

ALAMEDA ALLIANCE FOR HEALTH
Alameda Alliance Wellness (HMO D-SNP)
2026 Listahan ng Mga Saklaw na Gamot
(Listahan ng Gamot o Pormularyo)



Alliance
Wellness

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08182025

If you have questions, please call Alameda Alliance Wellness at 1.888.88A.DSNP (1.888.882.3767). TTY users can call 1.800.735.2929.



We are open seven (7) days a week, 8 am – 8 pm. The call is free.

For more information, visit www.alamedaalliance.org/alliancewellness.

Alameda Alliance Wellness, HMO D-SNP

2026 *Listahan ng Mga Saklaw na Gamot (Listahan ng Gamot o Pormularyo)*

MANGYARING BASAHIN: ANG DOKUMENTONG ITO AY NAGLALAMAN NG IMPORMASYON NG MGA GAMOT NA SINASAKLAW NAMIN SA PLANONG ITO

ID ng Pormularyo: 00026313, Numero ng Bersyon: 6

Para sa kompletong listahan ng mga gamot o iba pang tanong, makipag-ugnayan sa amin sa **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), pitong (7) araw sa isang linggo, 8 am – 8 pm o bumisita sa **www.alamedaalliance.org/alliancewellness**.

Na-update ang *Listahan ng Gamot* na ito noong 10/15/2025.

Para sa mas bagong impormasyon o iba pang tanong, makipag-ugnayan sa amin sa **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), pitong (7) araw sa isang linggo, 8 am – 8 pm o bumisita sa **www.alamedaalliance.org/alliancewellness**.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

Panimula

Ang dokumentong ito ay tinatawag na *Listahan ng Mga Saklaw na Gamot* (kilala rin bilang *Listahan ng Gamot*). Sinasabi nito sa iyo kung aling mga gamot at item ang saklaw ng Alameda Alliance Wellness. Sinasabi rin sa iyo ng *Listahan ng Gamot* kung mayroong anumang espesyal na panuntunan o paghihigpit sa anumang gamot na saklaw ng Alameda Alliance Wellness. Makikita sa huling kabanata ng *Handbook ng Miyembro* ang mahahalagang katawagan at kahulugan ng mga ito.

Talaan ng Mga Nilalaman

A. Mga Pagtanggì	4
B. Mga Madalas Itanong (Frequently asked questions, FAQ)	14
B1. Anong mga inireresetang gamot ang nasa <i>Listahan ng Mga Saklaw na Gamot</i> ? (Tinatawag namin ang <i>Listahan ng Mga Saklaw na Gamot</i> na " <i>Listahan ng Gamot</i> " bilang pinaikling tawag.).....	14
B2. Nagbabago ba ang <i>Listahan ng Gamot</i> ?	14
B3. Ano ang mangyayari kapag may pagbabago sa <i>Listahan ng Gamot</i> ?	15
B4. Mayroon bang anumang paghihigpit o limitasyon sa coverage ng gamot o anumang kinakailangang aksyon na dapat gawin para makakuha ng ilang partikular na gamot?	17
B5. Paano ko malalaman kung may mga limitasyon ang gamot na gusto ko o kung may mga kinakailangang aksyon na dapat gawin para makuha ang gamot?	17
B6. Ano ang mangyayari kung babaguhin ng Alameda Alliance Wellness ang kanilang mga panuntunan tungkol sa kung paano nila sinasaklaw ang ilang gamot (halimbawa, paunang pahintulot, mga limitasyon sa dami, at/o mga paghihigpit sa step therapy)?	17
B7. Paano ako makakahanap ng gamot sa <i>Listahan ng Gamot</i> ?	18
B8. Paano kung wala sa <i>Listahan ng Gamot</i> ang gamot na gusto kong inumin?	18
B9. Paano kung ako isa akong bagong miyembro ng Alameda Alliance Wellness at hindi ko mahanap ang aking gamot sa <i>Listahan ng Gamot</i> o may problema ako sa pagkuha ng aking gamot?	18
B10. Maaari ba akong humingi ng pagbubukod para masaklaw ang aking gamot?.....	19
B11. Paano ako makakahingi ng pagbubukod?	19

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

B12. Gaano katagal bago makakuha ng pagbubukod?	19
B13. Ano ang mga generic na gamot?	20
B14. Ano ang mga orihinal na biyolohikal na produkto at paano ito nauugnay sa mga biosimilar?	20
B15. Ano ang mga OTC na gamot?	21
B16. Sinasaklaw ba ng Alameda Alliance Wellness ang mga produktong OTC na hindi gamot?	21
B17. Sinasaklaw ba ng Alameda Alliance Wellness ang mga pangmatagalang supply ng mga reseta?	21
B18. Puwede ba akong makakuha ng mga reseta na inihatid sa aking tahanan mula sa aking lokal na botika?	21
B19. Ano ang aking copay?	22
C. Pangkalahatang-ideya ng <i>Listahan ng Mga Saklaw na Gamot</i>	23
C1. Listahan ng mga Gamot ayon sa Uri ng Gamot	24
D.Index ng Mga Saklaw na Gamot	142

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

A.Mga Pagtanggi

Isa itong listahan ng mga gamot na makukuha ng mga miyembro sa Alameda Alliance Wellness.

Ang Alameda Alliance Wellness ay isang HMO D-SNP na plano na may kontrata sa Medicare at kontrata sa Estado ng California ng Medi-Cal (Medicaid) na Programa. Ang pagpapatala sa Alameda Alliance Wellness ay depende sa pag-renew ng kontrata.

- ❖ Maaari mong tingnan ang napapanahong *Listahan ng Mga Saklaw na Gamot* anumang oras online sa **www.alamedaalliance.org/alliancewellness** o sa pamamagitan ng pagtawag sa **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**). Libre ang tawag na ito.
- ❖ Makukuha mo ang dokumentong ito nang libre sa iba pang format, gaya ng malalaking print, braille, o audio. Tumawag sa **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**) o sa mga numerong nakalista sa ibaba ng pahinang ito o sa mga numero sa footer ng dokumentong ito. Libre ang tawag.
- ❖ *Available nang libre ang dokumentong ito sa Espanyol, Chinese, Vietnamese, Farsi, at Tagalog.*

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

ATTENTION: If you need help in your language, call 1.888.88A.DSNP (1.888.882.3767) (TTY: 1.800.735.2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.888.88A.DSNP (1.888.882.3767) (TTY: 1.800.735.2929).** These services are free of charge.

العربية (Arabic)

1.888.882.3767 يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ

. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة

1.877.888.882.3767 بطريقة بريـل والخط الكبير. اتصل بـ

. هذه الخدمات مجانية. (TTY: 1.800.735.2929)

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գանգահարեք **1.888.882.3767** (TTY: 1.800.735.2929): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1.888.882.3767** (TTY: 1.800.735.2929): Այդ ծառայություններն անվճար են:

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: 1.800.735.2929), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម
ទូរស័ព្ទទៅលេខ **1.888.882.3767** (TTY: **1.800.735.2929**)។ ជំនួយ
និង សេវាកម្ម សម្រាប់ ជនពិការ
ដូចជាឯកសារសរសេរជាអក្សរឌុស សម្រាប់ជនពិការភ្នែក
ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។
ទូរស័ព្ទមកលេខ **1.888.882.3767** (TTY: **1.800.735.2929**)។
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese – Simplified)

请注意：如果您需要以您的母语提供帮助，请致电
1.888.882.3767 (TTY: **1.800.735.2929**)。另外还提供针对残疾
人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便
取用的。请致电 **1.888.882.3767** (TTY: **1.800.735.2929**)。这些
服务都是免费的。

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP**
(**1.888.882.3767**) (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For
more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

繁體中文 (Chinese Traditional)

请注意：如果您需要以您的母语提供的帮助，請撥打

1.888.882.3767 (TTY: 1.800.735.2929)。我們可為殘障人士提供相應的輔助設施和服務，如盲文和大字印刷體格式的文件。請撥打**1.888.882.3767 (TTY: 1.800.735.2929)**。此類服務均免費提供。

فارسی (Farsi)

خواهید به زبان خود کمک دریافت کنید، با توجه: اگر می تماس بگیرید. **1.888.882.3767 (TTY: 1.800.735.2929)** کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. **1.888.882.3767 (TTY: 1.800.735.2929)** این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1.888.882.3767 (TTY: 1.800.735.2929)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1.888.882.3767 (TTY: 1.800.735.2929)** पर कॉल करें। ये सेवाएं निः शुल्क हैं।

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767) (TTY: 1.800.735.2929)**, seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1.888.882.3767** (TTY: **1.800.735.2929**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1.888.882.3767** (TTY: **1.800.735.2929**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1.888.882.3767** (TTY: **1.800.735.2929**)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1.888.882.3767** (TTY: **1.800.735.2929**)へお電話ください。これらのサービスは無料で提供しています。

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면

1.888.882.3767 (TTY: 1.800.735.2929) 번으로

문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는
분들을 위한 도움과 서비스도 이용 가능합니다.

1.888.882.3767 (TTY: 1.800.735.2929) 번으로

문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ

1.888.882.3767 (TTY: 1.800.735.2929).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ

ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ

1.888.882.3767 (TTY: 1.800.735.2929).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP**

(**1.888.882.3767**) (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1.888.882.3767**

(TTY: **1.800.735.2929**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1.888.882.3767**

(TTY: **1.800.735.2929**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ

1.888.882.3767 (TTY: **1.800.735.2929**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ

ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ

ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1.888.882.3767** (TTY: **1.800.735.2929**).

ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP**

(**1.888.882.3767**) (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1.888.882.3767** (линия ТТУ: **1.800.735.2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1.888.882.3767** (линия ТТУ: **1.800.735.2929**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1.888.882.3767** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.888.882.3767** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.888.882.3767** (TTY: **1.800.735.2929**).

Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.888.882.3767** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1.888.882.3767**

(TTY: **1.800.735.2929**) นอกจากนี้

ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ

สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่

กรุณาโทรศัพท์ไปที่หมายเลข **1.888.882.3767**

(TTY: **1.800.735.2929**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1.888.882.3767** (TTY: **1.800.735.2929**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1.888.882.3767** (TTY: **1.800.735.2929**). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.888.882.3767** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.888.882.3767** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

- ❖ Puwede mong hilingin na palagi naming ipadala ang impormasyon sa wika o format na kailangan mo. Ito ay tinatawag na isang nakatakhang kahilingan. Para makuha ang dokumentong ito sa wikang maliban sa Ingles o sa kahaliling format ngayon at sa hinaharap, mangyaring tumawag sa Mga Serbisyo sa Miyembro ng Alameda Alliance Wellness sa **1.888.88A.DSNP (1.888.882.3767)**. Maaaring tumawag ang mga gumagamit ng TTY sa **1.800.735.2929**. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Pananatilihin ng Mga Serbisyo sa Miyembro ang iyong gustong wika at format sa file para sa mga komunikasyon sa hinaharap. Para gumawa ng anumang pag-update sa iyong kagustuhan, mangyaring makipag-ugnayan sa Mga Serbisyo sa Miyembro.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

B. Mga Madalas Itanong (Frequently asked questions, FAQ)

Maghanap dito ng mga sagot sa mga tanong na mayroon ka tungkol sa *Listahan ng Mga Saklaw na Gamot (Listahan ng Gamot)* na ito. Maaari mong basahin ang lahat ng FAQ para matuto pa o maghanap ng tanong at sagot.

B1. Anong mga inireresetang gamot ang nasa *Listahan ng Mga Saklaw na Gamot*? (Tinatawag namin ang *Listahan ng Mga Saklaw na Gamot* na "*Listahan ng Gamot*" bilang pinaikling tawag.)

Ang mga gamot sa *Listahan ng Gamot* na nagsisimula sa **Seksyon C1** ay ang mga gamot na saklaw ng Alameda Alliance Wellness. Available ang mga gamot sa mga botika sa loob ng aming network. Ang botika ay nasa aming network kung mayroon kaming kasunduan sa kanila na makipagtulungan sa amin at magbigay sa iyo ng mga serbisyo. Tinutukoy namin ang mga botikang ito bilang "mga botika sa network."

Puwedeng sinasaklaw ng Medi-Cal Rx ang ibang gamot, gaya ng ilang over-the-counter (OTC) na gamot at ilang partikular na bitamina. Bisitahin ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong Card ng Pagkakakilanlan ng Benepisyaryo (Beneficiary Identification Card, BIC) sa Medi-Cal sa tuwing kukuha ka ng mga reseta sa pamamagitan ng Medi-Cal Rx.

- Saklaw ng Alameda Alliance Wellness ang lahat ng medikal na kinakailangang gamot sa *Listahan ng Gamot* kung:
 - o sinabi ng iyong doktor o ibang tagapagreseta na kailangan mo ang mga ito para gumaling o manatiling malusog,
 - o sumasang-ayon ang Alameda Alliance Wellness na medikal na kinakailangan ang gamot para sa iyo, **at**
 - o Dapat mong punan ang reseta sa botikang nasa network ng Alameda Alliance Wellness.
- Sa ilang pagkakataon, kailangan mong gumawa ng isang bagay bago ka makakuha ng gamot. Sumangguni sa tanong B4 para sa higit pang impormasyon.

Makakahanap ka rin ng napapanahong listahan ng mga gamot na sinasaklaw namin sa aming website sa **www.alamedaalliance.org/alliancewellness** o tumawag sa Mga Serbisyo sa Miyembro sa **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**) o sa mga numerong nakalista sa ibaba ng pahinang ito o sa mga numero sa footer ng dokumentong ito.

B2. Nagbabago ba ang *Listahan ng Gamot*?

Oo, at dapat sundin ng Alameda Alliance Wellness ang mga panuntunan ng Medicare at Medi-Cal kapag gumagawa ng mga pagbabago. Maaari kaming magdagdag o mag-alis ng mga gamot sa *Listahan ng Gamot* sa loob ng taon.

Puwede rin naming baguhin ang aming mga panuntunan sa mga gamot. Halimbawa, maaari kaming:

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

- Magpasya na mangailangan o hindi mangailangan ng paunang pahintulot para sa isang gamot. (Ang paunang pahintulot ay pahintulot mula sa Alameda Alliance Wellness bago ka makakuha ng gamot.)
- Magdagdag o magbago ng bilang ng gamot na puwede mong kunin (tinatawag na mga limitasyon sa dami).
- Magdagdag o magbago ng mga paghihigpit sa step therapy sa isang gamot. (Nangangahulugan ang step therapy na dapat kang sumubok ng gamot bago namin saklawin ang isa pang gamot.)

Para sa higit pang impormasyon sa mga panuntunan sa gamot na ito, sumangguni sa tanong B4.

Kung umiinom ka ng gamot na saklaw sa **simula** ng taon, sa pangkalahatan ay hindi namin aalisin o babaguhin ang saklaw ng gamot na iyon **sa natitirang bahagi ng taon** maliban kung:

- magkakaroon ng bago at mas murang gamot sa pamilihan na kasimbisa ng gamot na nasa *Listahan ng Gamot* ngayon, o
- malalaman naming hindi ligtas ang gamot, o
- aalisin ang isang gamot sa pamilihan.

May higit pang impormasyon ang tanong B3 at B6 sa ibaba tungkol sa kung ano ang mangyayari kapag nagbago ang *Listahan ng Gamot*.

- Maaari mong tingnan ang napapanahong *Listahan ng Gamot* anumang oras online sa **www.alamedaalliance.org/alliancewellness**. Naka-post sa website buwan-buwan ang mga update sa *Listahan ng Gamot*.
- Maaari mo ring tawagan ang Mga Serbisyo sa Miyembro sa **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**) o sa mga numerong nakalista sa ibaba ng pahinang ito o sa mga numero sa footer ng dokumentong ito para suriin ang kasalukuyang *Listahan ng Gamot*.

B3. Ano ang mangyayari kapag may pagbabago sa *Listahan ng Gamot*?

Agarang mangyayari ang ilang pagbabago sa **Listahan ng Gamot**. Halimbawa:

- **Mga pagpapalit ng ilang bagong bersyon ng mga gamot.** Maaari naming agad na alisin ang mga gamot mula sa *Listahan ng Gamot* kung papalitan namin ang mga ito ng ilang partikular na bagong bersyon ng gamot na iyon, pero mananatiling \$0 ang iyong gastos para sa bagong gamot. Kapag nagdagdag kami ng bagong bersyon ng isang gamot, maaari din kaming magpasya na panatilihin ang branded na gamot o orihinal na biyolohikal na produkto sa listahan pero babaguhin namin ang mga panuntunan o limitasyon sa coverage nito.
 - o Puwedeng hindi ka namin sabihan bago namin gawin ang pagbabagong ito, pero papadalan ka namin ng impormasyon tungkol sa partikular na pagbabagong ginawa namin kapag nangyari na ito.
 - o Magagawa lang namin ang mga pagbabagong ito kung ang gamot na idinaragdag namin ay:

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

- isang bagong generic na bersyon ng branded na gamot, o
 - isang tiyak na bagong biosimilar na bersyon ng orihinal na mga biyolohikal na produkto sa *Listahan ng Gamot* (halimbawa, pagdaragdag ng interchangeable biosimilar na maaaring palitan para sa isang orihinal na biyolohikal na produkto nang walang bagong reseta).
 - Maaaring bago sa iyo ang ilan sa mga uri ng gamot na ito. Para sa higit pang impormasyon, sumangguni sa **Seksyon B14**.
- o Ikaw o ang iyong provider ay puwedeng humiling ng pagbubukod sa mga pagbabagong ito. Papadalhan ka namin ng abisong nagsasaad sa mga hakbang na puwede mong gawin sa paghiling ng pagbubukod. Mangyaring sumangguni sa tanong B10-B12 para sa higit pang impormasyon sa mga pagbubukod.
- **Alisin ang mga hindi ligtas na gamot at iba pang gamot na inalis sa pamilihan.** Minsan, maaaring mapag-alaman na hindi ligtas ang isang gamot o alisin ito sa pamilihan para sa ibang dahilan. Kapag nangyari ito, puwede namin itong agarang alisin sa *Listahan ng Gamot*. Kung iniinom mo ang gamot, papadalhan ka namin ng abiso pagkatapos naming gawin ang pagbabago. Dapat kang makipag-ugnayan sa iyong provider o sa iyong botika para sa mga tanong tungkol sa pagtatapon ng gamot.

Puwede kaming gumawa ng iba pang pagbabago na nakakaapekto sa mga gamot na iniinom mo. Sasabihan ka namin nang maaga tungkol sa iba pang pagbabagong ito sa aming *Listahan ng Gamot*. Puwedeng mangyari ang mga pagbabagong ito kung:

- Nagbigay ang FDA ng bagong gabay o may mga bagong klinikal na alituntunin tungkol sa isang gamot.
- Nag-aalis kami ng branded na gamot sa *Listahan ng Gamot* kapag nagdaragdag ng generic na gamot na hindi bago sa pamilihan, o
- nag-aalis kami ng orihinal na biyolohikal na produkto kapag nagdaragdag ng biosimilar, o
- binabago namin ang mga panuntunan sa coverage o mga limitasyon para sa branded na gamot.

Kapag nangyari ang mga pagbabagong ito, gagawin namin ang mga sumusunod:

- sasabihin namiin sa iyo nang hindi bababa sa 30 araw bago namin gawin ang pagbabago sa *Listahan ng Gamot* o
- sasabihan at bibigyan ka namin ng pang-30 araw na supply ng gamot pagkatapos mong humiling ng refill.

Bibigyan ka nito ng panahon para kausapin ang iyong doktor o iba pang tagapagreseta. Matutulungan ka nilang magpasya:

- kung may katulad na gamot sa aming *Listahan ng Gamot* na puwede mong inumin o
- kung hihiling ng pagbubukod sa mga pagbabagong ito. Para matuto pa tungkol sa mga pagbubukod, sumangguni sa tanong B10-B12.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

B4. Mayroon bang anumang paghihigpit o limitasyon sa coverage ng gamot o anumang kinakailangang aksyon na dapat gawin para makakuha ng ilang partikular na gamot?

Oo, may mga panuntunan sa coverage ang ilang gamot o may mga limitasyon sa dami na makukuha mo. Sa ilang pagkakataon, ikaw o ang iyong doktor o ibang tagapagreseta ay dapat gumawa ng isang bagay bago mo makuha ang gamot. Halimbawa:

- **Paunang pahintulot:** Para sa ilang gamot, ikaw o ang iyong doktor o ibang tagapagreseta ay dapat kumuha ng pahintulot mula sa Alameda Alliance Wellness bago mo punan ang iyong reseta. Ang isang paunang pahintulot ay naiiba sa rekomendasyon. Maaaring hindi saklawin ng Alameda Alliance Wellness ang gamot kung hindi ka kukuha ng paunang pahintulot.
- **Mga limitasyon sa dami:** Minsan, nililimitahan ng Alameda Alliance Wellness ang dami ng gamot na makukuha mo.
- **Step therapy:** Minsan, hihilingin sa iyo ng Alameda Alliance Wellness na gumawa ng step therapy. Nangangahulugan ito na kailangan mong subukan ang mga gamot sa partikular na pagkakasunod-sunod para sa iyong kondisyong medikal. Maaaring kailanganin mong subukan ang isang gamot bago namin saklawin ang isa pang gamot. Kung sa palagay ng iyong tagapagreseta ay hindi gumagana ang unang gamot para sa iyo, sasaklawin namin ang pangalawa.

Maaari mong malaman kung may anumang karagdagang kinakailangan o limitasyon ang iyong gamot sa pamamagitan ng pagtingin sa mga talahanayan sa **Seksyon C1**. Maaari ka ring makakuha ng karagdagang impormasyon sa pamamagitan ng pagbisita sa aming website sa www.alamedaalliance.org/alliancewellness. Nag-post kami ng mga online na dokumento na nagpapaliwanag sa aming paunang pahintulot at mga paghihigpit sa step therapy. Maaari mo ring hilingin sa amin na magpadala sa iyo ng kopya.

Maaari kang humingi ng pagbubukod mula sa mga limitasyong ito. Bibigyan ka nito ng panahon para kausapin ang iyong doktor o iba pang tagapagreseta. Matutulungan ka nila na magpasya kung may katulad na gamot sa *Listahan ng Gamot* na maaari mong inumin sa halip o para humingi ng pagbubukod. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon tungkol sa mga pagbubukod.

B5. Paano ko malalaman kung may mga limitasyon ang gamot na gusto ko o kung may mga kinakailangang aksyon na dapat gawin para makuha ang gamot?

Ang talahanayan sa seksyong may pamagat na “Listahan ng Mga Gamot ayon sa Uri ng Gamot” ay may hanay na nilagyan ng label na “Mga Kinakailangan/Limitasyon”.

B6. Ano ang mangyayari kung babaguhin ng Alameda Alliance Wellness ang kanilang mga panuntunan tungkol sa kung paano nila sinasaklaw ang ilang gamot (halimbawa, paunang pahintulot, mga limitasyon sa dami, at/o mga paghihigpit sa step therapy)?

Sa ilang pagkakataon, sasabihin namin sa iyo nang maaga kung idaragdag o babaguhin namin ang paunang awtorisasyon, mga limitasyon sa dami, at/o mga paghihigpit sa step therapy sa isang gamot. Sumangguni sa tanong B3 para sa higit pang impormasyon tungkol sa paunang abiso na ito at mga sitwasyon kung saan maaaring hindi namin masabi sa iyo nang maaga kapag nagbago ang aming mga panuntunan tungkol sa mga gamot sa *Listahan ng Gamot*.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

B7. Paano ako makakahanap ng gamot sa *Listahan ng Gamot*?

May dalawang paraan para makahanap ng gamot:

- maaari kang maghanap ayon sa alpabetikong pagkakasunod-sunod, **o**
- maaari kang maghanap ayon sa uri ng gamot.

Para maghanap **ayon sa alpabetikong pagkakasunod-sunod**, hanapin ang iyong gamot sa seksyon ng Index ng Mga Saklaw na Gamot. Mahahanap mo ito sa pamamagitan ng paghahanap sa kaukulang pangalan ng gamot.

Para maghanap **ayon sa uri ng gamot**, hanapin ang **Seksyon C1** na may label na "Listahan ng Mga Gamot ayon sa Uri ng Gamot". Nakagrupo sa mga kategorya ayon sa uri ang mga gamot sa seksyong ito. Halimbawa, kung umiinom ka ng gamot para sa migraine, dapat kang tumingin sa kategoryang "Mga Gamot sa Migraine - Paggamot sa Pananakit ng Ulo dahil sa Migraine." Doon ka makakahanap ng mga gamot na gumagamot sa migraine.

B8. Paano kung wala sa *Listahan ng Gamot* ang gamot na gusto kong inumin?

Kung hindi mo mahanap ang iyong gamot sa *Listahan ng Gamot*, tawagan ang Mga Serbisyo sa Miyembro sa **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**) **o** sa mga numerong nakalista sa ibaba ng pahinang ito **o** sa mga numero sa footer ng dokumentong ito at magtanong tungkol dito. Kung nalaman mong hindi sasaklawin ng Alameda Alliance Wellness ang gamot, magagawa mo ang isa sa mga bagay na ito:

- Humiling sa Mga Serbisyo sa Miyembro ng listahan ng mga gamot na katulad ng gusto mong inumin. Pagkatapos ay ipakita ang listahan sa iyong doktor **o** iba pang tagapagreseta. Maaari silang magreseta ng gamot na nasa *Listahan ng Gamot* na katulad ng gusto mong inumin. **O**
- Hilingin sa Alameda Alliance Wellness na gumawa ng pagbubukod para masaklaw ang iyong gamot. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon tungkol sa mga pagbubukod.

B9. Paano kung ako isa akong bagong miyembro ng Alameda Alliance Wellness at hindi ko mahanap ang aking gamot sa *Listahan ng Gamot* **o may problema ako sa pagkuha ng aking gamot?**

Makakatulong kami. Maaari naming saklawin ang pansamantalang pang-30 araw na supply ng iyong gamot sa unang 90 araw bilang miyembro ng Alameda Alliance Wellness. Bibigyan ka nito ng panahon para kausapin ang iyong doktor **o** iba pang tagapagreseta. Matutulungan ka nila na magpasya kung may katulad na gamot sa *Listahan ng Gamot* na maaari mong inumin sa halip **o** para humingi ng pagbubukod.

Kung para sa mas kaunting araw ang iyong reseta, papayagan namin ang maraming pag-refill para makapagbigay ng hanggang 30 araw ng gamot.

Sasaklawin namin ang pang-30 araw na supply ng iyong gamot kung:

- umiinom ka ng gamot na wala sa aming *Listahan ng Gamot*, **o**
- Hindi pinapahintulutan ng mga panuntunan ng aming plano na makuha mo ang dami ng gamot na iniutos ng iyong doktor, **o**

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

- nangangailangan ang gamot ng paunang pahintulot ng Alameda Alliance Wellness, o
- umiinom ka ng gamot na bahagi ng isang paghihigpit sa step therapy.

Kung umiinom ka ng gamot na hindi itinuturing ng Alameda Alliance Wellness na isang Part D na gamot, at ang gamot ay wala sa *Listahan ng Gamot*, at mayroon kang problema sa pagkuha ng gamot, maaari itong saklawin sa pamamagitan ng Medi-Cal Rx. Kung nangangailangan ng pagbubukod ang gamot na hindi kasama sa Part D, at mayroon kang emergency, papayagan ng Medi-Cal Rx ang hindi bababa sa pang-72 oras na supply ng gamot. Bisitahin ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong BIC sa Medi-Cal sa tuwing kumukuha ka ng mga reseta sa pamamagitan ng Medi-Cal Rx.

Kung ikaw ay nasa isang nursing home o iba pang pasilidad ng pangmatagalang pangangalaga at nangangailangan ng gamot na wala sa *Listahan ng Gamot* o kung hindi mo madaling makuha ang gamot na kailangan mo, makakatulong kami. Kung nasa plano ka nang mahigit sa 90 araw, tumira ka sa isang pasilidad ng pangmatagalang pangangalaga, at kailangan mo kaagad ng supply:

- Sasaklawin namin ang pang-31 araw na supply ng gamot na kailangan mo (maliban kung mayroon kang reseta para sa mas kaunting araw), bagong miyembro ka man ng Alameda Alliance Wellness o hindi.
- Karagdagan ito sa pansamantalang supply na matatanggap mo sa unang 90 araw bilang miyembro ng Alameda Alliance Wellness.

B10. Maaari ba akong humingi ng pagbubukod para masaklaw ang aking gamot?

Oo. Maaari mong hilingin sa Alameda Alliance Wellness na gumawa ng pagbubukod para saklawin ang isang gamot na wala sa *Listahan ng Gamot*.

Maaari mo ring hilingin sa amin na baguhin ang mga panuntunan sa iyong gamot.

- Halimbawa, maaaring limitahan ng Alameda Alliance Wellness ang dami ng gamot na sasaklawin namin. Kung may limitasyon ang iyong gamot, maaari mong hilingin sa amin na baguhin ang limitasyon at saklawin ang higit pa.
- Iba pang halimbawa: Maaari mong hilingin sa amin na alisin ang mga paghihigpit sa step therapy o mga kinakailangan sa paunang pahintulot.

B11. Paano ako makakahingi ng pagbubukod?

Para humingi ng pagbubukod, tawagan ang Mga Serbisyo sa Miyembro. Makikipagtulungan sa iyo at sa iyong tagapagreseta ang kinatawan ng Mga Serbisyo sa Miyembro para tulungan kang humingi ng pagbubukod. Maaari mo ring basahin ang **Kabanata 9 Seksyon G2** ng *Handbook ng Miyembro* para matuto pa tungkol sa mga pagbubukod.

B12. Gaano katagal bago makakuha ng pagbubukod?

Pagkatapos naming makakuha ng pahayag mula sa iyong tagapagreseta na sumusuporta sa iyong kahilingan para sa pagbubukod, bibigyan ka namin ng desisyon sa loob ng 72 oras. Para humiling ng pagbubukod, ikaw o ang iyong tagapagreseta ay dapat magpadala sa Alameda Alliance Wellness ng isang kompletong Form ng Kahilingan sa Pagbubukod ng Coverage, na makikita sa aming website o sa pamamagitan ng pagtawag sa Mga Serbisyo sa Miyembro sa **1.888.88A.DSNP**

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

(1.888.882.3767) (TTY: 1.800.735.2929). Dapat magsumite ang iyong tagapagreseta ng isang sumusuportang pahayag sa sponsor ng plano na nagdodokumento ng kahilingan.

Mga Numero ng Telepono sa Kahilingan sa Pagbubukod	
Linya ng Telepono ng Tagapagreseta	1.833.793.3767
Karaniwang Kahilingan sa Fax ng Tagapagreseta	1.855.508.1714
Agarang Kahilingan sa Fax ng Tagapagreseta	1.855.806.6237

Kung sa tingin mo o ng iyong tagapagreseta ay maaaring mapinsala ang iyong kalusugan kung kailangan mong maghintay nang 72 oras para sa isang desisyon, maaari kang humingi ng pinabilis na pagbubukod. Isa itong mas mabilis na desisyon. Kung sinusuportahan ng iyong tagapagreseta ang iyong kahilingan, bibigyan ka namin ng desisyon sa loob ng 24 na oras pagkatapos makuha ang sumusuportang pahayag ng iyong tagapagreseta.

B13. Ano ang mga generic na gamot?

Ang mga generic na gamot ay binubuo ng mga aktibong sangkap na kapareho ng sa mga branded na gamot. Karaniwang mas mura ang presyo ng mga ito kaysa sa branded na gamot at sa pangkalahatan ay kapareho rin ang bisa. Karaniwang walang kilalang pangalan ang mga ito. Inaprubahan ng Pangasiwaan ng Pagkain at Gamot (Food and Drug Administration, FDA) ang mga generic na gamot. May mga generic na gamot na available bilang kapalit ng maraming branded na gamot. Karaniwang maaaring ipalit ang mga generic na gamot sa mga branded na gamot sa botika nang walang bagong reseta—depende sa mga batas ng estado.

Sinasaklaw ng Alameda Alliance Wellness ang parehong branded na gamot at generic na gamot.

B14. Ano ang mga orihinal na biyolohikal na produkto at paano ito nauugnay sa mga biosimilar?

Kapag tinutukoy namin ang mga gamot, puwedeng gamot o biyolohikal na produkto ang tinutukoy namin. Ang mga biyolohikal na produkto ay mga gamot na mas komplikado kaysa sa mga karaniwang gamot. Dahil mas komplikado ang mga biyolohikal na produkto kaysa sa mga karaniwang gamot, sa halip na magkaroon ng generic na anyo, mayroon silang mga anyong tinatawag na mga biosimilar. Sa pangkalahatan, ang mga biosimilar ay kasimbisa ng orihinal na biyolohikal na produkto at maaaring mas mura. May mga biosimilar na alternatibo para sa ilang orihinal na biyolohikal na produkto. May ilang biosimilar na interchangeable na biosimilar at, depende sa mga batas ng estado, puwede itong ipalit sa orihinal na biyolohikal na produkto sa botika nang hindi nangangailangan ng bagong reseta, katulad sa pagpapalit ng generic na gamot para sa mga branded na gamot.

Para sa higit pang impormasyon sa mga uri ng gamot, sumangguni sa **Kabanata 5** ng *Handbook ng Miyembro*.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP** (1.888.882.3767) (TTY: 1.800.735.2929), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

B15. Ano ang mga OTC na gamot?

Ang ibig sabihin ng OTC ay "over-the-counter". Puwedeng saklawin ng Medi-Cal Rx ang ilang over-the-counter (OTC) na gamot at ilang partikular na bitamina. Bisitahin ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong Card ng Pagkakakilanlan ng Benepisyaryo (Beneficiary Identification Card, BIC) sa Medi-Cal sa tuwing kukuha ka ng mga reseta sa pamamagitan ng Medi-Cal Rx.

B16. Sinasaklaw ba ng Alameda Alliance Wellness ang mga produktong OTC na hindi gamot?

Tingnan ang Kabanata 4 ng Handbook ng Miyembro para sa karagdagang impormasyon tungkol sa mga produktong OTC na saklaw ng Alameda Alliance Wellness.

B17. Sinasaklaw ba ng Alameda Alliance Wellness ang mga pangmatagalang supply ng mga reseta?

- **Mga Programa ng Pag-order sa Mail.** Nag-aalok kami ng isang programa sa pag-order sa mail na nagbibigay-daan sa iyo na makakuha ng hanggang pang-90 araw na supply ng iyong mga gamot na direktang ipinadala sa iyong tahanan. Ang copay ng pang-90 araw na supply ay pareho sa isang buwang supply.
- **90 Araw na Mga Programa ng Retail na Botika.** Ang ilang retail na botika ay maaari ding mag-alok ng hanggang pang-90 araw na supply ng mga saklaw na gamot. Ang copay ng pang-90 araw na supply ay pareho sa isang buwang supply.

B18. Puwede ba akong makakuha ng mga reseta na inihatid sa aking tahanan mula sa aking lokal na botika?

Puwede maihatid ng iyong lokal na botika ang iyong reseta sa iyong tahanan. Puwede kang tumawag sa iyong botika para malaman kung nag-aalok sila ng paghahatid sa bahay.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

B19. Ano ang aking copay?

Ang mga miyembro ng Alameda Alliance Wellness ay may mga copay para sa mga reseta at OTC na gamot at produktong hindi gamot kung susundin ng miyembro ang mga panuntunan ng plano. Sumangguni sa tanong na B15 at B16 para sa higit pang impormasyon tungkol sa mga OTC na gamot at produktong hindi gamot.

Ang mga tier ay mga grupo ng mga gamot sa aming *Listahan ng Gamot*.

Retail na Botika (pang-30 araw na supply ng mga saklaw na gamot sa Part D)			
<u>Antas ng Extra Help</u>	<u>Tier 1 na mga Generic na Gamot</u>	<u>Tier 1 na mga Branded na Gamot</u>	<u>Tier 1 na mga Biosimilar na Gamot</u>
Antas 1	\$1.60	\$5.10	\$5.10
Antas 2	\$5.10	\$12.65	\$12.65
Antas 3	\$0	\$0	\$0

Mail Order na Botika (hanggang 90 araw na supply ng mga saklaw na gamot sa Part D)			
<u>Antas ng Extra Help</u>	<u>Tier 1 na mga Generic na Gamot</u>	<u>Tier 1 na mga Branded na Gamot</u>	<u>Tier 1 na mga Biosimilar na Gamot</u>
Antas 1	\$1.60	\$5.10	\$5.10
Antas 2	\$5.10	\$12.65	\$12.65
Antas 3	\$0	\$0	\$0

Kung mayroon kang mga tanong, tawagan ang Mga Serbisyo sa Miyembro at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**) o sa mga numerong nakalista sa ibaba ng pahinang ito o sa mga numero sa footer ng dokumentong ito.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

C. Pangkalahatang-ideya ng *Listahan ng Mga Saklaw na Gamot*

Ang Listahan ng *Mga Saklaw na Gamot* ay nagbibigay sa iyo ng impormasyon tungkol sa mga gamot na saklaw ng Alameda Alliance Wellness. Kung nagkakaproblema ka sa paghahanap ng iyong gamot sa listahan, pumunta sa Index ng Mga Saklaw na Gamot na nagsisimula sa **Seksyon D**. Nakalista sa index sa alpabetikong pagkakasunod-sunod ang lahat ng gamot na saklaw ng Alameda Alliance Wellness.

Puwedeng sinasaklaw ng Medi-Cal Rx ang ibang gamot, gaya ng ilang over-the-counter (OTC) na gamot at ilang partikular na bitamina. Bisitahin ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong Card ng Pagkakakilanlan ng Benepisyaryo (Beneficiary Identification Card, BIC) sa Medi-Cal sa tuwing kukuha ka ng mga reseta sa pamamagitan ng Medi-Cal Rx.

Mga Apela sa Ilalim ng Part D

- Ang apela ay isang pormal na paraan ng paghiling sa amin na suriin ang isang desisyon na ginawa namin tungkol sa iyong coverage at baguhin ito kung sa tingin mo ay nagkamali kami.
- Halimbawa, maaari kaming magpasya na hindi saklaw ang isang gamot na gusto mo o hindi na saklaw ng Medicare o Medi-Cal.
- Kung ikaw o ang iyong tagapagreseta ay hindi sumasang-ayon sa aming desisyon, maaari kang umapela. Kung sakaling mayroon kang tanong, tawagan ang Mga Serbisyo sa Miyembro **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**) o sa mga numerong nakalista sa ibaba ng pahinang ito o sa mga numero sa footer ng dokumentong ito.
- Maaari mo ring basahin ang **Kabanata 9** ng *Handbook ng Miyembro* para matuto kung paano mag-apela ng desisyon.
- Ang mga gamot na hindi Part D na gamot ay may iba't ibang panuntunan para sa mga apela.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

C1. Listahan ng mga Gamot ayon sa Uri ng Gamot

Nakagrupo sa mga kategorya ayon sa uri ang mga gamot sa seksyong ito. Halimbawa, kung mayroon kang kondisyon sa puso, dapat kang tumingin sa kategoryang, "Mga Gamot para sa Puso." Doon ka makakahanap ng mga gamot na gumagamot sa kondisyon sa puso.

Narito ang mga kahulugan ng mga code na ginamit sa hanay na "Mga kinakailangan/Limitasyon:"

B/D = Maaaring available ang gamot sa ilalim ng benepisyo ng Medicare Part B o Part D.

MME = Milligram Morphine Equivalent: maaaring may pinagsamang limitasyon sa pang-araw-araw na dosis ang gamot na ito.

PA = Paunang Pahintulot: dapat ka munang makakuha ng pahintulot mula sa plano bago mo makuha ang gamot na ito.

QL = Limitasyon ng Dami: paglalarawan ng limitasyon ng dami at bilang ng araw.

ST = Step Therapy: kailangan mong sumubok ng ibang gamot bago mo makuha ang gamot na ito.

Nakalista sa unang hanay ng talahanayan ang pangalan ng gamot. Nakalista sa lower-case na italic ang mga generic na gamot (halimbawa, *cefadroxil oral capsule 500 mg*), naka-capitalize naman ang branded na gamot (halimbawa, ZTLIDO EXTERNAL PATCH 1.8%). Sinasabi sa iyo ng impormasyon sa hanay na "Mga kinakailangan/Limitasyon" kung may anumang panuntunan ang Alameda Alliance Wellness para sa pagsaklaw sa iyong gamot.

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08152025

2026 Alameda (820) Comp Formulary

2026 Member Formulary

Formulary ID 26313

CURRENT AS OF 1/1/2026

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics		
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>butalbital-apap-caffeine oral solution 50-325-40 mg/15ml</i>	1	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>nalbuphine hcl injection solution 10 mg/ml</i>	1	MME
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<i>diclofenac epolamine external patch 1.3 %</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	
<i>diclofenac sodium external solution 1.5 %</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>diflunisal oral tablet 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	PA; QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	MME; QL (1200 ML per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl oral solution 5 mg/5ml</i>	1	MME; QL (2400 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	MME; QL (240 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	1	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	MME; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	1	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	1	PA; MME; QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	MME
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	MME
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	MME; QL (5 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MME
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	MME; QL (120 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	MME
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MME; QL (120 EA per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	MME; QL (5400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MME; QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	1	MME; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	MME

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl oral tablet 50 mg</i>	1	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MME
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	1	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
ZTLIDO EXTERNAL PATCH 1.8 %	1	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	QL (1 EA per 28 days)
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (150 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (120 EA per 30 days)
<i>lofexidine hcl oral tablet 0.18 mg</i>	1	PA; QL (224 EA per 14 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl oral tablet 50 mg</i>	1	
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	1	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	1	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	1	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	1	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	1	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	1	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML	1	
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 3 gm, 500 mg</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	1	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>piperacillin-tazobactam-nacl intravenous solution reconstituted 3-0.375 gm/50ml, 4-0.5 gm/100ml</i>	1	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml	1	
Macrolides		
azithromycin intravenous solution reconstituted 500 mg	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	1	
DIFICID ORAL TABLET 200 MG	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
fidaxomicin oral tablet 200 mg	1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	
levofloxacin intravenous solution 25 mg/ml	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
Anticonvulsants - Treatment Of Seizures		
Anticonvulsants, Other		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	1	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	1	PA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; QL (720 ML per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	ST; QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	1	ST; QL (60 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral solution 25 mg/ml</i>	1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	1	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	1	ST
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>	1	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	1	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
DILANTIN ORAL CAPSULE 30 MG	1	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	1	QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	1	QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Antidementia Agents - Management Of Dementia		
Antidementia Agents, Other		
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	PA
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	1	ST; QL (30 EA per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	1	ST; QL (32 EA per 180 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	1	PA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	PA
MARPLAN ORAL TABLET 10 MG	1	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
Ssri/Snri (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST; QL (28 EA per 180 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
RALDESY ORAL SOLUTION 10 MG/ML	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	PA
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	PA
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
<i>promethegan rectal suppository 50 mg</i>	1	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	1	B/D

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	1	B/D
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	B/D
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	1	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	PA
<i>clotrimazole external cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA
<i>econazole nitrate external cream 1 %</i>	1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>klayesta external powder 100000 unit/gm</i>	1	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	1	
<i>posaconazole oral suspension 40 mg/ml</i>	1	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid oral tablet 500 mg</i>	1	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; QL (18 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	1	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 ML per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (9 EA per 28 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (9 EA per 28 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	QL (9 EA per 28 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide er oral tablet extended release 24 hour 105 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>pretomanid oral tablet 200 mg</i>	1	PA
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
LEUKERAN ORAL TABLET 2 MG	1	PA
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	1	
MATULANE ORAL CAPSULE 50 MG	1	
VALCHLOR EXTERNAL GEL 0.016 %	1	PA
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	1	PA
ABIRTEGA ORAL TABLET 250 MG	1	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG, 60 MG	1	PA
EULEXIN ORAL CAPSULE 125 MG	1	PA
<i>nilutamide oral tablet 150 mg</i>	1	PA
NUBEQA ORAL TABLET 300 MG	1	PA
XTANDI ORAL CAPSULE 40 MG	1	PA
XTANDI ORAL TABLET 40 MG, 80 MG	1	PA
YONSA ORAL TABLET 125 MG	1	PA
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA
Antiestrogens/Modifiers		
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA
Antimetabolites		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	
INQOVI ORAL TABLET 35-100 MG	1	PA
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	1	PA
<i>mercaptopurine oral tablet 50 mg</i>	1	
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG	1	
TABLOID ORAL TABLET 40 MG	1	PA
XROMI ORAL SOLUTION 100 MG/ML	1	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	1	PA; QL (66 EA per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	1	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA
INLURIYO ORAL TABLET 200 MG	1	PA
IWILFIN ORAL TABLET 192 MG	1	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA
KOMZIFTI ORAL CAPSULE 200 MG	1	PA
KRAZATI ORAL TABLET 200 MG	1	PA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	1	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	1	PA
LYSODREN ORAL TABLET 500 MG	1	
MODEYSO ORAL CAPSULE 125 MG	1	PA; QL (20 EA per 28 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	1	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	1	PA
REZLIDHIA ORAL CAPSULE 150 MG	1	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; QL (8 EA per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	1	PA
TIBSOVO ORAL TABLET 250 MG	1	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA
WELIREG ORAL TABLET 40 MG	1	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	1	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA
ZOLINZA ORAL CAPSULE 100 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	1	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	1	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	1	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	1	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	1	PA
BRAFTOVI ORAL CAPSULE 75 MG	1	PA
BRUKINSA ORAL CAPSULE 80 MG	1	PA
BRUKINSA ORAL TABLET 160 MG	1	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA
CALQUENCE ORAL TABLET 100 MG	1	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	1	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA
COTELLIC ORAL TABLET 20 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	1	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA
ERIVEDGE ORAL CAPSULE 150 MG	1	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	1	PA
GAVRETO ORAL CAPSULE 100 MG	1	PA
<i>gefitinib oral tablet 250 mg</i>	1	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA
HERNEXEOS ORAL TABLET 60 MG	1	PA; QL (90 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA
IBTROZI ORAL CAPSULE 200 MG	1	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA
INLYTA ORAL TABLET 1 MG, 5 MG	1	PA
INREBIC ORAL CAPSULE 100 MG	1	PA
ITOVEBI ORAL TABLET 3 MG, 9 MG	1	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 100 MG, 50 MG	1	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	1	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	1	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA
MEKTOVI ORAL TABLET 15 MG	1	PA
NERLYNX ORAL TABLET 40 MG	1	PA
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg</i>	1	PA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	1	PA
ODOMZO ORAL CAPSULE 200 MG	1	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	1	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA
<i>pazopanib hcl oral tablet 200 mg, 400 mg</i>	1	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA
QINLOCK ORAL TABLET 50 MG	1	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	1	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	1	PA
ROZLYTREK ORAL PACKET 50 MG	1	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA
RYDAPT ORAL CAPSULE 25 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	1	PA
sorafenib tosylate oral tablet 200 mg	1	PA
STIVARGA ORAL TABLET 40 MG	1	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA
TAZVERIK ORAL TABLET 200 MG	1	PA
TEPMETKO ORAL TABLET 225 MG	1	PA
TRUQAP ORAL TABLET 200 MG	1	PA
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	1	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA
TURALIO ORAL CAPSULE 125 MG	1	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA
VIJOICE ORAL PACKET 50 MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	1	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	1	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
VONJO ORAL CAPSULE 100 MG	1	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	1	PA
XOSPATA ORAL TABLET 40 MG	1	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA
ZELBORAF ORAL TABLET 240 MG	1	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA
ZYKADIA ORAL TABLET 150 MG	1	PA
Retinoids		
<i>bexarotene external gel 1 %</i>	1	PA
<i>bexarotene oral capsule 75 mg</i>	1	PA
PANRETIN EXTERNAL GEL 0.1 %	1	PA
<i>tretinoin oral capsule 10 mg</i>	1	PA
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna oral tablet 400 mg</i>	1	
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	1	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	1	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	1	ST
Dopamine Agonists		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25- 100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10- 100 mg, 25-100 mg, 25-250 mg</i>	1	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1St Generation/Typical		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	PA; QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	1	PA; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	1	PA; QL (12 EA per 180 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	1	PA; QL (8 EA per 180 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (60 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA
NUPLAZID ORAL CAPSULE 34 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	1	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	1	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; QL (30 EA per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	QL (360 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (90 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	1	QL (90 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	PA; QL (2 EA per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	QL (6 EA per 3 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	1	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	QL (600 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
Antivirals - Treatment Of Infections By Viruses		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	1	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	1	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	QL (240 GM per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	1	PA
MAVYRET ORAL TABLET 100-40 MG	1	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	1	PA
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS HD ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	QL (180 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT ORAL TABLET 25 MG	1	QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	1	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	1	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	1	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (90 EA per 30 days)
Anti-Hiv Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information,** visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
DOVATO ORAL TABLET 50-300 MG	1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	1	QL (30 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	1	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	1	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	QL (1840 ML per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	1	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	1	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	1	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	1	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	1	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	QL (120 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	1	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	1	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	1	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (42 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	1	
Antiviral, Coronavirus Agents		
LAGEVRIO ORAL CAPSULE 200 MG	1	QL (40 EA per 5 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	QL (20 EA per 5 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>paxlovid (300/100 & 150/100) oral tablet therapy pack 6 x 150 mg & 5 x 100mg</i>	1	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	QL (30 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
Benzodiazepines		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
Bipolar Agents - Treatment For Bipolar Illnesses		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
Blood Glucose Regulators - Control Of Diabetes		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	1	PA; QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	PA; QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	PA; QL (60 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide oral tablet 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PA; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	1	PA; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	1	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	1	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
<i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>	1	QL (4 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	1	PA
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
FIASP INJECTION SOLUTION 100 UNIT/ML	1	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
<i>gauze pad 2"x2"</i>	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	1	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	1	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	1	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i>	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	1	
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH INTRO (GEN 4) KIT	1	
OMNIPOD DASH PODS (GEN 4)	1	
<i>pen needles 29g x 12.7mm , 29g x 12mm , 29g x 4mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i>	1	
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	QL (60 EA per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	1	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	1	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	1	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	1	QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	QL (102 EA per 365 days)
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	1	PA
<i>eltrombopag olamine oral packet 12.5 mg</i>	1	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	1	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	1	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	1	PA; QL (60 EA per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
PROCRT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	1	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
TAVNEOS ORAL CAPSULE 10 MG	1	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	
XOLREMDI ORAL CAPSULE 100 MG	1	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	1	PA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	1	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	1	
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	PA
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	PA
<i>nimodipine oral capsule 30 mg</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
CORLANOR ORAL SOLUTION 5 MG/5ML	1	PA; QL (450 ML per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LODOCO ORAL TABLET 0.5 MG	1	PA
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
NEXLETOL ORAL TABLET 180 MG	1	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	1	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	1	PA; QL (3 ML per 28 days)
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; QL (2 ML per 28 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	1	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	1	PA; QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	1	PA; QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
Central Nervous System, Other		
AQNEURSA ORAL PACKET 1 GM	1	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	1	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	1	PA
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	1	PA; QL (56 EA per 180 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA
EVRYSDI ORAL TABLET 5 MG	1	PA
FIRDAPSE ORAL TABLET 10 MG	1	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA; QL (56 EA per 365 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	1	PA
NUDEXTA ORAL CAPSULE 20-10 MG	1	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	1	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	1	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA
VEOZAH ORAL TABLET 45 MG	1	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	ST
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	ST
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	1	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i>	1	PA
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	1	PA
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	1	PA
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	1	PA
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	1	PA
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	1	PA
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	1	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (56 EA per 28 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	1	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA
PONVORY ORAL TABLET 20 MG	1	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	1	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	1	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	1	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	1	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	1	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	1	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	1	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
Dermatological Agents - Treatment Of Skin Conditions		
Acne And Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>adapalene external gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
Dermatitis And Pruritus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	1	QL (50 ML per 30 days)
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>doxepin hcl external cream 5 %</i>	1	PA; QL (45 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	1	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
HYFTOR EXTERNAL GEL 0.2 %	1	PA
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	ST
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	ST

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	1	
Dermatological Agents, Other		
<i>alcohol pad , 70 %</i>	1	
<i>alcohol sheet , 70 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	QL (60 ML per 28 days)
<i>fluorouracil external cream 5 %</i>	1	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	1	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	1	PA
<i>podofilox external solution 0.5 %</i>	1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	QL (90 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	QL (60 GM per 30 days)
Topical Anti-Infectives		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>clindamycin phos (once-daily) external gel 1 %</i>	1	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>ery external pad 2 %</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	QL (88 GM per 30 days)
<i>penciclovir external cream 1 %</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA
ISOLYTE-S INTRAVENOUS SOLUTION	1	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride (pf) injection solution 0.9 %</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	1	PA
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	1	PA
deferiprone oral tablet 1000 mg, 500 mg	1	PA
penicillamine oral tablet 250 mg	1	PA
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	1	PA
tolvaptan oral tablet 15 mg, 30 mg	1	PA
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA
trientine hcl oral capsule 250 mg	1	PA
Electrolytes/Minerals/Metals/Vitamins		
clinisol sf intravenous solution 15 %	1	B/D
dextrose intravenous solution 10 %, 5 %	1	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	B/D

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>plenamine intravenous solution 15 %</i>	1	B/D
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	1	
<i>prenatal oral tablet 27-1 mg</i>	1	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	B/D
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	B/D
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	B/D
<i>sevelamer carbonate oral tablet 800 mg</i>	1	B/D
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	1	
<i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i>	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	1	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	1	QL (90 EA per 30 days)
Vitamins		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	1	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
RELISTOR ORAL TABLET 150 MG	1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	1	PA
TRULANCE ORAL TABLET 3 MG	1	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	PA
<i>loperamide hcl oral capsule 2 mg</i>	1	
XERMELO ORAL TABLET 250 MG	1	PA
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gastrointestinal Agents, Other		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	1	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	1	PA
OCALIVA ORAL TABLET 10 MG, 5 MG	1	PA
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	1	QL (112 EA per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	1	QL (112 EA per 14 days)
VOWST ORAL CAPSULE	1	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 EA per 30 days)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	1	PA
<i>betaine oral powder</i>	1	
CERDELGA ORAL CAPSULE 84 MG	1	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	1	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA
GALAFOLD ORAL CAPSULE 123 MG	1	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	1	PA
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	1	PA
<i>l-glutamine oral packet 5 gm</i>	1	PA
<i>miglustat oral capsule 100 mg</i>	1	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	1	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	

Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	ST
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	1	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	1	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	ST
<i>tropium chloride oral tablet 20 mg</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tadalafil oral tablet 5 mg</i>	1	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA
<i>tiopronin oral tablet 100 mg</i>	1	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	1	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	1	

**Hormonal Agents, Stimulant/
Replacement/ Modifying (Pituitary) -
Treatment Of Pituitary Gland
Conditions**

**Hormonal Agents, Stimulant/
Replacement/ Modifying (Pituitary)**

<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	1	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	1	PA
GENOTROPIN MINISQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	1	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA
<i>testosterone transdermal solution 30 mg/act</i>	1	PA
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 %</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	
yuva ® fem vaginal tablet 10 mcg	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
afirmelle oral tablet 0.1-20 mg-mcg	1	
altavera oral tablet 0.15-30 mg-mcg	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	1	
apri oral tablet 0.15-30 mg-mcg	1	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	
ashlyna oral tablet 0.15-0.03 & 0.01 mg	1	
aubra eq oral tablet 0.1-20 mg-mcg	1	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	
aurovela 1/20 oral tablet 1-20 mg-mcg	1	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	
aviane oral tablet 0.1-20 mg-mcg	1	
ayuna oral tablet 0.15-30 mg-mcg	1	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	
balziva oral tablet 0.4-35 mg-mcg	1	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	
briellyn oral tablet 0.4-35 mg-mcg	1	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	
chateal eq oral tablet 0.15-30 mg-mcg	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05- 0.25 MG/DAY	1	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>daysee oral tablet 0.15-0.03 &0.01 mg</i>	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>emzahh oral tablet 0.35 mg</i>	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
iclevia oral tablet 0.15-0.03 mg	1	
introvale oral tablet 0.15-0.03 mg	1	
isibloom oral tablet 0.15-30 mg-mcg	1	
jaimiess oral tablet 0.15-0.03 & 0.01 mg	1	
jasmiel oral tablet 3-0.02 mg	1	
jencycla oral tablet 0.35 mg	1	
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	
juleber oral tablet 0.15-30 mg-mcg	1	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	
junel 1/20 oral tablet 1-20 mg-mcg	1	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
junel fe 1/20 oral tablet 1-20 mg-mcg	1	
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	
kalliga oral tablet 0.15-30 mg-mcg	1	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	
kelnor 1/35 oral tablet 1-35 mg-mcg	1	
kurvelo oral tablet 0.15-30 mg-mcg	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	
larin 1/20 oral tablet 1-20 mg-mcg	1	
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
larin fe 1/20 oral tablet 1-20 mg-mcg	1	
lessina oral tablet 0.1-20 mg-mcg	1	
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
levonorg-eth estrad triphasic oral tablet 50- 30/75-40/ 125-30 mcg	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	1	
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	
<i>loryna oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	
<i>luizza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>luizza 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>luteru oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	
<i>nikki oral tablet 3-0.02 mg</i>	1	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
nylia 1/35 oral tablet 1-35 mg-mcg	1	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
ocella oral tablet 3-0.03 mg	1	
philith oral tablet 0.4-35 mg-mcg	1	
pimtree oral tablet 0.15-0.02/0.01 mg (21/5)	1	
portia-28 oral tablet 0.15-30 mg-mcg	1	
PREMPHASE ORAL TABLET 0.625-5 MG	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
reclipsen oral tablet 0.15-30 mg-mcg	1	
setlakin oral tablet 0.15-0.03 mg	1	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	
simpesse oral tablet 0.15-0.03 & 0.01 mg	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	
sprintec 28 oral tablet 0.25-35 mg-mcg	1	
sronyx oral tablet 0.1-20 mg-mcg	1	
syeda oral tablet 3-0.03 mg	1	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	
<i>vestura oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>zumandimine oral tablet 3-0.03 mg</i>	1	
Progestins		
<i>camila oral tablet 0.35 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	1	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA
<i>meleya oral tablet 0.35 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>orquidea oral tablet 0.35 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	1	
<i>raloxifene hcl oral tablet 60 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information,** visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	1	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	1	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
ORGOVYX ORAL TABLET 120 MG	1	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	1	PA
RECORLEV ORAL TABLET 150 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	1	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	1	B/D

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	1	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	1	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	1	B/D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	1	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	1	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	1	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; QL (10 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; QL (10 ML per 28 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA; QL (10 ML per 28 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	1	PA
FABHALTA ORAL CAPSULE 200 MG	1	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	1	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	1	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA
LEQSELVI ORAL TABLET 8 MG	1	PA; QL (60 EA per 30 days)
LITFULO ORAL CAPSULE 50 MG	1	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	1	PA; QL (4 ML per 28 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	1	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	1	PA; QL (2.8 ML per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	1	PA; QL (4.5 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	1	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/ML	1	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	1	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	1	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	1	PA; QL (3 ML per 28 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	1	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA; QL (4 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	1	PA; QL (4 ML per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	1	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	1	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	1	PA; QL (1 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	1	PA; QL (0.5 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 90 mg/ml</i>	1	PA; QL (1 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA; QL (30 EA per 30 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	1	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA
Immunosuppressants		
<i>adalimumab-fkjp (2 pen) subcutaneous auto- injector kit 40 mg/0.8ml</i>	1	PA; QL (6 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	1	PA; QL (4 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	1	PA; QL (6 EA per 28 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (2 EA per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (2 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (2 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; QL (8 ML per 28 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	B/D
REZUROCK ORAL TABLET 200 MG	1	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	1	PA; QL (6 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	1	PA; QL (3 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	1	PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	1	PA; QL (6 EA per 28 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	1	PA; QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	1	PA; QL (6 EA per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
<i>tacrolimus intravenous solution 5 mg/ml</i>	1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5- 18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
ENFLONIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML	1	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION SUSPENSION	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	B/D
ROTARIX ORAL SUSPENSION	1	
ROTATEQ ORAL SOLUTION	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (INJECTION)	1	B/D
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	1	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	
YF-VAX SUBCUTANEOUS INJECTABLE (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	1	PA
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>ibandronate sodium oral tablet 150 mg</i>	1	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	1	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	1	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	ST
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	1	PA
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	PA
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	1	PA
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
Ophthalmic Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	PA
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D; QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	1	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
Bronchodilators, Anticholinergic		

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	1	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	1	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	B/D
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (56 EA per 28 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (84 EA per 28 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA
KALYDECO ORAL TABLET 150 MG	1	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA
TOBI PODHALER INHALATION CAPSULE 28 MG	1	PA; QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	B/D
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	1	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	1	PA
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral solution 80 mg/15ml</i>	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA
OPSUMIT ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA
TADLIQ ORAL SUSPENSION 20 MG/5ML	1	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	1	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	1	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	1	PA
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	1	PA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA
<i>pirfenidone oral capsule 267 mg</i>	1	PA
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	1	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	B/D

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	QL (10.7 GM per 30 days)
BRINSUPRI ORAL TABLET 10 MG, 25 MG	1	PA; QL (30 EA per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	1	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	1	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	1	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D
<i>montelukast sodium oral packet 4 mg</i>	1	

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA

Skeletal Muscle Relaxants - Treatment Of Muscle Tightness

Skeletal Muscle Relaxants

<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	1	PA; QL (120 EA per 30 days)

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Drug Name	Drug Tier	Requirements/Limits
methocarbamol oral tablet 500 mg, 750 mg	1	PA
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	PA
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Promoting Agents		
doxepin hcl oral tablet 3 mg, 6 mg	1	QL (30 EA per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	1	PA
ramelteon oral tablet 8 mg	1	QL (30 EA per 30 days)
tasimelteon oral capsule 20 mg	1	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	PA; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg	1	PA; QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	1	PA; QL (30 EA per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	1	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA
modafinil oral tablet 100 mg, 200 mg	1	PA
sodium oxybate oral solution 500 mg/ml	1	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	1	PA

If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.



This Drug List was updated on 10/15/2025.
H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

D. Index ng Mga Saklaw na Gamot

Sa seksyong ito, makakahanap ka ng gamot sa pamamagitan ng paghahanap ng pangalan nito ayon sa alpabetikong pagkakasunod-sunod. Sasabihin nito sa iyo ang numero ng pahina kung saan ka makakahanap ng karagdagang impormasyon sa coverage para sa iyong gamot.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**), seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

This Drug List was updated on 10/15/2025.

H2035_25_02553_D-SNP_MBR LOCD CY26_C Approved 08/18/2025

Index

A

abacavir sulfate 67
abacavir sulfate-lamivudine... 67
abigale..... 110
abigale lo..... 110
 ABILIFY ASIMTUFII..... 60
 ABILIFY MAINTENA..... 60
abiraterone acetate 49
 ABIRTEGA..... 49
 ABRYSVO..... 126
acamprosate calcium..... 28
acarbose 71
acebutolol hcl 83
acetaminophen-codeine..... 27
acetazolamide 84
acetazolamide er 134
acetic acid 134
acetylcysteine 138
acitretin 95
 ACTEMRA 120
 ACTEMRA ACTPEN..... 120
 ACTHIB 126
 ACTIMMUNE 124
acyclovir 66, 99
acyclovir sodium 66
 ADACEL..... 126
adalimumab-fkjp (2 pen) 124
adalimumab-fkjp (2 syringe) 124
adapalene 95
adapalene-benzoyl peroxide... 95
adefovir dipivoxil..... 65
 ADEMPAS 138
 ADVAIR HFA 139
afirmelle 110
 AIMOVIG 47
 AKEEGA 50
albendazole..... 57
albuterol sulfate..... 136
albuterol sulfate hfa 136
alclometasone dipropionate .. 95,
 96
alcohol..... 98
 ALECENSA 52
alendronate sodium 131
alfuzosin hcl er 107
aliskiren fumarate 85
allopurinol..... 46

alosetron hcl 103
alprazolam..... 70
alprazolam intensol 70
altavera..... 110
 ALUNBRIG 52
alyacen 1/35 110
 ALYFTREK 136, 137
amantadine hcl 58
ambrisentan 138
amikacin sulfate..... 29
amiloride hcl..... 87
amiloride-hydrochlorothiazide
 85
amiodarone hcl..... 82
amitriptyline hcl 43
amlodipine besy-benazepril hcl
 85
amlodipine besylate 83
amlodipine besylate-valsartan 85
amlodipine-atorvastatin 85
amlodipine-olmesartan..... 85
amlodipine-valsartan-hctz..... 85
ammonium lactate 96
amnestem 95
amoxapine 43
amoxicillin 33
amoxicillin-pot clavulanate ... 33
amoxicillin-pot clavulanate er 33
amphetamine-dextroamphet er
 89
amphetamine-
 dextroamphetamine 90
amphotericin b..... 45
amphotericin b liposome 45
ampicillin..... 33
ampicillin sodium 33, 34
ampicillin-sulbactam sodium .34
anagrelide hcl..... 79
anastrozole 52
 ANORO ELLIPTA..... 139
apomorphine hcl..... 59
aprepitant 44
apri 110
 APTIVUS 69
 AQNEURSA 91
 ARALAST NP 105
aranelle..... 110

ARANESP (ALBUMIN FREE)
 79
 ARCALYST 120
 AREXVY 126
 ARIKAYCE 29
aripiprazole 60, 61
 ARISTADA 61
 ARISTADA INITIO..... 61
armodafinil 141
 ARNUITY ELLIPTA..... 135
asenapine maleate 61
ashlyna..... 110
aspirin-dipyridamole er..... 80
 ASTAGRAF XL..... 124
atazanavir sulfate 69
atenolol 83
atenolol-chlorthalidone 85
atomoxetine hcl..... 90
atorvastatin calcium 88
atovaquone 57
atovaquone-proguanil hcl 57
atropine sulfate 132
 ATROVENT HFA..... 136
aubra eq..... 110
 AUGTYRO..... 52
aurovela 1.5/30..... 110
aurovela 1/20..... 110
aurovela 24 fe 110
aurovela fe 1.5/30 110
aurovela fe 1/20..... 110
 AUSTEDO 91
 AUSTEDO XR 91
 AUSTEDO XR PATIENT
 TITRATION..... 91
 AUVELITY 41
aviane 110
 AVMAPKI FAKZYNJA CO-
 PACK 50
ayuna 110
 AYVAKIT 52
azathioprine 124
azelastine hcl 132, 135
azithromycin 35
aztreonam 30
azurette 110
B
bac (butalbital-acetamin-caff) 25

<i>bacitracin</i>	132	<i>brimonidine tartrate</i>	134	<i>carbidopa-levodopa er</i>	59
<i>bacitracin-polymyxin b</i>	133	<i>brimonidine tartrate-timolol</i>	132	<i>carbidopa-levodopa-entacapone</i>	58
<i>baclofen</i>	65	BRINSUPRI	139	<i>carglumic acid</i>	100
BAFIERTAM	92	<i>brinzolamide</i>	134	<i>carisoprodol</i>	140
<i>balsalazide disodium</i>	130	BRIVIACT	37	<i>carteolol hcl</i>	133
BALVERSA	52	<i>bromocriptine mesylate</i>	59	<i>cartia xt</i>	84
<i>balziva</i>	110	BRUKINSA	52	<i>carvedilol</i>	83
BAQSIMI ONE PACK	74	<i>budesonide</i>	130, 135	<i>caspofungin acetate</i>	45
BAQSIMI TWO PACK	74	<i>budesonide er</i>	130	CAYSTON	137
BARACLUDE	65	BUDESONIDE- FORMOTEROL		<i>cefaclor</i>	31
BCG VACCINE	126	FUMARATE	139	<i>cefaclor er</i>	31
<i>benazepril hcl</i>	82	<i>bumetanide</i>	87	<i>cefadroxil</i>	31, 32
<i>benazepril-hydrochlorothiazide</i>	85	<i>buprenorphine</i>	26	<i>cefazolin sodium</i>	32
BENLYSTA	120	<i>buprenorphine hcl</i>	28	<i>cefdinir</i>	32
<i>benzoyl peroxide-erythromycin</i>	95	<i>buprenorphine hcl-naloxone hcl</i>	28	<i>cefepime hcl</i>	32
<i>benztropine mesylate</i>	58	<i>bupropion hcl</i>	41	<i>cefepime-dextrose</i>	32
BESREMI	50	<i>bupropion hcl er (smoking det)</i>	29	<i>cefixime</i>	32
<i>betaine</i>	105	<i>bupropion hcl er (sr)</i>	41	<i>cefoxitin sodium</i>	32
<i>betamethasone dipropionate</i> ..	96	<i>bupropion hcl er (xl)</i>	41	<i>cefpodoxime proxetil</i>	32
<i>betamethasone dipropionate aug</i>	96	<i>buspirone hcl</i>	70	<i>cefprozil</i>	32
<i>betamethasone valerate</i>	96	<i>butalbital-acetaminophen</i>	25	<i>ceftazidime</i>	32
BETASERON	92	<i>butalbital-apap-caff-cod</i>	25	<i>ceftriaxone sodium</i>	32
<i>betaxolol hcl</i>	83	<i>butalbital-apap-caffeine</i>	25	<i>ceftriaxone sodium in dextrose</i>	32
<i>bethanechol chloride</i>	107	<i>butalbital-asa-caff-codeine</i> ..	25	<i>ceftriaxone sodium-dextrose</i> ..	33
BEVESPI AEROSPHERE ..	139	<i>butalbital-aspirin-caffeine</i>	25	<i>cefuroxime axetil</i>	33
<i>bexarotene</i>	57	<i>butorphanol tartrate</i>	27	<i>cefuroxime sodium</i>	33
BEXSERO	126	C		<i>celecoxib</i>	25
BEYFORTUS	126	<i>cabergoline</i>	117	<i>cephalexin</i>	33
<i>bicalutamide</i>	49	CABOMETYX	52	CERDELGA	105
BICILLIN L-A	34	<i>calcipotriene</i>	98	<i>cetirizine hcl</i>	135
BIKTARVY	67	<i>calcitonin (salmon)</i>	131	<i>cevimeline hcl</i>	95
<i>bisoprolol fumarate</i>	83	<i>calcitriol</i>	98, 131	<i>charlotte 24 fe</i>	110
<i>bisoprolol-hydrochlorothiazide</i>	85	<i>calcium acetate (phos binder)</i>	102	<i>chateal eq</i>	110
<i>blisovi 24 fe</i>	110	CALQUENCE	52	<i>chlorhexidine gluconate</i>	95
<i>blisovi fe 1.5/30</i>	110	<i>camila</i>	116	<i>chloroquine phosphate</i>	57
<i>blisovi fe 1/20</i>	110	CAMZYOS	85	<i>chlorpromazine hcl</i>	44
BONSITY	131	<i>candesartan cilexetil</i>	81	<i>chlorthalidone</i>	87
BOOSTRIX	126, 127	<i>candesartan cilexetil-hctz</i>	85	<i>chlorzoxazone</i>	140
<i>bosentan</i>	138	CAPLYTA	61	CHOLBAM	105
BOSULIF	52	CAPRELSA	52	<i>cholestyramine</i>	88
BRAFTOVI	52	<i>captopril</i>	82	<i>cholestyramine light</i>	88
BREO ELLIPTA	139	<i>carbamazepine</i>	39	CIBINQO	120
BREZTRI AEROSPHERE ..	139	<i>carbamazepine er</i>	39	<i>ciclopirox</i>	99
<i>briellyn</i>	110	<i>carbidopa</i>	59	<i>ciclopirox olamine</i>	99
BRILINTA	80	<i>carbidopa-levodopa</i>	59	<i>cilostazol</i>	80
				CIMDUO	67
				<i>cimetidine</i>	104

CIMZIA.....	124	<i>colchicine</i>	46	<i>daptomycin</i>	30
CIMZIA (1 SYRINGE).....	124	<i>colchicine-probenecid</i>	46	<i>darifenacin hydrobromide er</i>	106
CIMZIA (2 SYRINGE).....	124	<i>colesevelam hcl</i>	88	<i>darunavir</i>	69
CIMZIA-STARTER.....	124	<i>colestipol hcl</i>	88	<i>dasatinib</i>	53
<i>cinacalcet hcl</i>	131	<i>colistimethate sodium (cba)</i> ...	30	<i>dasetta 1/35 (28)</i>	111
CINRYZE.....	119	COMBIPATCH.....	111	<i>dasetta 7/7/7</i>	111
<i>ciprofloxacin hcl</i>	35, 133	COMBIVENT RESPIMAT .	139	DAURISMO.....	53
<i>ciprofloxacin in d5w</i>	35	COMETRIQ (100 MG DAILY DOSE)	52	<i>daysee</i>	111
<i>citalopram hydrobromide</i>	42	COMETRIQ (140 MG DAILY DOSE)	52	<i>deblitane</i>	116
<i>cladribine (10 tabs)</i>	93	COMETRIQ (60 MG DAILY DOSE)	52	<i>deferasirox</i>	101
<i>cladribine (4 tabs)</i>	93	<i>constulose</i>	102	<i>deferasirox granules</i>	101
<i>cladribine (5 tabs)</i>	93	COPIKTRA	52	<i>deferiprone</i>	101
<i>cladribine (6 tabs)</i>	93	CORLANOR.....	85	DELSTRIGO.....	67
<i>cladribine (7 tabs)</i>	93	CORTROPHIN	107	DEPO-PROVERA.....	111
<i>cladribine (8 tabs)</i>	93	CORTROPHIN GEL.....	107	DEPO-SUBQ PROVERA	104
<i>cladribine (9 tabs)</i>	93	COSENTYX.....	120, 121	.....	116
<i>claravis</i>	95	COSENTYX (300 MG DOSE)	120	DESCOVY	67
<i>clarithromycin</i>	35	.....	120	<i>desipramine hcl</i>	43
<i>clarithromycin er</i>	35	COSENTYX SENSOREADY (300 MG).....	120	<i>desmopressin ace spray refrig</i>	108
<i>clemastine fumarate</i>	135	COSENTYX SENSOREADY PEN	121	<i>desmopressin acetate</i>	108
<i>clindamycin hcl</i>	30	COSENTYX UNOREADY .	121	<i>desmopressin acetate spray</i> ..	108
<i>clindamycin palmitate hcl</i>	30	COTELLIC.....	52	<i>desonide</i>	96
<i>clindamycin phos (once-daily)</i>	99	CREON	105	<i>desoximetasone</i>	96
<i>clindamycin phos (twice-daily)</i>	99	CRESEMBA	45	<i>desvenlafaxine succinate er</i> ...	42
<i>clindamycin phos-benzoyl perox</i>	95	<i>cromolyn sodium</i>	132, 137	<i>dexamethasone</i>	107, 130
<i>clindamycin phosphate</i>	30, 99	<i>cryselle-28</i>	111	<i>dexamethasone intensol</i>	130
<i>clindamycin phosphate in d5w</i>	30	CUVRIOR.....	101	<i>dexamethasone sodium phosphate</i>	130, 133
<i>clindamycin phosphate in nacl</i>	30	<i>cyclobenzaprine hcl</i>	140	<i>dexmethylphenidate hcl</i>	90
<i>clinisol sf</i>	101	<i>cyclophosphamide</i>	49	<i>dexmethylphenidate hcl er</i>	90
<i>clobazam</i>	38	<i>cyclosporine</i>	124, 132	<i>dextroamphetamine sulfate</i>	90
<i>clobetasol propionate</i>	96	<i>cyclosporine modified</i>	124	<i>dextroamphetamine sulfate er</i>	90
<i>clobetasol propionate e</i>	96	<i>cyproheptadine hcl</i>	135	<i>dextrose</i>	101
<i>clomipramine hcl</i>	43	<i>cyred eq</i>	111	<i>dextrose-sodium chloride</i>	101
<i>clonazepam</i>	70	CYSTAGON	105	DIACOMIT	37
<i>clonidine</i>	81	CYSTARAN	132	<i>diazepam</i>	38, 70
<i>clonidine hcl</i>	81	D		<i>diazepam intensol</i>	70
<i>clonidine hcl er</i>	90	<i>dabigatran etexilate mesylate</i>	78	<i>diazoxide</i>	74
<i>clopidogrel bisulfate</i>	80	<i>dalfampridine er</i>	93	<i>diclofenac epolamine</i>	25
<i>clorazepate dipotassium</i>	70	<i>danazol</i>	109	<i>diclofenac potassium</i>	25
<i>clotrimazole</i>	45	<i>dantrolene sodium</i>	65	<i>diclofenac sodium</i>	25, 133
<i>clotrimazole-betamethasone</i> ...	98	DANZITEN.....	50	<i>diclofenac sodium er</i>	25
<i>clozapine</i>	64, 65	<i>dapagliflozin propanediol</i>	71	<i>dicloxacillin sodium</i>	34
COARTEM	57	<i>dapsone</i>	48	<i>dicyclomine hcl</i>	103
COBENFY	91	DAPTACEL	127	DIFICID	35
COBENFY STARTER PACK	91			<i>diflunisal</i>	26

<i>dihydroergotamine mesylate</i> ..47	EGRIFTA SV .....108	<i>ertapenem sodium</i>.....34
DILANTIN .....40	EGRIFTA WR.....108	ERVEBO .....127
<i>diltiazem hcl</i> .....84	ELIGARD .....118	<i>ery</i> .....99
<i>diltiazem hcl er</i> .....84	<i>elinest</i>.....111	ERYTHROCIN
<i>diltiazem hcl er beads</i>.....84	ELIQUIS .....78	LACTOBIONATE .....35
<i>diltiazem hcl er coated beads</i> .84	ELIQUIS (1.5 MG PACK)....78	<i>erythromycin</i>.....99, 133
<i>dilt-xr</i> .....84	ELIQUIS (2 MG PACK).....78	<i>erythromycin base</i> .....35
<i>dimethyl fumarate</i>.....93	ELIQUIS DVT/PE STARTER	<i>erythromycin ethylsuccinate</i> ...35
<i>dimethyl fumarate starter pack</i>	PACK .....78	ERZOFRI .....61
.....93	ELMIRON.....107	<i>escitalopram oxalate</i> .....42
<i>diphenoxylate-atropine</i>.....103	<i>eltrombopag olamine</i>.....79	<i>eslicarbazepine acetate</i> .....40
<i>dipyridamole</i>.....80	<i>eluryng</i>.....111	<i>esomeprazole magnesium</i> ....104
<i>disopyramide phosphate</i>.....82	EMEND.....45	<i>estarylla</i> .....111
<i>disulfiram</i> .....28	EMGALITY .....47	<i>estradiol</i>.....109
<i>divalproex sodium</i> .....37	EMGALITY (300 MG DOSE)	<i>estradiol valerate</i>.....109
<i>divalproex sodium er</i>.....37	47	<i>estradiol-norethindrone acet</i> 111
<i>dofetilide</i>.....82	EMSAM .....42	<i>eszopiclone</i> .....141
<i>donepezil hcl</i>.....41	<i>emtricitabine</i>.....67	<i>ethambutol hcl</i> .....48
DOPTELET.....81	<i>emtricitabine-tenofovir df</i>.....67	<i>ethosuximide</i> .....38
DOPTELET SPRINKLE.....81	<i>emtricitab-rilpivir-tenofov df</i> .68	<i>etodolac</i> .....26
<i>dorzolamide hcl</i>.....134	EMTRIVA.....67	<i>etodolac er</i>.....26
<i>dorzolamide hcl-timolol mal</i> 132	<i>emzahh</i>.....111	<i>etonogestrel-ethinyl estradiol</i>
<i>dorzolamide hcl-timolol mal pf</i>	<i>enalapril maleate</i>.....82	111
.....132	<i>enalapril-hydrochlorothiazide</i> 85	<i>etravirine</i> .....67
DOVATO .....68	ENBREL .....124, 125	EUCRISA .....96
<i>doxazosin mesylate</i> .....81	ENBREL MINI .....124	EULEXIN.....49
<i>doxepin hcl</i> .....43, 44, 96, 141	ENBREL SURECLICK .....125	<i>everolimus</i>.....53, 125
<i>doxercalciferol</i> .....131	<i>endocet</i>.....27	EVOTAZ .....68
<i>doxy 100</i> .....36	ENFLONSIA.....127	EVRYSDI.....92
<i>doxycycline hyclate</i> .....36	ENGERIX-B .....127	<i>exemestane</i>.....52
<i>doxycycline monohydrate</i> .....36	<i>enilloring</i> .....111	EXXUA .....41
DRIZALMA SPRINKLE.....92	<i>enoxaparin sodium</i> .....78	EXXUA TITRATION PACK 41
<i>dronabinol</i> .....45	<i>enskyce</i>.....111	<i>ezetimibe</i> .....88
<i>drospirenone-ethinyl estradiol</i>	<i>entacapone</i>.....58	<i>ezetimibe-simvastatin</i> .....88
.....111	<i>entecavir</i> .....65	F
DROXIA .....50	ENTRESTO.....85	FABHALTA.....121
<i>droxidopa</i> .....81	ENTYVIO PEN.....121	<i>falmina</i>.....111
DUAVEE .....116	<i>enulose</i>.....102	<i>famciclovir</i> .....66
<i>duloxetine hcl</i> .....92	ENVARSUS XR .....125	<i>famotidine</i> .....104
DUPIXENT.....139	EPIDIOLEX .....37	FANAPT.....61
<i>dutasteride</i>.....107	<i>epinephrine</i>.....136	FANAPT TITRATION PACK
E	<i>eplerenone</i> .....87	A .....61
<i>econazole nitrate</i> .....45	EPOGEN .....79	FANAPT TITRATION PACK
EDURANT.....66	EQUETRO .....71	B .....61
EDURANT PED .....67	<i>ergotamine-caffeine</i>.....47	FANAPT TITRATION PACK
<i>efavirenz</i> .....67	ERIVEDGE .....53	C .....61
<i>efavirenz-emtricitab-tenofo df</i> 68	ERLEADA .....49	FARXIGA .....71
<i>efavirenz-lamivudine-tenofovir</i>	<i>erlotinib hcl</i> .....53	FASENRA.....139
.....68	<i>errin</i>.....116	FASENRA PEN .....139

<i>febuxostat</i>	46	<i>fosamprenavir calcium</i>	69	<i>glucagon emergency</i>	74
<i>felbamate</i>	37	<i>fosfomycin tromethamine</i>	30	<i>glyburide</i>	71, 72
<i>felodipine er</i>	84	<i>fosinopril sodium</i>	82	<i>glyburide micronized</i>	71
<i>fenofibrate</i>	87	<i>fosinopril sodium-hctz</i>	86	<i>glyburide-metformin</i>	72
<i>fenofibrate micronized</i>	87	FOTIVDA	53	<i>glycerol phenylbutyrate</i>	105
<i>fenofibric acid</i>	88	FRUZAQLA	53	<i>glycopyrrolate</i>	103
<i>fentanyl</i>	26	FULPHILA	80	GLYXAMBI	72
<i>fesoterodine fumarate er</i>	106	<i>furosemide</i>	87	GOCOVRI	58
FETZIMA	42	<i>fyavolv</i>	111	GOMEKLI	50
FETZIMA TITRATION	42	FYCOMPA	37	<i>granisetron hcl</i>	45
FIASP	74	FYLNETRA	80	<i>griseofulvin microsize</i>	45
FIASP FLEXTOUCH	74	G		<i>guanfacine hcl</i>	81
FIASP PENFILL	74	<i>gabapentin</i>	38	<i>guanfacine hcl er</i>	90
<i>fidaxomicin</i>	35	GALAFOLD	105	H	
FILSPARI	107	<i>galantamine hydrobromide</i> ...	41	HAEGARDA	119
<i>finasteride</i>	107	<i>galantamine hydrobromide er</i>	41	<i>hailey 1.5/30</i>	111
<i> fingolimod hcl</i>	93	GAMMAGARD	119	<i>hailey 24 fe</i>	111
FINTEPLA	37	GAMMAGARD S/D LESS IGA	119	<i>hailey fe 1.5/30</i>	111
<i>finzala</i>	111	.....	119	<i>hailey fe 1/20</i>	111
FIRDAPSE	92	GAMMAKED	120	<i>halobetasol propionate</i>	97
FIRMAGON	118	GAMMAPLEX	120	<i>haloette</i>	111
FIRMAGON (240 MG DOSE)	118	GAMUNEX-C	120	<i>haloperidol</i>	60
<i>flavoxate hcl</i>	106	GARDASIL 9	127	<i>haloperidol decanoate</i>	60
<i>flecainide acetate</i>	82	GATTEX	104	<i>haloperidol lactate</i>	60
<i>fluconazole</i>	45	<i>gauze</i>	74	HAVRIX	127
<i>fluconazole in sodium chloride</i>	45	<i>gavilyte-c</i>	102	<i>heather</i>	111
.....	45	<i>gavilyte-g</i>	102	<i>heparin sodium (porcine)</i>	79
<i>flucytosine</i>	45	<i>gavilyte-n with flavor pack</i> ...	102	<i>heparin sodium (porcine) pf</i> ...	79
<i>fludrocortisone acetate</i>	108	GAVRETO	53	HEPLISAV-B	127
<i>flunisolide</i>	135	<i>gefitinib</i>	53	HERNEXEOS	53
<i>fluocinolone acetonide</i>	97	<i>gemfibrozil</i>	88	HETLIOZ LQ	141
<i>fluocinonide</i>	97	GEMTESA	106	HIBERIX	127
<i>fluocinonide emulsified base</i> ..	97	<i>generlac</i>	102	HUMALOG	74, 75
<i>fluorometholone</i>	133	<i>gengraf</i>	125	HUMALOG JUNIOR	
<i>fluorouracil</i>	98	GENOTROPIN	108	KWIKPEN	74
<i>fluoxetine hcl</i>	42, 43	GENOTROPIN MINIQUEL	108	HUMALOG KWIKPEN	74
<i>fluphenazine decanoate</i>	60	.....	108	HUMALOG MIX 50/50	
<i>fluphenazine hcl</i>	60	<i>gentamicin in saline</i>	29	KWIKPEN	74
<i>flurbiprofen</i>	26	<i>gentamicin sulfate</i>	29, 99, 133	HUMALOG MIX 75/25	75
<i>flurbiprofen sodium</i>	133	GENVOYA	68	HUMALOG MIX 75/25	
<i>fluticasone propionate</i>	97, 135	GILOTRIF	53	KWIKPEN	74
<i>fluticasone propionate diskus</i>	135	GLASSIA	105	HUMULIN 70/30	75
.....	135	<i>glatiramer acetate</i>	93	HUMULIN 70/30 KWIKPEN	75
<i>fluticasone propionate hfa</i>	135	<i>glatopa</i>	93	HUMULIN N	75
<i>fluticasone-salmeterol</i>	139	GLEOSTINE	49	HUMULIN N KWIKPEN	75
<i>fluvoxamine maleate</i>	43	<i>glimepiride</i>	71	HUMULIN R	75
<i>fondaparinux sodium</i>	79	<i>glipizide</i>	71	HUMULIN R U-500	
<i>formoterol fumarate</i>	136	<i>glipizide er</i>	71	(CONCENTRATED)	75
		<i>glipizide-metformin hcl</i>	71		

HUMULIN R U-500	
KWIKPEN	75
<i>hydralazine hcl</i>	89
<i>hydrochlorothiazide</i>	87
<i>hydrocodone-acetaminophen</i>	27
<i>hydrocodone-ibuprofen</i>	27
<i>hydrocortisone</i>	97, 108, 130
<i>hydrocortisone (perianal)</i>	97
<i>hydrocortisone butyrate</i>	97
<i>hydrocortisone valerate</i>	97
<i>hydrocortisone-acetic acid</i> ...	134
<i>hydromorphone hcl</i>	27
<i>hydromorphone hcl pf</i>	27
<i>hydroxychloroquine sulfate</i>	58
<i>hydroxyurea</i>	50
<i>hydroxyzine hcl</i>	135
<i>hydroxyzine pamoate</i>	70
HYFTOR.....	97
I	
<i>ibandronate sodium</i>	131
IBRANCE	53
IBTROZI	53
<i>ibu</i>	26
<i>ibuprofen</i>	26
<i>icatibant acetate</i>	119
<i>iclevia</i>	112
ICLUSIG	53
<i>icosapent ethyl</i>	88
IDHIFA	50
ILARIS	121
ILUMYA.....	121
<i>imatinib mesylate</i>	53
IMBRUVICA	53
<i>imipenem-cilastatin</i>	34
<i>imipramine hcl</i>	44
<i>imipramine pamoate</i>	44
<i>imiquimod</i>	98
IMKELDI	53
IMOVAR RABIES	127
IMPAVIDO.....	58
IMULDOSA.....	121
<i>incassia</i>	116
INCRELEX	108
INCRUSE ELLIPTA.....	136
<i>indapamide</i>	87
<i>indomethacin</i>	26
<i>indomethacin er</i>	26
INFANRIX.....	127
INGREZZA.....	92

INLURIYO.....	50
INLYTA	53
INQOVI.....	50
INREBIC	53
<i>insulin asp prot & asp flexpen</i>	75
INSULIN ASPART.....	75
INSULIN ASPART FLEXPEN	75
.....	75
<i>insulin aspart prot & aspart</i> ...	75
INSULIN LISPRO	75
INSULIN LISPRO (1 UNIT DIAL)	75
INSULIN LISPRO JUNIOR	75
KWIKPEN.....	75
INSULIN LISPRO PROT & LISPRO	76
<i>insulin syringe</i>	76
INTELENCE	67
INTRALIPID.....	101
<i>introvale</i>	112
INVEGA HAFYERA.....	62
INVEGA SUSTENNA.....	62
INVEGA TRINZA	62
IPOL	127
<i>ipratropium bromide</i>	136
<i>ipratropium-albuterol</i>	139
<i>irbesartan</i>	81
<i>irbesartan-hydrochlorothiazide</i>	86
ISENTRESS	66
ISENTRESS HD	66
<i>isibloom</i>	112
ISOLYTE-P IN D5W	101
ISOLYTE-S.....	100
ISOLYTE-S PH 7.4.....	100
<i>isoniazid</i>	48
<i>isosorb dinitrate-hydralazine</i>	89
<i>isosorbide dinitrate</i>	89
<i>isosorbide mononitrate</i>	89
<i>isosorbide mononitrate er</i>	89
<i>isotretinoin</i>	95
<i>isradipine</i>	84
ITOVEBI	53
<i>itraconazole</i>	45
<i>ivabradine hcl</i>	86
<i>ivermectin</i>	57
IWILFIN.....	50
IXIARO	127

J	
<i>jaimiess</i>	112
JAKAFI	53
<i>jantoven</i>	79
JANUMET	72
JANUMET XR.....	72
JANUVIA.....	72
JARDIANCE.....	72
<i>jasmiel</i>	112
JAYPIRCA	54
<i>jencycla</i>	112
JENTADUETO	72
JENTADUETO XR.....	72
<i>jinteli</i>	112
<i>jolessa</i>	112
JUBBONTI.....	131
<i>juleber</i>	112
JULUCA.....	68
<i>junel 1.5/30</i>	112
<i>junel 1/20</i>	112
<i>junel fe 1.5/30</i>	112
<i>junel fe 1/20</i>	112
<i>junel fe 24</i>	112
JYLAMVO	50
JYNNEOS	127
K	
KALETRA	69
<i>kalliga</i>	112
KALYDECO	137
<i>kariva</i>	112
<i>kcl in dextrose-nacl</i>	100
<i>kelnor 1/35</i>	112
KERENDIA.....	86
KESIMPTA	93
<i>ketoconazole</i>	46
<i>ketorolac tromethamine</i>	26, 133
KEVZARA	121
KINERET	121
KINRIX	127
KISQALI (200 MG DOSE)....	54
KISQALI (400 MG DOSE)....	54
KISQALI (600 MG DOSE)....	54
KISQALI FEMARA (400 MG DOSE)	50
KISQALI FEMARA (600 MG DOSE)	50
<i>klayesta</i>	46
KLOR-CON	100
KLOR-CON 10	100

<i>klor-con m10</i>	100	LENVIMA (4 MG DAILY DOSE)	54	LIVTENCITY	65
<i>klor-con m15</i>	100	LENVIMA (8 MG DAILY DOSE)	54	LODOCO	86
<i>klor-con m20</i>	100	LEQEMBI IQLIK	92	<i>lofexidine hcl</i>	28
KLOXXADO	29	LEQSELVI	121	<i>lojaimiess</i>	113
KOMZIFTI	50	<i>lessina</i>	112	LOKELMA	102
KOSELUGO	54	<i>letrozole</i>	52	<i>lomustine</i>	49
KRAZATI	50	<i>leucovorin calcium</i>	57	LONSURF	50
<i>kurvelo</i>	112	LEUKERAN	49	<i>loperamide hcl</i>	103
KYLEENA	112	LEUKINE	80	<i>lopinavir-ritonavir</i>	69
L		<i>leuprolide acetate</i>	118	<i>lorazepam</i>	70
<i>labetalol hcl</i>	83	<i>leuprolide acetate (3 month)</i>	118	<i>lorazepam intensol</i>	70
<i>lacosamide</i>	40	<i>levalbuterol hcl</i>	136	LORBRENA	54
<i>lactulose</i>	103	<i>levetiracetam</i>	37	<i>loryna</i>	113
<i>lactulose encephalopathy</i>	103	<i>levetiracetam er</i>	37	<i>losartan potassium</i>	81
LAGEVRIO	69	<i>levobunolol hcl</i>	133	<i>losartan potassium-hctz</i>	86
<i>lamivudine</i>	65	<i>levocarnitine</i>	101	<i>lovastatin</i>	88
<i>lamivudine-zidovudine</i>	67	<i>levocarnitine sf</i>	101	<i>low-ogestrel</i>	113
<i>lamotrigine</i>	37	<i>levocetirizine dihydrochloride</i>	135	<i>loxapine succinate</i>	60
<i>lamotrigine er</i>	37	<i>levofloxacin</i>	35, 36	<i>lo-zumandimine</i>	113
<i>lamotrigine starter kit-blue</i>	37	<i>levofloxacin in d5w</i>	35	<i>lubiprostone</i>	103
<i>lamotrigine starter kit-green</i>	37	<i>levonest</i>	112	<i>luizza 1.5/30</i>	113
<i>lamotrigine starter kit-orange</i>	37	<i>levonorgest-eth estrad 91-day</i>	112	<i>luizza 1/20</i>	113
<i>lansoprazole</i>	104	<i>levonorgestrel-ethinyl estrad</i>	112	LUMAKRAS	51
<i>lanthanum carbonate</i>	102	<i>levonorg-eth estrad triphasic</i>	112	LUMIGAN	134
LANTUS	76	<i>levora 0.15/30 (28)</i>	113	LUPKYNIS	125
LANTUS SOLOSTAR	76	LEVO-T	117	LUPRON DEPOT (1-MONTH)	118
<i>lapatinib ditosylate</i>	54	<i>levothyroxine sodium</i>	117	LUPRON DEPOT (3-MONTH)	118
<i>larin 1.5/30</i>	112	LEVOXYL	117	LUPRON DEPOT (4-MONTH)	118
<i>larin 1/20</i>	112	<i>l-glutamine</i>	105	LUPRON DEPOT (6-MONTH)	118
<i>larin 24 fe</i>	112	<i>lidocaine</i>	28	<i>lurasidone hcl</i>	62
<i>larin fe 1.5/30</i>	112	<i>lidocaine hcl</i>	28	<i>lutra</i>	113
<i>larin fe 1/20</i>	112	<i>lidocaine viscous hcl</i>	28	LUTRATE DEPOT	118
<i>latanoprost</i>	134	<i>lidocaine-prilocaine</i>	28	LYBALVI	63
LAZCLUZE	50	LILETTA (52 MG)	113	<i>lyleq</i>	113
<i>leflunomide</i>	125	<i>linezolid</i>	30	LYNPARZA	54
<i>lenalidomide</i>	49	LINZESS	103	LYSODREN	51
LENVIMA (10 MG DAILY DOSE)	54	<i>liothyronine sodium</i>	117	LYTGOBI (12 MG DAILY DOSE)	54
LENVIMA (12 MG DAILY DOSE)	54	<i>liraglutide</i>	72	LYTGOBI (16 MG DAILY DOSE)	54
LENVIMA (14 MG DAILY DOSE)	54	<i>lisinopril</i>	82	LYTGOBI (20 MG DAILY DOSE)	55
LENVIMA (18 MG DAILY DOSE)	54	<i>lisinopril-hydrochlorothiazide</i>	86	<i>lyza</i>	116
LENVIMA (20 MG DAILY DOSE)	54	LITFULO	121	M	
LENVIMA (24 MG DAILY DOSE)	54	<i>lithium</i>	71	<i>magnesium sulfate</i>	100
		<i>lithium carbonate</i>	71		
		<i>lithium carbonate er</i>	71		
		LIVMARLI	104		

<i>malathion</i>	99	<i>methsuximide</i>	38	<i>moxifloxacin hcl</i>	36, 133
<i>maraviroc</i>	68	<i>methylphenidate hcl</i>	91	<i>moxifloxacin hcl in nacl</i>	36
<i>marlissa</i>	113	<i>methylphenidate hcl er</i>	91	MRESVIA	128
MARPLAN	42	<i>methylphenidate hcl er (cd)</i>	90	MULTAQ	82
MATULANE	49	<i>methylphenidate hcl er (la)</i>	90	<i>mupirocin</i>	99
MAVENCLAD (10 TABS) ...	93	<i>methylphenidate hcl er (osm)</i> .	91	<i>mycophenolate mofetil</i>	125
MAVENCLAD (4 TABS)	93	<i>methylphenidate hcl er (xr)</i>	91	<i>mycophenolate sodium</i>	125
MAVENCLAD (5 TABS)	93	<i>methylprednisolone</i>	108	MYFEMBREE	118
MAVENCLAD (6 TABS)	93	<i>methylprednisolone acetate</i> ..	130	MYRBETRIQ.....	106
MAVENCLAD (7 TABS)	94	<i>methyltestosterone</i>	109	N	
MAVENCLAD (8 TABS)	94	<i>metoclopramide hcl</i>	44	<i>nabumetone</i>	26
MAVENCLAD (9 TABS)	94	<i>metolazone</i>	87	<i>nadolol</i>	83
MAVYRET	66	<i>metoprolol succinate er</i>	83	<i>nafcillin sodium</i>	34
MAYZENT	94	<i>metoprolol tartrate</i>	83	<i>nalbuphine hcl</i>	25
MAYZENT STARTER PACK		<i>metoprolol-hydrochlorothiazide</i>		<i>naloxone hcl</i>	28, 29
.....	94	.....	86	<i>naltrexone hcl</i>	29
<i>meclizine hcl</i>	44	<i>metronidazole</i>	30, 31, 99	NAMZARIC.....	40
<i>meclofenamate sodium</i>	26	<i>metyrosine</i>	86	<i>naproxen</i>	26
<i>medroxyprogesterone acetate</i>		<i>mexiletine hcl</i>	82	<i>naproxen dr</i>	26
.....	116	<i>mibelas 24 fe</i>	113	<i>naproxen sodium</i>	26
<i>mefloquine hcl</i>	58	<i>micafungin sodium</i>	46	<i>naratriptan hcl</i>	47
<i>megestrol acetate</i>	116	<i>microgestin 1.5/30</i>	113	NATACYN.....	133
MEKINIST	55	<i>microgestin 1/20</i>	113	<i>nateglinide</i>	72
MEKTOVI	55	<i>microgestin fe 1.5/30</i>	113	NAYZILAM.....	38
<i>meleya</i>	116	<i>microgestin fe 1/20</i>	113	<i>nebivolol hcl</i>	83
<i>meloxicam</i>	26	<i>midodrine hcl</i>	81	<i>necon 0.5/35 (28)</i>	113
<i>memantine hcl</i>	41	<i>mifepristone</i>	74	<i>nefazodone hcl</i>	43
<i>memantine hcl er</i>	41	<i>miglustat</i>	105	<i>neomycin sulfate</i>	29
<i>memantine hcl-donepezil hcl er</i>		<i>mili</i>	113	<i>neomycin-polymyxin-dexameth</i>	
.....	40	<i>mimvey</i>	113	.....	132
MENQUADFI.....	128	<i>minocycline hcl</i>	36	<i>neomycin-polymyxin-gramicidin</i>	
MENVEO.....	128	<i>minoxidil</i>	89	.....	132
<i>mercaptapurine</i>	50	MIRENA (52 MG)	113	<i>neomycin-polymyxin-hc</i>	134
<i>meropenem</i>	34	<i>mirtazapine</i>	41, 42	NERLYNX	55
<i>meropenem-sodium chloride</i> ..	35	<i>misoprostol</i>	104	NEULASTA	80
<i>mesalamine</i>	130	M-M-R II	128	NEULASTA ONPRO	80
<i>mesalamine er</i>	130	<i>modafinil</i>	141	NEUPRO	59
<i>mesna</i>	57	MODEYSO	51	<i>nevirapine</i>	67
<i>metaxalone</i>	140	<i>moexipril hcl</i>	82	<i>nevirapine er</i>	67
<i>metformin hcl</i>	72	<i>molindone hcl</i>	60	NEXLETOL	86
<i>metformin hcl er</i>	72	<i>mometasone furoate</i>	97, 135	NEXLIZET	86
<i>methadone hcl</i>	26, 27	<i>mono-lynyah</i>	113	NEXPLANON.....	113
<i>methazolamide</i>	134	<i>montelukast sodium</i>	139, 140	NGENLA.....	108
<i>methenamine hippurate</i>	30	<i>morphine sulfate</i>	27	<i>niacin er (antihyperlipidemic)</i>	88
<i>methimazole</i>	119	<i>morphine sulfate (concentrate)</i>		NICOTROL NS.....	29
<i>methocarbamol</i>	141	.....	27	<i>nifedipine</i>	84
<i>methotrexate sodium</i>	125	<i>morphine sulfate er</i>	27	<i>nifedipine er</i>	84
<i>methotrexate sodium (pf)</i>	125	MOUNJARO.....	72	<i>nifedipine er osmotic release</i> ..	84
<i>methoxsalen rapid</i>	98	MOVANTIK	103	<i>nikki</i>	113

<i>nilotinib d-tartrate</i>	55	NOVOLOG 70/30 FLEXPEN		OMNIPOD 5 G7 PODS (GEN	
<i>nilotinib hcl</i>	55	RELION	77	5).....	77
<i>nilutamide</i>	49	NOVOLOG FLEXPEN.....	77	OMNIPOD 5 LIBRE2 G6	
<i>nimodipine</i>	84	NOVOLOG FLEXPEN		INTRO GEN5.....	77
NINLARO.....	51	RELION	77	OMNIPOD 5 LIBRE2 PLUS	
<i>nitazoxanide</i>	58	NOVOLOG MIX 70/30	77	G6 PODS.....	77
<i>nitisinone</i>	105	NOVOLOG MIX 70/30		OMNIPOD DASH INTRO	
NITRO-BID	89	FLEXPEN	77	(GEN 4)	78
NITRO-DUR.....	89	NOVOLOG MIX 70/30		OMNIPOD DASH PODS (GEN	
<i>nitrofurantoin macrocrystal</i> ...	31	RELION	77	4).....	78
<i>nitrofurantoin monohyd macro</i>		NOVOLOG PENFILL	77	OMNITROPE.....	108
.....	31	NOVOLOG RELION.....	77	<i>ondansetron</i>	45
<i>nitroglycerin</i>	89	NUBEQA	49	<i>ondansetron hcl</i>	45
<i>nora-be</i>	116	NUCALA	140	ONGENTYS.....	58
<i>norelgestromin-eth estradiol</i> 113		NUEDEXTA	92	ONUREG	50
<i>norethin ace-eth estrad-fe</i>	113	NUPLAZID.....	63	OPIPZA	63
<i>norethindrone</i>	116	NURTEC.....	47	OPSUMIT.....	138
<i>norethindrone acetate</i>	116	NUTRILIPID.....	101	OPVEE	29
<i>norethindrone acet-ethinyl est</i>		<i>nyamyc</i>	46	ORENCIA	121, 122
.....	113	<i>nylia 1/35</i>	114	ORENCIA CLICKJECT	121
<i>norethindrone-eth estradiol</i> ..	114	<i>nylia 7/7/7</i>	114	ORFADIN	105
<i>norgestimate-eth estradiol</i>	114	<i>nystatin</i>	46	ORGOVYX	118
<i>norgestim-eth estrad triphasic</i>		<i>nystatin-triamcinolone</i>	98	ORIAHNN.....	118
.....	114	<i>nystop</i>	46	ORLISSA	118
<i>norlyroc</i>	116	O		ORKAMBI	137
NORPACE CR.....	82	OALIVA.....	104	ORLADEYO	119
<i>nortrel 0.5/35 (28)</i>	114	<i>ocella</i>	114	<i>orphenadrine citrate er</i>	141
<i>nortrel 1/35 (21)</i>	114	OCTAGAM.....	120	<i>orquidea</i>	116
<i>nortrel 1/35 (28)</i>	114	<i>octreotide acetate</i>	118	ORSERDU	51
<i>nortrel 7/7/7</i>	114	ODEFSEY	68	<i>oseltamivir phosphate</i>	69
<i>nortriptyline hcl</i>	44	ODOMZO	55	OSENVELT	131
NORVIR.....	69	OFEV.....	138	OTEZLA.....	98
NOVOLIN 70/30.....	76	<i>ofloxacin</i>	36, 133, 134	OTEZLA XR.....	98
NOVOLIN 70/30 FLEXPEN		OGSIVEO	55	OTEZLA/OTEZLA XR	
RELION	76	OJEMDA.....	55	INITIATION PK	99
NOVOLIN 70/30 RELION....	76	OJJAARA.....	51	<i>oxacillin sodium in dextrose</i> ...	34
NOVOLIN N.....	76	<i>olanzapine</i>	63	<i>oxcarbazepine</i>	40
NOVOLIN N FLEXPEN	76	<i>olmesartan medoxomil</i>	81	<i>oxcarbazepine er</i>	40
NOVOLIN N FLEXPEN		<i>olmesartan medoxomil-hctz</i>	86	OXERVATE.....	132
RELION	76	<i>olmesartan-amlodipine-hctz</i> ...	86	<i>oxybutynin chloride</i>	106
NOVOLIN N RELION	76	<i>omega-3-acid ethyl esters</i>	88	<i>oxybutynin chloride er</i>	106
NOVOLIN R.....	77	<i>omeprazole</i>	104	<i>oxycodone hcl</i>	27
NOVOLIN R FLEXPEN	77	OMNIPOD 5 DEXG7G6		<i>oxycodone-acetaminophen</i>	27
NOVOLIN R FLEXPEN		INTRO GEN 5.....	77	OXYCONTIN	27
RELION	77	OMNIPOD 5 DEXG7G6 PODS		OZEMPIC (0.25 OR 0.5	
NOVOLIN R RELION	77	GEN 5.....	77	MG/DOSE).....	73
NOVOLOG	77	OMNIPOD 5 G7 INTRO (GEN		OZEMPIC (1 MG/DOSE).....	73
		5).....	77	OZEMPIC (2 MG/DOSE).....	73

P		
<i>paliperidone er</i>	63	
PANRETIN	57	
<i>pantoprazole sodium</i>	104, 105	
<i>paricalcitol</i>	131	
<i>paroxetine hcl</i>	43	
<i>paroxetine hcl er</i>	43	
PAXLOVID (150/100)	69	
<i>paxlovid (300/100 & 150/100)</i>	70	
PAXLOVID (300/100)	70	
<i>pazopanib hcl</i>	55	
PEDIARIX	128	
PEDVAX HIB	128	
<i>peg 3350-kcl-na bicarb-nacl</i>	103	
<i>peg-3350/electrolytes</i>	103	
PEGASYS	124	
PEMAZYRE	55	
<i>pen needles</i>	78	
PENBRAYA	128	
<i>penciclovir</i>	99	
<i>penicillamine</i>	101	
<i>penicillin g pot in dextrose</i>	34	
<i>penicillin g sodium</i>	34	
<i>penicillin v potassium</i>	34	
PENMENVY	128	
PENTACEL	128	
<i>pentamidine isethionate</i>	58	
<i>pentazocine-naloxone hcl</i>	27	
<i>pentoxifylline er</i>	86	
<i>perampanel</i>	37	
<i>perindopril erbumine</i>	82	
<i>permethrin</i>	99	
<i>perphenazine</i>	44	
<i>perphenazine-amitriptyline</i>	42	
PERSERIS	63	
<i>phenelzine sulfate</i>	42	
<i>phenobarbital</i>	39	
<i>phenoxybenzamine hcl</i>	81	
PHENYTEK	40	
<i>phenytoin</i>	40	
<i>phenytoin infatabs</i>	40	
<i>phenytoin sodium extended</i>	40	
<i>philith</i>	114	
PIFELTRO	67	
<i>pilocarpine hcl</i>	95, 134	
<i>pimecrolimus</i>	97	
<i>pimozide</i>	60	
<i>pimtree</i>	114	
<i>pindolol</i>	83	
<i>pioglitazone hcl</i>	73	
<i>pioglitazone hcl-metformin hcl</i>	73	
<i>piperacillin sod-tazobactam so</i>	34	
<i>piperacillin-tazobactam-nacl</i> .	34	
PIQRAY (200 MG DAILY DOSE)	55	
PIQRAY (250 MG DAILY DOSE)	55	
PIQRAY (300 MG DAILY DOSE)	55	
<i>pirfenidone</i>	138	
<i>piroxicam</i>	26	
<i>plenamine</i>	102	
<i>pnv 27-ca/fe/fa</i>	102	
<i>podofilox</i>	99	
<i>polymyxin b sulfate</i>	31	
<i>polymyxin b-trimethoprim</i>	133	
POMALYST	49	
PONVORY	94	
PONVORY STARTER PACK	94	
<i>portia-28</i>	114	
<i>posaconazole</i>	46	
<i>potassium chloride</i>	100	
<i>potassium chloride crys er</i> ...	100	
<i>potassium chloride er</i>	100	
<i>potassium citrate er</i>	100	
<i>pramipexole dihydrochloride</i> .	59	
<i>pramipexole dihydrochloride er</i>	59	
<i>prasugrel hcl</i>	81	
<i>pravastatin sodium</i>	88	
<i>praziquantel</i>	57	
<i>prazosin hcl</i>	81	
<i>prednisolone</i>	108	
<i>prednisolone acetate</i>	133	
<i>prednisolone sodium phosphate</i>	108, 130, 133	
<i>prednisone</i>	130	
<i>prednisone intensol</i>	130	
<i>pregabalin</i>	39	
PREMARIN	110	
PREMPHASE	114	
PREMPRO	114	
<i>prenatal</i>	102	
<i>pretomanid</i>	48	
<i>prevalite</i>	88	
PREVYMIS	65	
PREZCOBIX	68	
PREZISTA	69	
PRIFTIN	48	
<i>primaquine phosphate</i>	58	
PRIMAXIN IV	31	
<i>primidone</i>	39	
PRIORIX	128	
PRIVIGEN	120	
<i>probenecid</i>	47	
<i>prochlorperazine</i>	44	
<i>prochlorperazine maleate</i>	44	
PROCRT	80	
<i>progesterone</i>	116	
PROGRAF	125	
PROLASTIN-C	105	
<i>promethazine hcl</i>	44, 135	
<i>promethazine-phenylephrine</i>	140	
<i>promethegan</i>	44	
<i>propafenone hcl</i>	82	
<i>propranolol hcl</i>	83	
<i>propranolol hcl er</i>	83	
<i>propylthiouracil</i>	119	
PROQUAD	128	
<i>protriptyline hcl</i>	44	
PULMOZYME	137	
<i>pyrazinamide</i>	48	
<i>pyridostigmine bromide</i>	48	
<i>pyridostigmine bromide er</i>	48	
<i>pyrimethamine</i>	58	
PYRUKYND	80	
PYRUKYND TAPER PACK	80	
Q		
QINLOCK	55	
QUADRACEL	128	
<i>quetiapine fumarate</i>	63	
<i>quetiapine fumarate er</i>	63	
<i>quinapril hcl</i>	82	
<i>quinapril-hydrochlorothiazide</i>	86	
<i>quinidine gluconate er</i>	83	
<i>quinidine sulfate</i>	83	
<i>quinine sulfate</i>	58	
QULIPTA	47	
R		
RABAVERT	128	
RADICAVA ORS	92	
RADICAVA ORS STARTER KIT	92	
RALDESY	43	

<i>raloxifene hcl</i>	116	ROTATEQ	128	<i>sodium fluoride</i>	101
<i>ramelteon</i>	141	ROZLYTREK	55	<i>sodium oxybate</i>	141
<i>ramipril</i>	82	RUBRACA.....	55	<i>sodium phenylbutyrate</i>	106
<i>ranolazine er</i>	86	<i>rufinamide</i>	40	<i>sodium polystyrene sulfonate</i>	102
<i>rasagiline mesylate</i>	59	RUKOBIA.....	68	SOFOSBUVIR-	
RAVICTI.....	105	RYBELSUS.....	73	VELPATASVIR.....	66
REBIF.....	94	RYDAPT	55	<i>solifenacin succinate</i>	106
REBIF REBIDOSE	94	RYKINDO.....	64	SOLQUA.....	78
REBIF REBIDOSE		RYLAZE	51	SOLTAMOX	49
TITRATION PACK.....	94	S		SOMAVERT	119
REBIF TITRATION PACK...	94	SANTYL	99	<i>sorafenib tosylate</i>	56
<i>reclipsen</i>	114	<i>sapropterin dihydrochloride</i> .	106	<i>sotalol hcl</i>	83
RECOMBIVAX HB	128	SAVELLA.....	92	<i>sotalol hcl (af)</i>	83
RECORLEV.....	118	SAVELLA TITRATION PACK		SOTYKTU	122
RELENZA DISKHALER	69	.....	92	SPIRIVA RESPIMAT	136
RELISTOR.....	103	SCSEMBLIX.....	56	<i>spironolactone</i>	87
<i>repaglinide</i>	73	<i>scopolamine</i>	44	<i>spironolactone-hctz</i>	86
REPATHA	89	SECUADO	64	<i>sprintec 28</i>	114
REPATHA SURECLICK	89	SELARSDI.....	122	SPRITAM.....	38
RETACRIT	80	<i>selegiline hcl</i>	59	<i>sps (sodium polystyrene sulf)</i>	102
RETEVMO.....	55	<i>selenium sulfide</i>	97	<i>sronyx</i>	114
REVCovi	105	SELZENTRY	68	STELARA	122
REVLIMID	49	SEREVENT DISKUS	136	STEQEYMA	122
REVUFORJ.....	51	SEROSTIM	109	STIOLTO RESPIMAT.....	140
REXULTI.....	63	<i>sertraline hcl</i>	43	STIVARGA.....	56
REYATAZ	69	<i>setlakin</i>	114	STOBOCLO	131
REZDIFFRA	117	<i>sevelamer carbonate</i>	102	<i>streptomycin sulfate</i>	30
REZLIDHIA.....	51	<i>sharobel</i>	116	STRIBILD	68
REZUROCK	125	SHINGRIX.....	129	SUCRAID.....	106
RHOPRESSA.....	134	SIGNIFOR.....	118	<i>sucrafate</i>	104
<i>ribavirin</i>	66	SIKLOS	50	<i>sulfacetamide sodium</i>	133
<i>rifabutin</i>	48	<i>sildenafil citrate</i>	138	<i>sulfacetamide sodium (acne)</i> ..	36
<i>rifampin</i>	48	SILIQ.....	122	<i>sulfacetamide-prednisolone</i> ..	132
<i>riluzole</i>	92	<i>silver sulfadiazine</i>	99	<i>sulfadiazine</i>	36
<i>rimantadine hcl</i>	69	SIMBRINZA	134	<i>sulfamethoxazole-trimethoprim</i>	
<i>risedronate sodium</i>	131	SIMLANDI (1 PEN)	125	.....	31, 36
<i>risperidone</i>	63, 64	SIMLANDI (1 SYRINGE) ..	125	<i>sulfasalazine</i>	130
<i>risperidone microspheres er</i> ..	63	SIMLANDI (2 PEN)	125	<i>sulindac</i>	26
<i>ritonavir</i>	69	SIMLANDI (2 SYRINGE) ..	126	<i>sumatriptan</i>	47
<i>rivastigmine</i>	41	<i>simliya</i>	114	<i>sumatriptan succinate</i>	47, 48
<i>rivastigmine tartrate</i>	41	<i>simpesse</i>	114	<i>sumatriptan succinate refill</i>	47
<i>rizatriptan benzoate</i>	47	SIMPONI.....	126	<i>sunitinib malate</i>	56
ROCKLATAN	134	<i>simvastatin</i>	88	SUNLENCA.....	68
<i>roflumilast</i>	137	<i>sirolimus</i>	126	<i>syeda</i>	114
ROMVIMZA.....	51	SIRTURO	48	SYMDEKO	137
<i>ropinirole hcl</i>	59	SKYLA.....	114	SYMLINPEN 120	73
<i>ropinirole hcl er</i>	59	SKYTROFA	109	SYMLINPEN 60	73
<i>rosuvastatin calcium</i>	88	<i>sodium chloride</i>	99, 101	SYMPAZAN	39
ROTARIX	128	<i>sodium chloride (pf)</i>	100	SYMTUZA.....	68

SYNAREL	119	<i>thiothixene</i>	60	<i>trifluoperazine hcl</i>	60
SYNJARDY	73	<i>tiagabine hcl</i>	39	<i>trifluridine</i>	66
SYNJARDY XR	73	TIBSOVO.....	51	<i>trihexyphenidyl hcl</i>	58
SYNTHROID.....	117	<i>ticagrelor</i>	81	TRIJARDY XR	73
T		TICOVAC	129	TRIKAFTA	137
TABLOID	50	<i>tigecycline</i>	31	<i>tri-legest fe</i>	115
TABRECTA.....	56	<i>tilia fe</i>	114	<i>tri-linyah</i>	115
<i>tacrolimus</i>	97, 126	<i>timolol maleate</i>	83, 133	<i>tri-lo-estarylla</i>	115
<i>tadalafil</i>	107	<i>tinidazole</i>	31	<i>tri-lo-marzia</i>	115
<i>tadalafil (pah)</i>	138	<i>tiopronin</i>	107	<i>tri-lo-mili</i>	115
TADLIQ	138	<i>tiotropium bromide</i>	136	<i>tri-lo-sprintec</i>	115
TAFINLAR	56	TIVICAY.....	66	<i>trimethobenzamide hcl</i>	44
TAGRISSE	56	TIVICAY PD	66	<i>trimethoprim</i>	31
TALTZ	122	<i>tizanidine hcl</i>	65	<i>tri-mili</i>	115
TALZENNA.....	56	TOBI PODHALER	137	<i>trimipramine maleate</i>	44
<i>tamoxifen citrate</i>	49	<i>tobramycin</i>	133, 137	<i>trinatal rx 1</i>	102
<i>tamsulosin hcl</i>	107	<i>tobramycin sulfate</i>	30	TRINTELLIX.....	43
<i>tarina 24 fe</i>	114	<i>tobramycin-dexamethasone</i> ..	132	<i>tri-sprintec</i>	115
<i>tarina fe 1/20 eq</i>	114	<i>tolterodine tartrate</i>	107	TRIUMEQ.....	68
TARPEYO	119	<i>tolterodine tartrate er</i>	107	TRIUMEQ PD.....	68
TASCENSO ODT	94	<i>tolvaptan</i>	101	<i>tri-vylibra</i>	115
<i>tasimelteon</i>	141	<i>tolvaptan (hyponatremia)</i>	101	<i>tri-vylibra lo</i>	115
TAVNEOS	80	<i>topiramate</i>	38	<i>tropium chloride</i>	107
<i>tazarotene</i>	95	<i>toremifene citrate</i>	49	<i>tropium chloride er</i>	107
TAZICEF	33	<i>torsemide</i>	87	TRULANCE	103
TAZVERIK.....	56	TOUJEO MAX SOLOSTAR.....	78	TRULICITY	73
TEFLARO.....	33	TOUJEO SOLOSTAR	78	TRUMENBA.....	129
<i>telmisartan</i>	81	TRADJENTA.....	73	TRUQAP	56
<i>telmisartan-hctz</i>	86	<i>tramadol hcl</i>	28	TUKYSA.....	56
<i>temazepam</i>	141	<i>tramadol-acetaminophen</i>	28	TURALIO.....	56
TENIVAC	129	<i>trandolapril</i>	82	<i>turqoz</i>	115
<i>tenofovir disoproxil fumarate</i>	65	<i>tranexamic acid</i>	80	TWINRIX.....	129
TEPEZZA.....	132	<i>tranylcypromine sulfate</i>	42	TYBOST.....	68
TEPMETKO.....	56	<i>travoprost (bak free)</i>	134	TYMLOS.....	131
<i>terazosin hcl</i>	81	<i>trazodone hcl</i>	43	TYPHIM VI.....	129
<i>terbinafine hcl</i>	46	TRELEGY ELLIPTA.....	140	TYVASO DPI	
<i>terbutaline sulfate</i>	136	TRELSTAR MIXJECT.....	119	MAINTENANCE KIT	138
<i>terconazole</i>	46	TREMFYA.....	123	TYVASO DPI TITRATION	
<i>teriflunomide</i>	94	TREMFYA ONE-PRESS	123	KIT	138
<i>teriparatide</i>	131	TREMFYA PEN	123	U	
<i>testosterone</i>	109	TREMFYA-CD/UC		UBRELVY	47
<i>testosterone cypionate</i>	109	INDUCTION.....	123	UNITHROID.....	117
<i>testosterone enanthate</i>	109	<i>tretinoin</i>	57, 95	UPTRAVI.....	138
<i>tetrabenazine</i>	92	<i>tri femynor</i>	115	UPTRAVI TITRATION	138
<i>tetracycline hcl</i>	36	<i>triamcinolone acetonide</i> ...95, 98		<i>ursodiol</i>	104
THALOMID.....	49	<i>triamcinolone in absorbase</i> ...98		<i>ustekinumab</i>	123
<i>theophylline</i>	138	<i>triamterene-hctz</i>	86	<i>ustekinumab-aekn</i>	123
<i>theophylline er</i>	137	<i>trientine hcl</i>	101	UZEDY.....	64
<i>thioridazine hcl</i>	60	<i>tri-estarylla</i>	115		

V		
<i>valacyclovir hcl</i>	66	
VALCHLOR	49	
<i>valganciclovir hcl</i>	65	
<i>valproic acid</i>	38	
<i>valsartan</i>	81	
<i>valsartan-hydrochlorothiazide</i>	87	
VALTOCO 10 MG DOSE	39	
VALTOCO 15 MG DOSE	39	
VALTOCO 20 MG DOSE	39	
VALTOCO 5 MG DOSE	39	
<i>vancomycin hcl</i>	31	
<i>vancomycin hcl in nacl</i>	31	
VANFLYTA	56	
VAQTA	129	
<i>varenicline tartrate</i>	29	
<i>varenicline tartrate (starter)</i> ..	29	
<i>varenicline tartrate(continue)</i> ..	29	
VARIVAX	129	
VAXCHORA	129	
<i>velivet</i>	115	
VELTASSA	102	
VEMLIDY	65	
VENCLEXTA	56	
VENCLEXTA STARTING PACK	56	
<i>venlafaxine hcl</i>	43	
<i>venlafaxine hcl er</i>	43	
VENTOLIN HFA	136	
VEOZAH	92	
<i>verapamil hcl</i>	84	
<i>verapamil hcl er</i>	84	
VERQUVO	87	
VERSACLOZ	65	
VERZENIO	56	
<i>vestura</i>	115	
<i>vienna</i>	115	
<i>vigabatrin</i>	39	
VIGAFYDE	39	
VIJOICE	56	
<i>vilazodone hcl</i>	43	
VIMKUNYA	129	
<i>viorele</i>	115	
VIRACEPT	69	
VIREAD	65, 66	
VITRAKVI	56	
VIVITROL	28	
VIVOTIF	129	
VIZIMPRO	56	
<i>volnea</i>	115	
VONJO	57	
VOQUEZNA	104	
VOQUEZNA DUAL PAK... ..	104	
VOQUEZNA TRIPLE PAK ..	104	
VORANIGO	51	
<i>voriconazole</i>	46	
VOSEVI	66	
VOWST	104	
VRAYLAR	64	
<i>vyfemla</i>	115	
<i>vylibra</i>	115	
W		
<i>warfarin sodium</i>	79	
WEGOVY	87	
WELIREG	51	
<i>wera</i>	115	
WINREVAIR	138	
<i>wixela inhub</i>	140	
<i>wymzya fe</i>	115	
WYOST	131	
X		
XALKORI	57	
XARELTO	79	
XARELTO STARTER PACK	79	
XATMEP	51	
XCOPRI	38	
XCOPRI (250 MG DAILY DOSE)	38	
XCOPRI (350 MG DAILY DOSE)	38	
XDEMVY	132	
XELJANZ	123	
XELJANZ XR	123	
XERMELO	103	
XIFAXAN	103	
XIGDUO XR	74	
XOLAIR	140	
XOLREMDI	80	
XOSPATA	57	
XPOVIO (100 MG ONCE WEEKLY)	51	
XPOVIO (40 MG ONCE WEEKLY)	51	
XPOVIO (40 MG TWICE WEEKLY)	51	
XPOVIO (60 MG ONCE WEEKLY)	51	
XPOVIO (60 MG TWICE WEEKLY)	51	
XPOVIO (80 MG ONCE WEEKLY)	51	
XPOVIO (80 MG TWICE WEEKLY)	51	
XROMI	50	
XTANDI	49	
<i>xulane</i>	115	
XYWAV	141	
Y		
YESINTEK	123	
YF-VAX	129	
YONSA	49	
YORVIPATH	131	
YUTREPIA	138	
<i>yuvaferm</i>	110	
Z		
<i>zafemy</i>	115	
<i>zaleplon</i>	141	
ZARXIO	80	
ZAVZPRET	47	
ZEJULA	57	
ZELBORAF	57	
ZEMAIRA	106	
<i>zenatane</i>	95	
ZENPEP	106	
ZEPBOUND	141	
ZEPOSIA	94	
ZEPOSIA 7-DAY STARTER PACK	94	
ZEPOSIA STARTER KIT	94	
<i>zidovudine</i>	67	
ZILBRYSQ	124	
<i>ziprasidone hcl</i>	64	
<i>ziprasidone mesylate</i>	64	
ZITHROMAX	35	
ZOLINZA	51	
<i>zolmitriptan</i>	48	
<i>zolpidem tartrate</i>	141	
<i>zolpidem tartrate er</i>	141	
ZONISADE	40	
<i>zonisamide</i>	40	
ZOSYN	31	
<i>zovia 1/35 (28)</i>	115	
ZTALMY	39	
ZTLIDO	28	

zumandimine.....116
ZURNAI.....29

ZURZUVAE42
ZYDELIG.....57

ZYKADIA.....57