
ALPHANATE/VWF COMPLEX/HUMAN INJ	MSP-PA-SOC	С
LPHANINE SD INJ	MSP-PA-SOC	С
ILPROLIX INJ	MSP-PA-SOC	С
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
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NC/3P = Not Covered, Third Party Reviewer LD Limited Distribution LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Br		
MSP Mandatory Specialty Pharmacy Program PA Prior Authorization QL Quantity L		
RS Restricted to Specialist SOC Site of Care SP Available to Specialty Pharmace Special	through Specialty Pharmacy Program	ı

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ALTUVIIIO INJ (Only available through Accredo 800-803-2523)	LD-PA	С
BENEFIX INJ	MSP-PA-SOC	С
ELOCTATE INJ	MSP-PA-SOC	С
ESPEROCT INJ	MSP-PA-SOC	С
FEIBA INJ	MSP-PA-SOC	С
HEMGENIX INJ (QL= 1 kit/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	С
HEMOFIL M INJ	MSP-PA-SOC	С
HUMATE-P INJ	MSP-PA-SOC	С
DELVION INJ	MSP-PA-SOC	С
XINITY INJ	MSP-PA-SOC	С
IIVI INJ	MSP-PA-SOC	С
(OATE-DVI INJ	MSP-PA-SOC	С
(OGENATE FS INJ	MSP-PA-SOC	С
(OVALTRY INJ	MSP-PA-SOC	С
MONONINE INJ	MSP-PA-SOC	С
NOVOEIGHT INJ	MSP-PA-SOC	С
NOVOSEVEN RT INJ	MSP-PA-SOC	С
NUWIQ INJ	MSP-PA-SOC	С
PROFILNINE INJ	MSP-PA-SOC	С
REBINYN INJ	MSP-PA-SOC	С
RECOMBINATE INJ	MSP-PA-SOC	С
RIXUBIS INJ	MSP-PA-SOC	С
ROCTAVIAN INJ (QL= 1 kit/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	С
SEVENFACT INJ	MSP-PA-SOC	С
ONVENDI INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC	С
NILATE INJ	MSP-PA-SOC	С
(YNTHA INJ	MSP-PA-SOC	С
BEQVEZ INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC
FIBRYGA INJ	-	NC
KCENTRA KIT	-	NC
DBIZUR INJ	-	NC
TRETTEN INJ	-	NC
COMPLEMENT INHIBITORS		
ENJAYMO SOLN (Only available through Lumicera 855-847-3553)	LD-PA	С
SOLIRIS INJ (Only available through Walmart Specialty 877-453-4566)	LD-PA-SOC	С
JLTOMIRIS INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC	С
PIASKY INJ	-	NC
/EOPOZ INJ	-	NC
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA KIT (Only available through Orsini 800-410-8575)	LD-PA	С
PLASMA KALLIKREIN INHIBITORS		
(ALBITOR INJ (Only available through CVS Specialty 800-237-2767)		

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

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		NC = Not Covered NC/3P = Not Covered, Third Party Reviewer		generic = small letters		BRANDS = CAPITAL LETTERS
ı	LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
ı	MSP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
ı	RS	Restricted to Specialist	SOC	Site of Care	SP	Available through Specialty Pharmacy Program
ı	UMSP	Universty of California or Lumicera Specialty Pharmac				
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University of California Medically Administered Products Formulary Category/Class

Last Updated* 10/4/2024

Last Updated* 10/4/2024 DrugName	Special Code	Tie
HEMATOPOIETIC AGENTS Cont.	•	
CEREZYME INJ	MSP-PA-SOC	С
ELELYSO INJ (Only available through Accredo 800-803-2523)	LD-PA	С
VPRIV INJ	PA-SOC-UMSP	С
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ	MSP-PA-SOC	С
CASGEVY INJ	-	EXC
LYFGENIA SUSP	-	EXC
HEMATOPOIETIC GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
NPLATE INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	С
REBLOZYL INJ (Only available through Lumicera 855-847-3553)	LD-PA	С
MIRCERA INJ	-	NC
ROLVEDON INJ	-	NC
IRON		
FERAHEME INJ (Only available through Lumicera 855-847-3553)	LD-SOC	С
ferumoxytol inj (FERAHEME equiv) (Only available through Lumicera 855-847-3553)	LD-SOC	С
INFED INJ	LMSP	С
INJECTAFER INJ	LMSP-SOC	С
MONOFERRIC INJ (Only available through Lumicera 855-847-3553)	LD	С
sodium ferric gluconate inj	LMSP-PA	С
sodium ferric gluconate inj (FERRLECIT equiv)	LMSP-PA	С
VENOFER INJ	LMSP-SOC	С
FERRLECIT INJ	-	NC
TRIFERIC AVNU INJ	-	NC
STEM CELL MOBILIZERS		
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	LMSP-RS	С
MOZOBIL INJ	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGE	ENTS	
NON-BARBITURATE HYPNOTICS		
IGALMI FILM	-	NC
MEDICAL DEVICES AND SUPPLIES		
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO IMPLANT	-	NC
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
VYEPTI INJ	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES WINGSELEARLEGGG THERAI EGTIG GEAGGEG	,	
	LD-PA	С
XIAFLEX INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	C
IMMUNOMODULATORS	1 D DA OI	
	LD-PA-QL	С
RYSTIGGO INJ (QL= 36ml/63 days; Only available through PantheRx 855-726-8479)		С
RYSTIGGO INJ (QL= 36ml/63 days; Only available through PantheRx 855-726-8479) VYVGART HYTRULO INJ (Only available through Lumicera 855-847-3553)	LD-PA-SOC	^
RYSTIGGO INJ (QL= 36ml/63 days; Only available through PantheRx 855-726-8479) VYVGART HYTRULO INJ (Only available through Lumicera 855-847-3553)	LD-PA-SOC LD-PA-QL-SOC	С
RYSTIGGO INJ (QL= 36ml/63 days; Only available through PantheRx 855-726-8479) VYVGART HYTRULO INJ (Only available through Lumicera 855-847-3553) VYVGART INJ (QL= 12 vials/28 days, 8 fills/year; Only available through Lumicera 855-847-3553)		С
RYSTIGGO INJ (QL= 36ml/63 days; Only available through PantheRx 855-726-8479) VYVGART HYTRULO INJ (Only available through Lumicera 855-847-3553) VYVGART INJ (QL= 12 vials/28 days, 8 fills/year; Only available through Lumicera 855-847-3553) Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.	LD-PA-QL-SOC	
RYSTIGGO INJ (QL= 36ml/63 days; Only available through PantheRx 855-726-8479) VYVGART HYTRULO INJ (Only available through Lumicera 855-847-3553) VYVGART INJ (QL= 12 vials/28 days, 8 fills/year; Only available through Lumicera 855-847-3553) Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	LD-PA-QL-SOC BRANDS = CAPITAL LETTERS	C
RYSTIGGO INJ (QL= 36ml/63 days; Only available through PantheRx 855-726-8479) VYVGART HYTRULO INJ (Only available through Lumicera 855-847-3553) VYVGART INJ (QL= 12 vials/28 days, 8 fills/year; Only available through Lumicera 855-847-3553) Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. NC = Not Covered Generic = Small letters EMC/3P = Not Covered, Third Party Reviewer LMSP Lumicera Mandatory Specialty Pharmacy Program M NO	LD-PA-QL-SOC	C

University of California Medically Administered Products Formulary Category/Class

Last Updated* 10/4/2024

DrugName	Last opuated 10/4/2024	Special Code	Tier
	MISCELLANEOUS THERAPEUTIC CLASSES Co	 ont.	_
IMMUNOSUPPRESSIVE AGEN		,	
GAMIFANT INJ (Only available through	Biologics 800-850-4306)	LD-PA	С
	; Only available through Accredo 800-803-2523)	LD-PA-QL	С
LYMPHATIC AGENTS	•		
SYLVANT SOLN		MSP-PA	С
SYSTEMIC LUPUS ERYTHEMA	ATOSUS AGENTS		
	; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	С
UREMIC PRURITUS AGENTS			
KORSUVA INJ (Only available through D		LD-PA	С
10100071110 (01) 2.1	MUSCULOSKELETAL THERAPY AGENTS		-
VISCOSUPPLEMENTS	MOOODEOUNELLIAL IIILIAI I AGENTO		
DUROLANE INJ		PA-UMSP	С
EUFLEXXA INJ			NC
GEL-ONE INJ		-	NC
GELSYN-3 INJ			NC
GENVISC 850 INJ		_	NC
HYALGAN INJ			NC
HYMOVIS INJ		_	NC
MONOVISC INJ		-	NC
ORTHOVISC INJ		-	NC
SUPARTZ FX INJ		-	NC
SYNOJOYNT INJ		<u>-</u>	NC
SYNVISC INJ, SYNVISC ONE INJ		<u>-</u>	NC
TRILURON INJ		-	NC
TRIVISC INJ		-	NC
VISCO-3 INJ		-	NC
	NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL STEROIDS	THIS TO THE TENTE		
SINUVA IMP (QL= 2 kits/90 days; Only a	available through Orsini 800-410-8575)	LD-PA-QL	С
()	NEUROMUSCULAR AGENTS		
ALS AGENTS			
	Only available through Optum Frontier Therapies 855-768-9727)	LD-PA-QL	С
edaravone inj (RADICAVA equiv)	, , , , , , , , , , , , , , , , , , ,	-	NC
RADICAVA INJ		-	NC
MUSCULAR DYSTROPHY AG	ENTS		
ELEVIDYS KIT (QL= 1 kit/lifetime; Only	available through Orsini 800-410-8575)	LD-PA-QL	С
AMONDYS INJ	,	-	EXC
EXONDYS 51 SOLN		-	EXC
VILTEPSO IV SOLN		-	EXC
VYONDYS 53 SOLN		-	EXC
NEUROMUSCULAR BLOCKIN	NG AGENT - NEUROTOXINS		
BOTOX INJ		PA-UMSP	С
DYSPORT INJ		PA-UMSP	С
XEOMIN INJ		PA-UMSP	С
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	-
Note: Unless otherwise specifically noted, all stre	engths and forms of products listed in the formulary are covered.		
NC = Not Covered	generic = small letters B	BRANDS = CAPITAL LETTERS	
NC/3P = Not Covered, Third Party Revi-	riewer	ledical Benefit	
MSP Mandatory Specialty Pharmacy Program		Quantity Limit	
RS Restricted to Specialist		vailable through Specialty Pharmacy Program	

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Universty of California or Lumicera Specialty Pharmac

UMSP

DrugName	Eddt Opdated 10/4/2024	Special Code	Tier
	NEUROMUSCULAR AGENTS Cont.		
MYOBLOC INJ		-	NC
SPINAL MUSCULAR ATROPHY AGENT	rs (SMA)		
SPINRAZA INJ (QL= 1 vial/4 months; Only available	e through Accredo 800-803-2523)	LD-PA-QL	С
ZOLGENSMA INJ (QL= 1 kit/lifetime; Only available	through Accredo 800-803-2523)	LD-PA-QL	С
· ·	OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIB			
BEOVU INJ (QL= Starting Dose: 1 syringe/28 days	for first 3 fills; Maintenance Dose: 1 syringe/56 days; Only available	LD-PA-QL	С
through Lumicera 855-847-3553)	, , ,		
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for f Lumicera 855-847-3553)	irst 3 fills; Maintenance Dose: 1 vial/56 days; Only available through	LD-PA-QL	С
BEVACIZUMAB INJ (Only available through Lumice	era 855-847-3553; Restricted to Ophthalmology Specialist)	LD-RS	С
BYOOVIZ INJ (QL= 1 inj/eye/28 days; Only available	e through Lumicera 855-847-3553)	LD-PA-QL	С
CIMERLI INJ (QL= 1 inj/eye/28 days; Only available	e through Lumicera 855-847-3553)	LD-PA-QL	С
EYLEA INJ (Only available through Walgreens 888-	347-3416)	LD-PA	С
SUSVIMO INJ 10MG (QL= 1 inj/eye/168 days; Only	available through Walgreens 888-347-3416)	LD-PA-QL	С
EYLEA HD INJ		-	NC
LUCENTIS INJ		-	NC
MACUGEN INJ		-	NC
VABYSMO INJ		-	NC
OPHTHALMIC COMPLEMENT INHIBIT	ORS		
IZERVAY SOLN (QL= 2 vials/28 days)		MSP-PA-QL	С
SYFOVRE INJ (QL= 2 vials/25 days; Only available	through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	С
OPHTHALMIC GENE THERAPY			
LUXTURNA SUS (QL= 1 kit per eye/lifetime; Only a	vailable through Accredo 800-803-2523)	LD-PA-QL	С
OPHTHALMIC PHOTODYNAMIC THER			
VISUDYNE INJ (Only available through Walgreens	888-347-3416)	LD-PA	С
OPHTHALMIC STEROIDS	*		
ILUVIEN IMP (QL= 2 inj/36 months; Only available	through Walgreens 888-347-3416)	LD-QL	С
OZURDEX IMP (QL= 2 inj/180 days)		QL-UMSP	С
TRIESENCE INJ (QL=2 inj/fill; Only available through	th Lumicera 855-847-3553)	LD-QL	С
XIPERE INJ (QL= 2 inj/fill; Only available through A		LD-QL	С
YUTIQ IMP (QL=2 inj/36 months; Only available thr	<u> </u>	LD-QL	С
RETISERT IMP	gp	-	NC
PROSTAGLANDINS - OPHTHALMIC			
IDOSE TR IMP		-	NC
	PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS			
GAMMAGARD S/D INJ		MSP-PA-SOC	С
GAMMAPLEX INJ		MSP-PA-SOC	С
OCTAGAM INJ		MSP-PA-SOC	С
PRIVIGEN INJ		MSP-PA-SOC	С
PASS	SIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS			
BIVIGAM INJ		MSP-PA-SOC	С
CARIMUNE NF INJ		MSP-PA	С
Note: Unless otherwise specifically noted, all strengths and form	ns of products listed in the formulary are covered.		

		NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
		NC/3P = Not Covered, Third Party Reviewer				
L	.D	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
N	/ISP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
R	RS	Restricted to Specialist	SOC	Site of Care	SP	Available through Specialty Pharmacy Program
U	JMSP	Universty of California or Lumicera Specialty Pharmac				

DrugName Last Opdated* 10/4/2024	Special Code	Tier
PASSIVE IMMUNIZING AND TREATMENT AGENTS Co	 ont.	
FLEBOGAMMA DIF INJ	MSP-PA	С
GAMASTAN INJ	MSP	С
GAMMAGARD INJ	MSP-PA-SOC	С
GAMMAKED INJ	MSP-PA-SOC	С
GAMMAPLEX INJ	MSP-PA-SOC	С
GAMUNEX-C INJ	MSP-PA-SOC	С
OCTAGAM INJ	MSP-PA-SOC	С
PANZYGA SOLN	MSP-PA-SOC	С
PRIVIGEN INJ	MSP-PA-SOC	С
ALYGLO INJ	-	NC
MONOCLONAL ANTIBODIES		
PEMGARDA SOLN (QL= 9 vials/90 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	С
SYNAGIS INJ	PA-UMSP	С
ZINPLAVA SOL (Only available through Walgreens 888-347-3416)	LD-PA	С
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
STERILE DILUENT SOLN (Only available through Accredo 800-803-2523)	LD	С
PROGESTINS		
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS -	PA-SOC-UMSP • MISC .	С
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416)		С
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ	MISC.	C EXC
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ	MISC.	С
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS	LD-PA-SOC	C EXC NC
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ	MISC.	C EXC
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS	LD-PA-SOC	C EXC NC
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ	LD-PA-SOC	C EXC NC
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS	LD-PA-SOC	C EXC NC
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks)	LD-PA-SOC LMSP-QL	C EXC NC EXC
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year)	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC	C EXC NC EXC
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) OCREVUS INJ (QL= 600mg/180 days)	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC	C EXC NC EXC C C C
PROGESTINS nydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) DCREVUS INJ (QL= 600mg/180 days) DCREVUS ZUNOVO INJ (QL= 1 vial/6 months)	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC LMSP-QL-SOC	C EXC NC EXC C C C
PROGESTINS Inydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) DCREVUS INJ (QL= 600mg/180 days) DCREVUS ZUNOVO INJ (QL= 1 vial/6 months) ITYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416)	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC	C EXC NC EXC C C C
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUNVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) OCREVUS INJ (QL= 600mg/180 days) OCREVUS ZUNOVO INJ (QL= 1 vial/6 months) TYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416) TRANSTHYRETIN AMYLOIDOSIS AGENTS	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC LMSP-QL-SOC LMSP-QL-SOC	EXC EXC C C C C C
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) OCREVUS INJ (QL= 600mg/180 days) OCREVUS ZUNOVO INJ (QL= 1 vial/6 months) TYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416) TRANSTHYRETIN AMYLOIDOSIS AGENTS AMVUTTRA SOLN (QL= 1 inj/3 months; Only available through Lumicera 855-847-3553)	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC LMSP-QL-SOC LD-PA-QL-SOC	C EXC NC EXC C C C C C C
PROGESTINS Inydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) OCREVUS INJ (QL= 600mg/180 days) OCREVUS ZUNOVO INJ (QL= 1 vial/6 months) TYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416) TRANSTHYRETIN AMYLOIDOSIS AGENTS AMVUTTRA SOLN (QL= 1 inj/3 months; Only available through Lumicera 855-847-3553) ONPATTRO SOLN (Only available through Lumicera 855-847-3553)	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC LMSP-QL-SOC LMSP-QL-SOC	EXC EXC C C C C C
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) OCREVUS INJ (QL= 600mg/180 days) OCREVUS ZUNOVO INJ (QL= 1 vial/6 months) TYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416) TRANSTHYRETIN AMYLOIDOSIS AGENTS AMVUTTRA SOLN (QL= 1 inj/3 months; Only available through Lumicera 855-847-3553) ONPATTRO SOLN (Only available through Lumicera 855-847-3553) RESPIRATORY AGENTS - MISC.	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC LMSP-QL-SOC LD-PA-QL-SOC	EXC EXC C C C C
PROGESTINS Inydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/49ear) OCREVUS INJ (QL= 600mg/180 days) OCREVUS ZUNOVO INJ (QL= 1 vial/6 months) TYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416) TRANSTHYRETIN AMYLOIDOSIS AGENTS AMVUTTRA SOLN (QL= 1 inj/3 months; Only available through Lumicera 855-847-3553) ONPATTRO SOLN (Only available through Lumicera 855-847-3553) RESPIRATORY AGENTS - MISC. ALPHA-PROTEINASE INHIBITOR (HUMAN)	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC LMSP-QL-SOC LD-PA-QL-SOC	EXC EXC C C C C
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) OCREVUS INJ (QL= 600mg/180 days) OCREVUS ZUNOVO INJ (QL= 1 vial/6 months) TYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416) TRANSTHYRETIN AMYLOIDOSIS AGENTS AMVUTTRA SOLN (QL= 1 inj/3 months; Only available through Lumicera 855-847-3553) ONPATTRO SOLN (Only available through Lumicera 855-847-3553)	LD-PA-SOC LMSP-QL MSP-PA-QL-SOC LMSP-QL-SOC LMSP-QL-SOC LD-PA-QL-SOC LD-PA-QL-SOC	EXC EXC C C C C C C
PROGESTINS hydroxyprogesterone caproate inj (MAKENA equiv) PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - ANTIDEMENTIA AGENTS LEQEMBI SOL (Only available through Alliance Rx Walgreens 888-347-3416) ADUHELM INJ KISUNLA INJ CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS SKYSONA INJ METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS LENMELDY INJ MULTIPLE SCLEROSIS AGENTS BRIUMVI INJ (QL= 7 vials/48 weeks) LEMTRADA INJ (QL= 3 vials/year) OCREVUS INJ (QL= 600mg/180 days) OCREVUS ZUNOVO INJ (QL= 1 vial/6 months) TYSABRI INJ (QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416) TRANSTHYRETIN AMYLOIDOSIS AGENTS AMYUTTRA SOLN (QL= 1 inj/3 months; Only available through Lumicera 855-847-3553) ONPATTRO SOLN (Only available through Lumicera 855-847-3553) RESPIRATORY AGENTS - MISC. ALPHA-PROTEINASE INHIBITOR (HUMAN) ARALAST NP INJ (Only available through Walgreens 888-347-3416)	LD-PA-SOC LD-PA-SOC	EXC EXC C C C C C

ı		NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
ı		NC/3P = Not Covered, Third Party Reviewer				
ı	LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
ı	MSP	Mandatory Specialty Pharmacy Program	PA	Prior Authorization	QL	Quantity Limit
ı	RS	Restricted to Specialist	SOC	Site of Care	SP	Available through Specialty Pharmacy Program
ı	UMSP	Universty of California or Lumicera Specialty Pharmac				
ı		, ,				

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABRAXANE INJ, PACLITAXEL INJ	С
ADAKVEO INJ	C
ADCETRIS INJ	C
ADVATE INJ	C
ADYNOVATE INJ	C
ADZYNMA KIT	C
AFSTYLA KIT	C
ALDURAZYME INJ	C
ALPHANATE/VWF COMPLEX/HUMAN INJ	С
ALPHANINE SD INJ	С
ALPROLIX INJ	С
ALTUVIIIO INJ	С
AMVUTTRA SOLN	С
ARALAST NP INJ	С
arsenic trioxide inj	С
ARZERRA INJ	С
ASPARLAS INJ	С
AVSOLA INJ	С
azacitidine inj	С
BAVENCIO INJ	С
BELEODAQ INJ	С
BELRAPZO SOL	С
bendamustine hcl for iv soln	С
BENDAMUSTINE SOLN 100MG	С
BENDEKA INJ	С
BENEFIX INJ	С
BENLYSTA IV INJ	С
BEOVU INJ	С
BESPONSA INJ	С
BIVIGAM INJ	С
BLINCYTO INJ	C
bortezomib inj	С
BOTOX INJ	C
BRINEURA KIT	С
BYOOVIZ INJ	C
CARIMUNE NF INJ	С
carmustine inj	C
CEREZYME INJ	С
CIMERLI INJ	С
CINQAIR INJ	С
COLUMVI INJ 10MG/10ML	C
COLUMVI INJ 2.5MG	С

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
CRYSVITA INJ	С
CYRAMZA INJ	С
DARZALEX FASPRO SOLN	С
DARZALEX INJ	С
decitabine inj	С
desmopressin (DDAVP) inj	С
DUROLANE INJ	С
DYSPORT INJ	С
ELAHERE INJ	С
ELAPRASE INJ	С
ELELYSO INJ	С
ELEVIDYS KIT	С
ELFABRIO SOLN	С
ELIGARD	С
ELIGARD INJ	С
ELOCTATE INJ	С
ELREXFIO INJ 44MG/1.1ML	С
ELREXFIO INJ 76MG/1.9ML	С
ELZONRIS SOLN	С
EMPLICITI INJ	С
ENHERTU INJ	С
ENJAYMO SOLN	С
ENTYVIO INJ	С
EPKINLY INJ 48MG/0.8ML	С
EPKINLY INJ 4MG/0.8ML	С
epoprostenol inj	С
ERBITUX INJ	С
eribulin mesylate inj	C
ESPEROCT INJ	C
EVENITY INJ	C
EVKEEZA INJ	C
EYLEA INJ	C
FABRAZYME INJ	C
FASENRA INJ	C
FASENRA INJ 10MG/0.5ML	C
FEIBA INJ	C
FIRMAGON INJ 120MG	C
FIRMAGON INJ 80MG	C
FLEBOGAMMA DIF INJ	C
FLOLAN INJ, VELETRI INJ	C
FOLOTYN INJ	C
FYARRO INJ	C

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
GAMIFANT INJ	С
GAMMAGARD INJ	C
GAMMAGARD S/D INJ	C
GAMMAKED INJ	C
GAMMAPLEX INJ	C
GAMUNEX-C INJ	C
GAZYVA INJ	C
GIVLAARI INJ	C
GLASSIA INJ	C
HEMGENIX INJ	C
HEMOFIL M INJ	C
HUMATE-P INJ	C
hydroxyprogesterone caproate inj	C
IDELVION INJ	C
ILARIS INJ	C
IMFINZI INJ	C
IMJUDO INJ	C
INFLIXIMAB INJ	C
ISTODAX OVR INJ	C
IXEMPRA KIT	C
IXINITY INJ	C
IZERVAY SOLN	C
JELMYTO INJ	C
JEMPERLI SOLN	C
JEVTANA INJ	C
JIVI INJ	C
KADCYLA INJ	C
KALBITOR INJ	C
KANUMA INJ	C
KEPIVANCE INJ	C
KEYTRUDA INJ	C
KHAPZORY SOLN	C
KOATE-DVI INJ	C
KOGENATE FS INJ	C
KORSUVA INJ	C
KOVALTRY INJ	C
KRYSTEXXA INJ	C
KYPROLIS SOL	C
LAMZEDE INJ	C
lanreotide acetate extended release inj	C
LEMTRADA INJ	C
LEQEMBI SOL	C

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
LEVOLEUCOVOR INJ	C
levoleucovorin calcium inj	C
levoleucovorin inj	C
LIBTAYO INJ	C
LOQTORZI INJ	C
LUMIZYME INJ	C
LUNSUMIO INJ	С
LUPRON DEPOT INJ	С
LUPRON DEPOT INJ PED	С
LUPRON DEPOT PED INJ	С
LUXTURNA SUS	С
MARGENZA INJ	С
MEPSEVII INJ	С
mitomycin inj	С
MONJUVI INJ	С
MONONINE INJ	С
MYLOTARG INJ	С
NAGLAZYME INJ	С
nelarabine inj	С
NEXVIAZYME INJ	С
NIPENT INJ	С
NOVOEIGHT INJ	С
NOVOSEVEN RT INJ	С
NPLATE INJ	С
NUCALA VIALS	С
NULIBRY INJ	С
NUWIQ INJ	С
OCTAGAM INJ	С
ONCASPAR INJ	С
ONIVYDE INJ	С
ONPATTRO SOLN	С
OPDIVO INJ	С
OPDUALAG SOLN	С
OPFOLDA CAP	С
OXLUMO INJ	С
PADCEV INJ	С
PANZYGA SOLN	C
pemetrexed disodium for iv soln	C
PEMGARDA SOLN	С
PERJETA INJ	С
POLIVY INJ	С
POMBILITI SOLN	С

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
POTELIGEO INJ	С
PRIVIGEN INJ	C
PROFILNINE INJ	C
PROLEUKIN INJ	C
PROLIA INJ	C
QALSODY SOLN	С
REBINYN INJ	С
REBLOZYL INJ	С
REBYOTA SUSP FECAL	С
RECOMBINATE INJ	С
RENFLEXIS INJ	С
REVCOVI INJ	С
RIXUBIS INJ	С
ROCTAVIAN INJ	С
ROMIDEPSIN INJ	С
RUXIENCE INJ	С
RYBREVANT SOLN	С
RYSTIGGO INJ	С
SANDOSTATIN LAR INJ KIT	С
SAPHNELO SOLN	С
SARCLISA SOLN	С
SEVENFACT INJ	С
SIGNIFOR LAR INJ	С
SINUVA IMP	С
SKYRIZI SOLN	С
sodium ferric gluconate inj	С
SOLIRIS INJ	С
SPEVIGO INJ	С
SPINRAZA INJ	С
SPRAVATO NASAL SOLN	С
STELARA IV INJ	С
SUSVIMO INJ 10MG	С
SYFOVRE INJ	С
SYLVANT SOLN	С
SYNAGIS INJ	С
TECENTRIQ INJ 1200MG/20ML	С
TECENTRIQ INJ 840MG/14ML	С
TEMODAR IV INJ	С
TEPEZZA INJ	С
TEZSPIRE SOLN	С
THYROGEN INJ	С
TIVDAK INJ	С

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
TRELSTAR 11.25mg INJ	С
TRELSTAR 22.5mg INJ	C
TRELSTAR 3.75mg INJ	С
treprostinil inj	С
TRIPTODUR SUS	С
TRODELVY SOLN	С
TRUXIMA INJ	С
TYSABRI INJ	С
ULTOMIRIS INJ	С
UPLIZNA SOLN	С
valrubicin inj	С
VECTIBIX INJ	С
VIMIZIM INJ	С
VISUDYNE INJ	С
VONVENDI INJ	С
VPRIV INJ	С
VYJUVEK GEL	С
VYVGART HYTRULO INJ	С
VYVGART INJ	С
VYXEOS INJ	С
WILATE INJ	С
XENPOZYME SOLN	С
XEOMIN INJ	С
XGEVA INJ	С
XIAFLEX INJ	С
XOLAIR INJ	С
XOLAIR SYRINGE	С
XOLAIR SYRINGE 150MG/ML	С
XYNTHA INJ	С
YERVOY INJ	С
YONDELIS INJ	С
ZALTRAP INJ	С
ZEPZELCA SOLN	С
ZINPLAVA SOL	С
ZOLADEX INJ 10.8 MG	С
ZOLADEX INJ 3.6MG	С
ZOLGENSMA INJ	С
ZYNLONTA SOLN	С
ZYNYZ INJ	С

University of California Medically Administered Products Formulary Last Updated* 10/4/2024 Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ABRAXANE INJ,	ADAKVEO INJ	ADCETRIS INJ	ADVATE INJ
PACLITAXEL INJ	A D = 7 (A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	A FOT (1 A 14)T	AL DUD A 73 (445 IN L
ADYNOVATE INJ	ADZYNMA KIT	AFSTYLA KIT	ALDURAZYME INJ
ALOXI INJ	ALPHANATE/VWF	ALPHANINE SD INJ	ALPROLIX INJ
	COMPLEX/HUMAN INJ		
ALTUVIIIO INJ	AMVUTTRA SOLN	ARALAST NP INJ	arsenic trioxide inj
ARZERRA INJ	ASPARLAS INJ	AVSOLA INJ	azacitidine inj
BAVENCIO INJ	BELEODAQ INJ	BELRAPZO SOL	bendamustine hcl for iv soln
BENDAMUSTINE SOLN	BENDEKA INJ	BENEFIX INJ	BENLYSTA IV INJ
100MG			
BEOVU INJ	BESPONSA INJ	BEVACIZUMAB INJ	BIVIGAM INJ
bleomycin inj	BLINCYTO INJ	bortezomib inj	BOTOX INJ
BRINEURA KIT	BRIUMVI INJ	BYOOVIZ INJ	carboplatin inj
CARIMUNE NF INJ	carmustine inj	CEREZYME INJ	CIMERLI INJ
CINQAIR INJ	cisplatin inj	CISPLATIN INJ 50MG/50ML	COLUMVI INJ 10MG/10ML
COLUMVI INJ 2.5MG	CRYSVITA INJ	cyclophosphamide inj	CYRAMZA INJ
CYTARABINE INJ	DARZALEX FASPRO SOLN	DARZALEX INJ	daunorubicin inj
decitabine inj	docetaxel inj	DOXORUBICIN INJ	DUROLANE INJ
DYSPORT INJ	ELAHERE INJ	ELAPRASE INJ	ELELYSO INJ
ELEVIDYS KIT	ELFABRIO SOLN	ELIGARD	ELIGARD INJ
ELOCTATE INJ	ELREXFIO INJ 44MG/1.1ML	ELREXFIO INJ 76MG/1.9ML	ELZONRIS SOLN
EMPLICITI INJ	ENHERTU INJ	ENJAYMO SOLN	ENTYVIO INJ
EPKINLY INJ 48MG/0.8ML	EPKINLY INJ 4MG/0.8ML	epoprostenol inj	ERBITUX INJ
eribulin mesylate inj	ESPEROCT INJ	etoposide inj	EVENITY INJ
EVKEEZA IŃJ	EYLEA INJ	FABRAZYMÉ INJ	FASENRA INJ
FASENRA INJ 10MG/0.5ML	FEIBA INJ	FERAHEME INJ	ferumoxytol inj
FIRMAGON INJ 120MG	FIRMAGON INJ 80MG	FLEBOGAMMA DIF INJ	FLOLAN INJ, VELETRI INJ
fludarabine inj	fluorouracil inj	FOLOTYN INJ	fosaprepitant dimeglumine
,			soln
fulvestrant inj	FYARRO INJ	GAMASTAN INJ	GAMIFANT INJ
GAMMAGARD INJ	GAMMAGARD S/D INJ	GAMMAKED INJ	GAMMAPLEX INJ
GAMUNEX-C INJ	GAZYVA INJ	gemcitabine inj	GIVLAARI INJ
GLASSIA INJ	HEMGENIX INJ	HEMOFIL M INJ	HUMATE-P INJ
hydroxyprogesterone	ibandronate inj	IDELVION INJ	IFEX INJ
caproate inj	ibanaronate inj	IBEEVIOIV IIVO	11 22 1140
IFOSFAMIDE INJ	ILARIS INJ	ILUVIEN IMP	IMFINZI INJ
IMJUDO INJ	INFED INJ	INFLIXIMAB INJ	INJECTAFER INJ
irinotecan inj	ISTODAX OVR INJ	IXEMPRA KIT	IXINITY INJ
iiiioteoari iiij		IVERNI IVANI	IZMINI I IINU

IZERVAY SOLN JELMYTO INJ JEMPERLI SOLN JEVTANA INJ JIVI INJ KADCYLA INJ KALBITOR INJ KANUMA INJ KEPIVANCE INJ KHAPZORY SOLN KEYTRUDA INJ KOATE-DVI INJ KOGENATE FS INJ KORSUVA INJ **KOVALTRY INJ** KRYSTEXXA INJ KYPROLIS SOL LAMZEDE INJ LEMTRADA INJ lanreotide acetate extended release ini LEQEMBI SOL leucovorin calcium inj leuprolide acetate inj LEVOLEUCOVOR INJ levoleucovorin calcium inj LIBTAYO INJ LOQTORZI INJ levoleucovorin inj LUMIZYME INJ LUNSUMIO INJ LUPRON DEPOT INJ LUPRON DEPOT INJ PED LUPRON DEPOT PED INJ LUXTURNA SUS MARGENZA INJ MEPSEVII INJ mesna ini MESNEX INJ mitomycin inj mitoxantron inj **MONJUVI INJ** MONOFERRIC INJ MONONINE INJ **MVASI INJ** MYLOTARG INJ NAGLAZYME INJ nelarabine inj NEXVIAZYME INJ **NOVOEIGHT INJ** NIPENT INJ NOVOSEVEN RT INJ NPLATE INJ **NUCALA VIALS NULIBRY INJ NUWIQ INJ** OCREVUS INJ OCREVUS ZUNOVO INJ **OCTAGAM INJ OGIVRI INJ** ONCASPAR INJ ONIVYDE INJ **ONPATTRO SOLN OPDIVO INJ** OPDUALAG SOLN OPFOLDA CAP **OXLUMO INJ** OZURDEX IMP oxaliplatin ini paclitaxel inj PADCEV INJ palonosetron inj pamidronate inj PANZYGA SOLN PEMGARDA SOLN **PERJETA INJ** plerixafor subcutaneous inj **POLIVY INJ** POTELIGEO INJ PRIVIGEN INJ POMBILITI SOLN QALSODY SOLN PROFILNINE INJ PROLEUKIN INJ **PROLIA INJ** REBINYN INJ REBLOZYL INJ REBYOTA SUSP FECAL RECOMBINATE INJ RENFLEXIS INJ **REVCOVI INJ** RIXUBIS INJ ROCTAVIAN INJ ROMIDEPSIN INJ RUXIENCE INJ RYBREVANT SOLN RYSTIGGO INJ SEVENFACT INJ SANDOSTATIN LAR INJ KIT SAPHNELO SOLN SARCLISA SOLN SIGNIFOR LAR INJ SINUVA IMP SKYRIZI SOLN sodium ferric gluconate inj SODIUM THIOSULFATE INJ **SOLIRIS INJ** SPEVIGO INJ SPINRAZA INJ STELARA IV INJ STERILE DILUENT SOLN SUNLENCA INJ SUSVIMO INJ 10MG SYFOVRE INJ SYLVANT SOLN SYNAGIS INJ TECENTRIQ INJ 1200MG/20ML TEMODAR IV INJ TEPEZZA INJ temsirolimus inj TECENTRIQ INJ THYROGEN INJ **TIVDAK INJ** topotecan ini TRELSTAR 11.25mg INJ TRELSTAR 22.5mg INJ TRELSTAR 3.75mg INJ TRIPTODUR SUS TRODELVY SOLN TRIESENCE INJ TYSABRI INJ **ULTOMIRIS INJ UPLIZNA SOLN VECTIBIX INJ VENOFER INJ** VIMIZIM INJ **VPRIV INJ** VISUDYNE INJ **VONVENDI INJ** VYVGART HYTRULO INJ **VYVGART INJ VYXEOS INJ**

840MG/14ML **TEZSPIRE SOLN** TRAZIMERA INJ treprostinil ini TRUXIMA INJ valrubicin ini VINBLASTINE INJ VYJUVEK GEL WILATE INJ XIAFLEX INJ **XOLAIR SYRINGE** 150MG/ML

YUTIQ IMP ZIRABEV INJ ZOLGENSMA INJ XENPOZYME SOLN XIPERE INJ

ZALTRAP INJ **ZOLADEX INJ 10.8 MG** ZYNLONTA SOLN

XYNTHA INJ

XEOMIN INJ XOLAIR INJ

ZEPZELCA SOLN **ZOLADEX INJ 3.6MG** ZYNYZ INJ

YERVOY INJ

XGEVA INJ **XOLAIR SYRINGE** YONDELIS INJ

ZINPLAVA SOL zoledronic acid inj

University of California Medically Administered Products Formulary Last Updated* 10/4/2024 Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMVUTTRA SOLN	QL= 1 inj/3 months; Only available through Lumicera 855-847-3553
APRETUDE SUSP	QL= 7 inj/year
BEOVU INJ	QL= Starting Dose: 1 syringe/28 days for first 3 fills; Maintenance Dose: 1 syringe/56
	days; Only available through Lumicera 855-847-3553
BRINEURA KIT	QL= 4 kits/28 days; limit 28 days/fill; Only available through Orsini 800-410-8575
BRIUMVI INJ	QL= 7 vials/48 weeks
BYOOVIZ INJ	QL= 1 inj/eye/28 days; Only available through Lumicera 855-847-3553
CABENUVA IM SUSP	QL= 1 kit/30 days
CIMERLI INJ	QL= 1 inj/eye/28 days; Only available through Lumicera 855-847-3553
CINQAIR INJ	QL= 6 vials/28 days; Only available through Walgreens 888-347-3416
COLUMVI INJ 10MG/10ML	QL= 3 vials/21 days
COLUMVI INJ 2.5MG	QL= 1 vial/21 days
ELEVIDYS KIT	QL= 1 kit/lifetime; Only available through Orsini 800-410-8575
ELREXFIO INJ 44MG/1.1ML	QL= 2 vials/365 days; Only available through Onco360 877-662-6633
ELREXFIO INJ 76MG/1.9ML	QL= 4 vials/28 days; Only available through Onco360 877-662-6633
EPKINLY INJ 48MG/0.8ML	QL= 4 vials/28 days; Only available through Biologics 800-850-4306
EPKINLY INJ 4MG/0.8ML	QL= 2 vials/365 days; Only available through Biologics 800-850-4306
FASENRA INJ	QL= 1 ini/8 weeks
FASENRA INJ 10MG/0.5ML	QL= 1 inj/8 weeks
FIRMAGON INJ 120MG	QL= 2 vials/fill
FIRMAGON INJ 80MG	QL= 1 vial/28 days
HEMGENIX INJ	QL= 1 kit/lifetime; Only available through Accredo 800-803-2523
ILUVIEN IMP	QL= 2 ini/36 months; Only available through Walgreens 888-347-3416
IZERVAY SOLN	QL= 2 vials/28 days
JELMYTO INJ	QL= 17 kits/425 days; Only available through Diplomat Pharmacy 877-977-9118
lanreotide acetate extended release inj	QL= 1 syringe/28 days
LEMTRADA INJ	QL= 3 vials/year
LIBTAYO INJ	QL= 1 vial/3 weeks; Only available through Onco360 Specialty 877-662-6633
LUPRON DEPOT INJ PED	QL= 1 inj/180 days
LUXTURNA SUS	QL= 1 kit per eye/lifetime; Only available through Accredo 800-803-2523
OCREVUS INJ	QL= 600mg/180 days
OCREVUS ZUNOVO INJ	QL= 1 vial/6 months
OPDUALAG SOLN	QL= 2 vials/4 weeks; Only available through Lumicera 855-847-3553
OZURDEX IMP	QL= 2 inj/180 days
PEMGARDA SOLN	QL= 9 vials/90 days; Only available through Lumicera 855-847-3553
PERJETA INJ	QL= 14ml/3 weeks
QALSODY SOLN	QL= 1 vial/28 days; Only available through Optum Frontier Therapies 855-768-9727
REBYOTA SUSP FECAL	QL= 150ml/lifetime; Only available through Accredo 800-803-2523
ROCTAVIAN INJ	QL= 1 kit/lifetime; Only available through Accredo 800-803-2523
RYSTIGGO INJ	QL= 36ml/63 days; Only available through PantheRx 855-726-8479
SANDOSTATIN LAR INJ KIT	QL= 1 kit/28 days
SAPHNELO SOLN	QL= 1 vial/28 days; Only available through CVS Specialty 800-237-2767
SIGNIFOR LAR INJ	QL= 1 kit/28 days; Only available through AnovoRx 844-288-5007

University of California Medically Administered Products Formulary Cont. Last Updated* 10/4/2024 Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SINUVA IMP	QL= 2 kits/90 days; Only available through Orsini 800-410-8575
SKYRIZI SOLN	QL= 1 vial/28 days; Limit 3 fills/6 months
SPEVIGO INJ	QL= 2 vials/fill; Limit 4 vials/month; Only available through Accredo 800-803-2523
SPINRAZA INJ	QL= 1 vial/4 months; Only available through Accredo 800-803-2523
SPRAVATO NASAL SOLN	QL= 12 devices/28 days
SUNLENCA INJ	QL= 2 vials/26 weeks; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist
SUSVIMO INJ 10MG	QL= 1 inj/eye/168 days; Only available through Walgreens 888-347-3416
SYFOVRE INJ	QL= 2 vials/25 days; Only available through Diplomat Pharmacy 877-977-9118
TECENTRIQ INJ 1200MG/20ML	QL= 1 vial/3 weeks
TECENTRIQ INJ 840MG/14ML	QL= 2 vials/4 weeks
TEZSPIRE SOLN	QL= 1 inj/28 days
THYROGEN INJ	QL= 2 vials/lifetime
TIVDAK INJ	QL= 5 vials/21 days; Only available through Diplomat Pharmacy 877-977-9118
TRELSTAR 11.25mg INJ	QL= 1 inj/84 days
TRELSTAR 22.5mg INJ	QL= 1 inj/168 days
TRELSTAR 3.75mg INJ	QL= 1 inj/28 days
TRIESENCE INJ	QL=2 inj/fill; Only available through Lumicera 855-847-3553
TRIPTODUR SUS	QL= 1 inj/24 weeks; Only available through PantherRx Pharmacy 855-726-8479
TROGARZO INJ	QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days;
	Restricted to Infectious Disease Specialist
TYSABRI INJ	QL= 1 vial/4 weeks; Only available through Walgreens 888-347-3416
UPLIZNA SOLN	QL= 3 vials/6 months; Only available through Accredo 800-803-2523
valrubicin inj	QL= 24 vials/3 months
VYJUVEK GEL	QL= 4 vials/28 days; Only available through Orsini 800-410-8575
VYVGART INJ	QL= 12 vials/28 days, 8 fills/year; Only available through Lumicera 855-847-3553
XIPERE INJ	QL= 2 inj/fill; Only available through Accredo 888-773-7376
XOLAIR SYRINGE	QL= 2 inj/28 days
XOLAIR SYRINGE 150MG/ML	QL= 2 inj/28 days
YUTIQ IMP	QL=2 inj/36 months; Only available through Diplomat Pharmacy 877-977-9118
ZOLADEX INJ 10.8 MG	QL= 1 implant/84 days
ZOLADEX INJ 3.6MG	QL= 1 implant/28 days
ZOLGENSMA INJ	QL= 1 kit/lifetime; Only available through Accredo 800-803-2523
ZYNYZ INJ	QL= 1 vial/28 days; Only available through Diplomat Pharmacy 877-977-9118