

# Cleveland Clinic Employee Health Plan Prescription Drug Formulary



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# Cleveland Clinic Health Benefit Program

## Drug Formulary

### August 2024

## Prescription Drug Coverage

**Approved Medications** — Only FDA-approved medications are eligible for coverage.

**Non-Covered Medications** — These drugs are determined by the terms of the member's group health plan. The following are examples of, but not limited to, drug categories that plans exclude from coverage: drugs used for cosmetic purposes, weight control (anti-obesity), promotion of fertility, and sexual dysfunction. A **discount card** for these medications is available at Cleveland Clinic Pharmacies.

**Preferred Generic Medications (Non-Specialty; Tier 1)** — The Cleveland Clinic Health Benefit Program supports and encourages the use of FDA-approved generic drugs that are both chemically and therapeutically equivalent to manufacturers' brand name products. Generically equivalent products are safe and effective treatments that offer savings as alternatives to brand name products. This Formulary lists both a generic and a brand name for the purpose of drug recognition.

**Preferred Brands (Non-Specialty; Tier 2)** — An FDA-approved drug of proven therapeutic efficacy and safety and approved by the P&T Committee for inclusion in the Formulary.

This Formulary lists both a generic and a brand name for the purpose of drug recognition.

**Non-Preferred /Non-Formulary Brands and Generics (Tier 3)** — Any FDA-approved medication which has been reviewed by the P&T Committee and not added to the Formulary or is new and has not yet been reviewed by the P&T Committee is considered a Non-Preferred/Non-Formulary drug. A higher co-insurance is charged for Non-Preferred/Non-Formulary medications.

**Specialty Brand/Generic Drugs (Tier 4)** — An FDA-approved drug of proven therapeutic efficacy and safety and approved by the P&T Committee for inclusion in the Formulary as a specialty medication due to its complex nature, administration, handling, and/or treatment of a complex disease state.

**Compounded Prescriptions** — A customized medication prepared by a pharmacist according to a doctor's specifications. Compounded prescriptions are considered Non-Preferred and have a charge of 45% at any Cleveland Clinic Pharmacy or 50% at all other locations. Prior authorization is required for coverage of compounded medications with a total gross cost of \$100 or more.

**Investigational/Experimental Drug Use** — A medication pending FDA approval or a FDA-approved medication not generally recognized by the medical community as effective or appropriate for a particular diagnosis. Charges for experimental or investigational drugs are not a covered benefit.

## Important Points About the *HBP Prescription Drug Formulary*

- The *HBP Prescription Drug Formulary* lists medications that are included in Tier 1, Tier 2 and Tier 4 of the HBP Prescription Drug Benefit (Tier 3 are Non-Preferred/Non-Formulary brand and generic drugs). All of the medications listed in this *HBP Prescription Drug Formulary* are considered formulary medications. This *HBP Prescription Drug Formulary* is designed to assist members and physicians to enhance cost savings by using Preferred Generic Medications (Non-Specialty; Tier 1), Preferred Brands (Non-Specialty; Tier 2) and Specialty Brand/Generic Drugs (Tier 4), thereby making all drugs in these Tiers the preferred drug(s) of choice. **This *HBP Prescription Drug Formulary* is designed to assist members and physicians to enhance cost savings by using Preferred Generics (Non-Specialty; Tier 1), Preferred Brands (Non-Specialty; Tier 2) and Specialty Brand/Generic Drugs (Tier 4), thereby making all drugs in these Tiers the preferred drug(s) of choice.**
- Coverage of certain Formulary medications may also be subject to restrictions established by the Pharmacy and Therapeutics (P&T) Committee.
- Brand names are listed in the *HBP Prescription Drug Formulary* only as a reference to help you identify the Preferred drug and do not indicate coverage of a particular brand. Brand names are capitalized (e.g., Amoxil) and generic names are in lower case (e.g., amoxicillin).
- The inclusion of a drug on this list does not mean that all strengths or dosage forms for a given drug are covered under your prescription drug benefit. Medication strengths or dosage forms that are excluded from the formulary can be found in the Non-Covered Medications section starting on page 16.
- Designated symbols/letters follow certain drugs listed in the *HBP Prescription Drug Formulary* and indicate criteria related to the drugs as follows: (\*) indicates availability of a generic equivalent; (\*\*) indicates availability of a generic equivalent but the brand product is still covered as a “Preferred Brands (Non-Specialty; Tier 2); (PA) indicates that prior authorization is required for use (physician must submit a Prior Authorization, Formulary Exception and Appeal Form); (SP) indicates a specialty brand or generic drug (a higher co-insurance may be charged and medications only available through Cleveland Clinic Pharmacies, Cleveland Clinic Specialty Pharmacy, or the CVS/caremark Specialty Drug Program); (QL) indicates the drug has a quantity limit. (ST) indicates the drug is part of the Step Therapy Program.

### Notice

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Cleveland Clinic or CVS/caremark.

**When viewing the *HBP Prescription Drug Formulary* via the Internet, please be advised that the *HBP Prescription Drug Formulary* is updated periodically and changes may appear prior to their effective date to allow for client notification.**

# Drug Formulary Medications by Category

## ALLERGY/COUGH & COLD/ RESPIRATORY

### Anticholinergic, Inhaled Nasal

Atrovent (ipratropium)\*

### Anticholinergic, Inhaled Oral

Atrovent (ipratropium) inhalation solution\*

Atrovent HFA (ipratropium) inhaler

Incruse Ellipta (umeclidinium bromide) (QL)

Lonhala Magnair (glycopyrrolate) (PA) (QL)

Spiriva Respimat (tiotropium) (2.5 mcg/  
actuation only)\*

Tudorza Pressair (aclidinium)

Yupelri (revefenacin inhalation solution) (PA)  
(QL)

### Anticholinergic/Beta Agonist, Inhaled Oral

Bevespi Aerosphere (glycopyrrolate/  
formoterol) (QL)

Combivent Respimat (ipratropium/albuterol)  
inhaler

Duoneb (ipratropium/albuterol)\*

### Antihistamines, Oral

Atarax (hydroxyzine HCl)\*

Cyproheptadine tablets\*, syrup\*

Phenergan (promethazine)\*

Vistaril (hydroxyzine pamoate)\*

### Anti-Inflammatory, Inhaled Oral

Arnuity Ellipta (fluticasone) (QL)

Asmanex, Asmanex HFA (mometasone) (\$0 copay)

Flovent Diskus, HFA (fluticasone)\* inhaler

Pulmicort (budesonide) inhaler

Pulmicort Respules (budesonide)\*

Qvar (beclomethasone) inhaler

### Anti-Inflammatory, Inhaled Oral/Long Acting Beta Agonist Combination

Advair Diskus (fluticasone/salmeterol)\*

Advair HFA (fluticasone/salmeterol)\*

AirDuo (fluticasone/salmeterol)\* (generic only;  
\$0 copay)

Breo Ellipta (fluticasone/vilanterol) (QL)

Dulera (mometasone/formoterol) (\$0 copay)

Symbicort (budesonide/formoterol)\*

### Beta Agonists, Inhaled Oral

Accuneb (albuterol) inhalation solution\*

Arcapta (indacaterol) Neohaler

Brovana (arformoterol)\*

Perforomist (formoterol)\*

Proventil (albuterol) inhalation solution\*

Proventil HFA (albuterol) inhaler\*

ProAir HFA (albuterol) inhaler\*

Serevent Diskus (salmeterol)

Ventolin HFA (albuterol) inhaler\*

Xopenex (levalbuterol)\*

## ALLERGY/COUGH & COLD/ RESPIRATORY (cont.)

### Beta Agonists, Oral

Alupent (metaproterenol) syrup\*, tablet\*

Brethine (terbutaline) tablet\*

Proventil (albuterol) tablet\*, syrup\*

Vospire ER (albuterol extended release) tablet\*

### Cough/Cold

Tessalon (benzonatate)\* (only 100 mg & 200 mg)

### Leukotriene Modulator

Accolate (zafirlukast)\*

Singulair (montelukast)\*

### Miscellaneous Agents

Beriner (C1 inhibitor) (PA) (SP)

Bethkis (tobramycin for inhalation) (PA) (SP)

Bronchitol (mannitol) (PA) (QL) (SP)

Cayston (aztreonam) inhalation solution (SP)

Cinqair (reslizumab) (PA) (SP)

Cinryze (C1 inhibitor) (PA) (SP)

Cuvposa (glycopyrrolate)\* (PA)

Daliresp (roflumilast) (PA)\*

Elixophyllin (theophylline) elixir

Epipen (epinephrine)\* (generic only) (QL)

Epipen Jr. (epinephrine)\* (generic only) (QL)

Esbriet (pirfenidone)\* (PA) (QL) (SP)

Fasenra (benralizumab) pens, prefilled syringes  
(PA) (QL) (SP)

Firazyr (icatibant) (PA) (SP)

Grastek (timothy grass pollen allergen extract)  
(PA) (QL)

Haegarda (C1 inhibitor) (PA) (SP)

Intal (cromolyn sodium) inhalation solution\*

Kalbitor (ecallantide) (PA) (QL) (SP)

Kalydeco (ivacaftor) (PA) (QL) (SP)

Kitabis Pak (tobramycin) inhalation solution\*  
(PA) (SP)

Lysteda (tranexamic acid)\* (QL)

Nucala (mepolizumab) (PA) (QL) (SP)

Odactra (house dust mite allergen extract)  
(PA) (QL)

Ofev (nintedanib) (PA) (QL) (SP)

Oralair (grass mixed pollen allergen extract)  
(PA) (QL)

Orkambi (lumacaftor/ivacaftor) (PA) (QL) (SP)

Palforzia [peanut (arachis hypogaea) allergen  
powder-dnfp] (PA) (QL) (SP)

Pulmozyme (dornase alfa) inhalation solution (SP)

Ragwitek (ragweed pollen allergen extract)  
(PA) (QL)

Ruconest (recombinant C1 inhibitor) (PA) (QL)  
(SP)

Symdeko (tezacaftor/ivacaftor) (PA) (QL) (SP)

Takhzyro (lanadelumab-flyo) (PA) (QL) (SP)

Tezspire (tezepelumab) (PA) (QL) (SP)

## ALLERGY/COUGH & COLD/ RESPIRATORY (cont.)

### Miscellaneous Agents (cont.)

Theo-Dur (theophylline)\*

TOBI (tobramycin) inhalation solution\* (PA) (SP)

TOBI (tobramycin) Podhaler (PA) (SP)

Trelegy Ellipta (fluticasone/umeclidinium/vilanterol)  
(PA)

Trikafta (elexacaftor/tezacaftor/ivacaftor) (PA)  
(QL) (SP)

Xolair (omalizumab) (vials excluded) (PA) (QL) (SP)

Zemaira (alpha1-proteinase inhibitor) (PA) (SP)

## ANALGESICS

### Arthritis

Actemra (tocilizumab) (PA) (QL) (SP)

Arava (leflunomide)\* (SP)

Astagraf XL (tacrolimus ext-rel) (PA) Azulfidine  
(sulfasalazine)\*

Cimzia (certolizumab) (PA) (QL) (SP) (excluded for  
Psoriasis)

Enbrel (etanercept) (PA) (QL) (SP) (excluded for  
Psoriasis)

Gengraf (cyclosporine)\* (SP)

Hadlima (adalimumab) (PA) (QL) (SP)

Humira (adalimumab) (Hadlima preferred) (PA)  
(QL) (SP)

Imuran (azathioprine)\*

Kezara (sarilumab) (PA) (QL) (SP)

Kineret (anakinra) (PA) (SP)

Neoral (cyclosporine) capsules\*, oral solution\*  
(SP)

Olumiant (baricitinib) (PA) (QL) (SP)

Orencia (abatacept) (PA) (SP)

Otezla (apremilast) (PA) (QL) (SP)

Otrexup (methotrexate injection) (PA) (QL) (SP)

Plaquenil (hydroxychloroquine)\* (QL)

Rasuvo (methotrexate injection) (PA) (QL) (SP)

Rinvoq (upadacitinib) (PA) (QL) (SP)

Rheumatrex (methotrexate)\*

Sandimmune (cyclosporine) capsules\*, solution  
(SP)

Simponi (golimumab) (PA) (SP)

Tofidence (tocilizumab-bavi) (PA) (QL) (SP)

Tyenne (tocilizumab-aazg) (PA) (QL) (SP)

Xeljanz (tofacitinib) (PA) (QL) (SP)

Xeljanz XR (tofacitinib) (PA) (QL) (SP)

### Gout

Benemid (probenecid)\*

Colcrys (colchicine)

Zyloprim (allopurinol)\*

### Migraine

Aimovig (erenumab-aooe) (CC) (PA) (QL) (SP)

Amerge (naratriptan)\* (QL)

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\*\*Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization.

(CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

\*\*\*Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

## Drug Formulary Medications by Category (continued)

### ANALGESICS (cont.)

#### Migraine (cont.)

Cafergot (ergotamine/caffeine)\*  
D.H.E. (dihydroergotamine)\* (PA)(QL)  
Emgality (galcanezumab-gnlm) (CC) (PA) (QL) (SP)  
Ergomar (ergotamine) (PA) (QL)  
Imitrex (sumatriptan) injection\*, nasal spray\*, tablet\* (QL)  
Maxalt/Maxalt-MLT (rizatriptan)\* (QL)  
Migranal (dihydroergotamine)\* (PA) (QL)  
Nurtec ODT (rimegepant) (CC) (PA) (QL) (SP)  
Relpax (eletriptan)\* (QL)  
Reyvow (lasmiditan) (CC) (PA) (QL)(SP)  
Qulipta (atogepant) (PA) (QL) (SP)  
Ubrelyv (ubrogepant) (CC) (PA) (QL) (SP)  
Zavzpret (zavegepant) (PA) (QL) (SP)  
Zomig (zolmitriptan)\* (QL)

#### Muscle Relaxants

Equanil (meprobamate)\*  
Fleqsuvy (baclofen; excluded for members 12 years of age and older)\* (QL)  
Flexeril (cyclobenzaprine)\* (except 7.5 mg tablets)  
Lioresal (baclofen)\* (except 5 mg tablets)  
Norflex (orphenadrine)\*  
Parafon Forte DSC (chlorzoxazone)\* (500 mg tablets only)  
Robaxin (methocarbamol)\*  
Soma (carisoprodol)\*  
Zanaflex (tizanidine)\*

#### Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Ansaid (flurbiprofen)\*  
Arthrotec (diclofenac sodium delayed release/misoprostol)\*  
Cataflam (diclofenac)\*  
Celebrex (celecoxib)\* (excluding 400 mg capsules)  
Clinoril (sulindac)\*  
Feldene (piroxicam)\*  
Flector (diclofenac epolamine)\* (PA) (QL)  
Indocin (indomethacin)\*  
Lodine immediate-release (etodolac)\* (only 200 mg capsules, 400 mg tablets, 500 mg tablets)  
Mobic (meloxicam)\*  
Motrin (ibuprofen) tablets\*, suspension\*  
Naprosyn (naproxen)\*  
Orudis (ketoprofen)\*  
Pennsaid (diclofenac sodium solution)\* (PA) (only 1.5% solution)  
Relafen (nabumetone)\*  
Solaraze (diclofenac gel)\* (PA)  
Toradol (ketorolac)\* (QL)  
Voltaren (diclofenac)\*

### ANALGESICS (cont.)

#### Opioid Analgesics

Avinza (morphine extended release)  
Codeine (codeine sulfate) 30 mg tablets\*  
Emerol (meperidine)\*  
Dilaudid (hydromorphone)\*  
Dolophine (methadone)\*  
Duragesic (fentanyl)\*  
Lortab (hydrocodone/acetaminophen) elixir\*, tablets\* (QL)  
MS Contin (morphine extended release)\*  
MS IR (morphine) tablets\*, solution\*  
Norco (hydrocodone/acetaminophen)\* (QL)  
Oxycontin (oxycodone extended release)  
Percocet (oxycodone/acetaminophen)\* (QL)  
Percodan (oxycodone/aspirin)\*  
Tylenol with Codeine (acetaminophen/ codeine)\* (QL)  
Ultracet (tramadol/acetaminophen)\* (QL)  
Ultram (tramadol)\*  
Ultram ER (tramadol extended release)\*

#### Opioid Antagonist

ReVia (naltrexone)\*

#### Salicylates

Dolobid (diflunisal)\*  
Trilisate (choline magnesium trisalicylate)\*

#### Systemic Lupus Erythematosus

Benlysta (belimumab) (SP) (PA)  
Lidoderm (lidocaine) patch\* (PA)  
Stadol NS (butorphanol)\*  
Talwin NX (pentazocine/naloxone)\*

### ANTI-INFECTIVES

#### (Antibiotics/Antifungals/Antivirals)

##### Antifungals, Oral

Brexafemme (ibrexafungerp) (PA) (QL)  
Diflucan (fluconazole) tablet\*, suspension\*  
Mycelx Troche (clotrimazole)\* (QL)  
Mycostatin (nystatin) tablet\*, suspension\*  
Nizoral (ketoconazole)\*  
Noxafil (posaconazole) (PA) (SP) tablets\*  
Vfend (voriconazole)\* (SP)

##### Antifungals, Topical

Lotrisone (clotrimazole/betamethasone) cream\*  
Mycolog II (nystatin/triamcinolone)\*  
Mycostatin (nystatin) cream\*, ointment\*, powder\* (QL)  
Naftin (naftifine) cream\*, 1% gel\*  
Nizoral (ketoconazole) cream\* (QL)  
Selsun Rx (selenium sulfide) shampoo\*

##### Antivirals, Injectable

Apretude (cabotegravir) (PA) (QL) (SP)  
Cabenuva (cabotegravir/rilpivirine) (PA) (QL) (SP)

### ANTI-INFECTIVES (cont.)

#### (Antibiotics/Antifungals/Antivirals)

##### Antivirals, Injectable (cont.)

Fuzeon (enfuvirtide) (SP)  
Intron A (interferon alfa-2b) (SP)  
Pegasys (peginterferon alfa-2a) (PA) (SP)  
Pegintron (peginterferon alfa-2b) (PA) (SP)  
Prevymis (letermovir) (PA) (QL) (SP)  
Sylatron (peginterferon alfa-2b) (SP)

##### Antivirals, Oral

Aptivus (tipranavir) (SP)  
Atripla\* (efavirenz/emtricitabine/tenofovir) (SP)  
Baraclude (entecavir) (SP)  
Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) (QL) (SP)  
Combivir (zidovudine/lamivudine)\* (SP)  
Complera (emtricitabine/rilpivirine/tenofovir) (SP)  
Copegus (ribavirin)\* (SP)  
Crixivan (indinavir) (SP)  
Cytovene (ganciclovir) (SP)  
Daklinza (daclatasvir) (PA) (QL) (SP)  
Descovy (emtricitabine/tenofovir) (PA) (QL) (SP)  
Dovato (dolutegravir/lamivudine) (QL) (SP)  
Edurant (rilpivirine) (SP)  
Emtriva (emtricitabine) (SP)  
Epclusa (sofosbuvir/velpatasvir) (PA) (QL) (SP) (generic only)\*  
Epivir (lamivudine)\* (SP)  
Epivir HBV (lamivudine)\* (SP)  
Epzicom (abacavir/lamivudine)\* (SP)  
Famvir (famciclovir)\* (QL)  
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) (QL) (SP)  
Harvoni (ledipasvir/sofosbuvir)\* (PA) (QL) (SP) (generic only)  
Hepsera (adefovir)\* (SP)  
Incivek (telaprevir) (SP)  
Intelence (etravirine) (SP)  
Invirase (saquinavir) (SP)  
Isentress (raltegravir) (SP)  
Kaletra (lopinavir/ritonavir)\* solution (SP)  
Lagevrio (molnupiravir) (QL)  
Lexiva (fosamprenavir) (SP)  
Livtencity (maribavir) (PA) (QL) (SP)  
Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)  
Norvir (ritonavir) (SP)  
Odefsey (emtricitabine/rilpivirine/tenofovir) (QL) (SP)  
Olysio (simeprevir) (PA) (QL) (SP)  
Paxlovid (nirmatrelvir/ritonavir) (QL)  
Prevymis (letermovir) (PA) (QL) (SP)  
Prezista (darunavir)\* (SP)  
Rebetol (ribavirin)\* (SP)  
Rescriptor (delavirdine) (SP)

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(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(SP)—Indicates the drug is a specialty product.

(QL)—Indicates the drug is a quantity limit product.

(ST)—Indicates the drug is part of the step therapy program.

## Drug Formulary Medications by Category (continued)

### ANTI-INFECTIVES (cont.) (Antibiotics/Antifungals/Antivirals)

#### Antivirals, Oral (cont.)

Retrovir (zidovudine)\* (SP)  
Reyataz (atazanavir) (SP)  
Rukobia (fostemsavir) (PA) (QL) (SP)  
Selzentry (maraviroc) (SP)  
Sovaldi (sofosbuvir) (PA) (QL) (SP)  
Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (SP)  
Sunlenca (lenacapavir) (PA) (QL) (SP)  
Sustiva (efavirenz)\* (SP) (generic only)  
Symmetrel (amantadine)\*  
Tamiflu (oseltamivir) capsules\*, suspension\* (QL) (\$0 copay)  
Technivie (ombitasvir/paritaprevir/ritonavir) (PA) (QL) (SP)  
Tivicay (Dolutegravir) (SP)  
Trizivir (abacavir/lamivudine/zidovudine)\* (SP)  
Truvada (emtricitabine/tenofovir)\* (PA required for quantities > 30 tablets per 365 days) (QL) (SP)  
Tyzeka (telbivudine) (SP)  
Valcyte (valganciclovir)\* (SP) (generic only)  
Valtrex (valacyclovir)\* (QL)  
Vemlidy (tenofovir alafenamide) (PA) (QL) (SP)  
Videx (didanosine) (SP)  
Videx EC (didanosine)\* (SP)  
Viekira (ombitasvir/paritaprevir/ritonavir/dasabuvir) (PA) (QL) (SP)  
Viracept (nelfinavir) (SP)  
Viramune (nevirapine)\* (SP)  
Viread (tenofovir) (SP)  
Vitekta (elvitegravir) (SP)  
Vocabria (cabotegravir) (PA) (QL) (SP)  
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (PA) (QL) (SP)  
Zepatier (elbasvir/grazoprevir) (PA) (SP)  
Zerit (stavudine)\* (SP)  
Ziagen (abacavir)\* (SP)  
Zovirax (acyclovir) capsule\*, tablet\*

#### Antivirals, Topical

Aldara (imiquimod)\* (QL)  
Condylox (podofilox) topical gel  
Condylox (podofilox) topical solution\*

#### Antibiotics, Oral Cephalosporins

Ceclor (cefactor)\*  
Ceftin (cefuroxime)\*  
Duricef (cefadroxil) capsule\*  
Keflex (cephalexin)\*  
Omnicef (cefdinir)\*  
Suprax (cefixime) capsules\*, oral suspension\*

#### Erythromycins/Macrolides

Biaxin (clarithromycin)\* (extended-release tablets excluded)

### ANTI-INFECTIVES (cont.) (Antibiotics/Antifungals/Antivirals)

#### Erythromycins/Macrolides (cont.)

Difidic (fidaxomicin) (PA)  
E.E.S. (erythromycin ethylsuccinate)\*  
EryPed (erythromycin ethylsuccinate)\*  
Ery-Tab (erythromycin)\*  
Zithromax (azithromycin)\*  
Amoxil (amoxicillin)\*  
Augmentin (amoxicillin/clavulanate)\*  
Augmentin XR (amoxicillin/clavulanate XR)\*

#### Penicillins

Dynapen (dicloxacillin)\*  
Pen-Vee K (penicillin VK)\*  
Principen (ampicillin)\*

#### Quinolones

Avelox (moxifloxacin)\*  
Cipro (ciprofloxacin)\*  
Cipro XR (ciprofloxacin extended release)\*  
Levaquin (levofloxacin)\*

#### Sulfas

Bactrim (sulfamethoxazole/trimethoprim)\*  
Bactrim DS (sulfamethoxazole/trimethoprim)\*

#### Tetracyclines

Minocin (minocycline) capsule\*  
Monodox (doxycycline monohydrate)\* (except 75 mg, 150 mg)  
Nuzyra (omadacycline) (PA) (QL) (SP)  
Sumycin (tetracycline)\*  
Vibramycin (doxycycline hyclate)\* (generic 50 mg, 100 mg capsules only)  
Viramune XR (nevirapine)\* (SP)

#### Miscellaneous

Aemcolo (rifamycin delayed-release) (PA) (QL)  
Albenza (albendazole) (PA) (QL)  
Alinia (nitazoxanide)\* (tablets only)  
Arikayce (amikacin liposome) (PA) (QL) (SP)  
Biltricide (praziquantel)\*  
Campral (acamprosate calcium)\*  
Cleocin (clindamycin)\*  
Dapsone (dapsone)\*  
Emverm (mebendazole) (PA) (QL)  
Flagyl (metronidazole)\*  
Humatin (paromomycin)\*  
Impavido (miltefosine) (PA) (QL) (SP)  
Lampit (nifurtimox) (PA) (QL) (SP)  
Neomycin (neomycin)\*  
Sivextro (tedizolid) (CC) (PA) (QL) (SP)  
Tindamax (tinidazole)\*  
Vancocin (vancomycin)\*  
Xifaxan (rifaximin) (PA) (SP)  
Zyvox (linezolid)\* (QL) (generic only; oral suspension for members 0-11 years of age)

### ANTI-INFECTIVES (cont.) (Antibiotics/Antifungals/Antivirals)

#### Antibiotics, Topical

Bactroban (mupirocin) cream\* (PA) (QL), ointment\* (QL)  
Garamycin (gentamicin)\*  
Peridex (chlorhexidine gluconate)\*  
Silvadene (silver sulfadiazine)\*

#### Antimalarials

Aralen (chloroquine phosphate)\* (QL)  
Lariam (mefloquine)\*  
Malarone (atovaquone/proguanil)\*  
Plaquenil (hydroxychloroquine)\* (QL)

#### Antimycobacterials

Nydrazid (isoniazid)\*  
Priftin (rifapentine)  
Pyrazinamide (pyrazinamide)\*  
Rifadin (rifampin)\*

#### Urinary Tract Agents

Macrobid (nitrofurantoin)\*  
Macrochantin (nitrofurantoin)\* (oral suspension excluded; 25 mg capsules excluded for members 12 years of age and older)  
Proloprim (trimethoprim)\*

#### Covered Vaccines at Cleveland Clinic Ambulatory Pharmacies and CVS Pharmacies (Not CVS Minute Clinics)

Abrysvo [respiratory syncytial virus vaccine (recombinant)] (\$0 copay; for members ≥ 60 years of age or pregnant within 32-36 weeks gestational age)  
ActHIB (haemophilus b conjugate vaccine) (\$0 copay)  
Adacel (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay; for members ≥ 7 years of age)  
Afluria Quadrivalent [influenza virus vaccine (inactivated)]  
Arevxy [respiratory syncytial virus vaccine (recombinant, adjuvanted)] (\$0 copay; for members ≥ 60 years of age)  
Bexsero [meningococcal (group B) vaccine] (\$0 copay)  
Boostrix (tetanus toxoids/diphtheria/acellular pertussis) (\$0 copay; for members ≥ 10 years of age)  
Comirnaty (COVID-19 Vaccine, mRNA) (\$0 copay)  
Daptacel (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay)  
Engerix-B 20 mcg/mL [hepatitis B vaccine (recombinant)] (\$0 copay)  
Fluarix Quadrivalent [influenza virus vaccine (inactivated)]  
Flucelvax Quadrivalent [influenza virus vaccine (inactivated)]

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## Drug Formulary Medications by Category *(continued)*

### ANTI-INFECTIVES *(cont.)* (Antibiotics/Antifungals/Antivirals)

#### Vaccines *(cont.)*

Flulaval Quadrivalent [influenza virus vaccine (inactivated)]  
Fluzone High-Dose Quadrivalent [influenza virus vaccine (inactivated)]  
Fluzone Quadrivalent [influenza virus vaccine (inactivated)]  
Gardasil 9 [human papillomavirus vaccine (9-valent)] (\$0 copay; for members 9-45 years of age)  
Hiberix (haemophilus b conjugate vaccine) (\$0 copay)  
HyperTET [Tetanus Immune Globulin (Human)] (\$0 copay)  
Infanrix (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay)  
IPOL [poliovirus vaccine (inactivated)] (\$0 copay)  
Menactra [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; for members ≥ 9 months to ≤ 55 years of age)  
MenQuadFi [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; ≥ 2 years of age)  
Menveo [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; 2-vial formulation for members ≥ 2 months through 55 years of age; 1-vial formulation for members ≥ 10 years to ≤ 55 years of age)  
M-M-R II (measles, mumps, and rubella virus vaccine) (\$0 copay)  
Moderna (COVID-19 Vaccine, mRNA) (\$0 copay; for members ≥ 6-11 years of age)  
Novavax (COVID-19 Vaccine, subunit) (\$0 copay)  
PedvaxHIB (haemophilus b conjugate vaccine) (\$0 copay)  
Penbraya [Meningococcal (Groups A / B / C / W / Y) Vaccine] (\$0 copay; for members ≥ 10 through 25 years of age) (QL)  
Pentacel (diphtheria/tetanus toxoids/acellular pertussis/poliovirus/haemophilus b conjugate vaccine) (\$0 copay)  
Pfizer-BioNTech (COVID-19 Vaccine, mRNA) (\$0 copay; for members ≥ 5-11 years of age)  
Pfizer COVID-19 Vaccine [COVID-19 Vaccine (mRNA)] (\$0 copay)  
Pneumovax-23 (pneumococcal polysaccharide) (\$0 copay; for members ≥ 65 years of age) (QL)  
Prevnar-13 (pneumococcal conjugate) (\$0 copay; for members ≥ 2 months-25 years of age) (QL)  
Prevnar-20 (pneumococcal conjugate) (\$0 copay; for members ≥ 18 years of age) (QL)  
Priorix (measles, mumps, and rubella virus vaccine) (\$0 copay)

### ANTI-INFECTIVES *(cont.)* (Antibiotics/Antifungals/Antivirals)

#### Vaccines *(cont.)*

ProQuad (measles, mumps, rubella and varicella virus vaccine) (\$0 copay)  
Recombivax HB [hepatitis B vaccine (recombinant)] (\$0 copay)  
Rotarix (rotavirus vaccine) (\$0 copay)  
RotaTeq (rotavirus vaccine) (\$0 copay)  
Shingrix (zoster vaccine recombinant, adjuvanted) (\$0 copay; for members ≥ 50 years of age) (QL)  
Spikevax (COVID-19 Vaccine, mRNA) (\$0 copay)  
TDVax (diphtheria/tetanus toxoids) (\$0 copay)  
Tenivac (diphtheria/tetanus toxoids) (\$0 copay)  
Trumenba [meningococcal (group B) vaccine] (\$0 copay)  
Varivax (varicella virus vaccine) (\$0 copay)  
Vaxelis [diphtheria/tetanus toxoids/acellular pertussis/hepatitis B (Recombinant)/poliovirus (inactivated)/haemophilus influenzae B conjugate (adsorbed) vaccine] (\$0 copay)  
Vaxneuvance (pneumococcal conjugate) (\$0 copay; for members ≥ 6 weeks – 18 years of age) (QL)

#### Vaginal Agents

MetroGel Vaginal (metronidazole)\*

### CARDIOVASCULAR (Blood Pressure/Heart/Cholesterol)

#### ACE Inhibitors

Accupril (quinapril)\*  
Accuretic (quinapril/hydrochlorothiazide)\*  
Altace (ramipril)\*  
Capoten (captopril)\*  
Capozide (captopril/hydrochlorothiazide)\*  
Lotensin (benazepril)\*  
Lotensin HCT (benazepril/ hydrochlorothiazide)\*  
Mavik (trandolapril)\*  
Monopril (fosinopril)\*  
Monopril-HCT (fosinopril/ hydrochlorothiazide)\*  
Prinivil (lisinopril)\*  
Prinzide (lisinopril/hydrochlorothiazide)\*  
Univasc (moexipril)\*  
Vaseretic (enalapril/hydrochlorothiazide)\*  
Vasotec (enalapril)\*  
Zestoretic (lisinopril/hydrochlorothiazide)\*  
Zestril (lisinopril)\*

#### Angiotensin II Receptor Blockers

Avapro (irbesartan)\* (ST)  
Cozaar (losartan)\*  
Diovan (valsartan)\* (except for 320 mg tablets) (ST)  
Diovan HCT (valsartan/hydrochlorothiazide)\* (ST)

### CARDIOVASCULAR *(cont.)* (Blood Pressure/Heart/Cholesterol)

#### Angiotensin II Receptor Blockers *(cont.)*

Entresto (sacubitril/valsartan) (PA) (QL)  
Hyzaar (losartan/hydrochlorothiazide)\*  
Micardis (telmisartan)\* (ST)

#### Antiarrhythmic Agents

Betapace (sotalol)\*  
Cordarone (amiodarone)\*  
Mexitil (mexiletine)\*  
Multaq (dronedarone) (restricted to Cardiology)  
Norpace (disopyramide)\*  
Norpace CR (disopyramide)  
Rythmol (propafenone)\*  
Rythmol SR (propafenone extended release)\*  
Tambocor (flecainide)\*  
Tikosyn (dofetilide)\*

#### Beta Blockers

Blocadren (timolol)\*  
Bystolic (nebivolol)\* (PA) (QL)  
Coreg (carvedilol)\*  
Inderal (propranolol)\*  
Inderal LA (propranolol extended-release)\*  
Lopressor (metoprolol)\*  
Sectral (acebutolol)\*  
Tenoretic (atenolol/chlorthalidone)\*  
Tenormin (atenolol)\*  
Toprol XL (metoprolol extended-release)\*  
Trandate (labetalol)\*  
Visken (pindolol)\*  
Zebeta (bisoprolol)\*  
Ziac (bisoprolol/hydrochlorothiazide)\*

#### Calcium Channel Blockers

Adalat CC (nifedipine extended release)\*  
Calan (verapamil)\*  
Calan SR (verapamil extended release)\*  
Cardizem (diltiazem)\*  
Cardizem CD (diltiazem extended release)\*  
Cardizem SR (diltiazem extended release)\*  
Lotrel (amlodipine/benazepril)\*  
Nimodipine capsules\* (PA) (QL)  
Norvasc (amlodipine)\*  
Nymalize (nimodipine) oral solution (PA) (QL) (SP)  
Plendil (felodipine extended release)\*  
Procardia XL (nifedipine extended release)\*  
Sular (nisoldipine extended release)\*  
Verelan PM (verapamil extended release)\*

#### Cholesterol-Lowering Agents

Colestid (colestipol)\*  
Crestor (rosuvastatin)\* (QL)  
Epanova (omega-3 carboxylic acids)(restricted to Cardiology) (QL)  
Juxtapid (lomitapide) (PA) (SP)  
Lescol (fluvastatin immediate release)\* (ST)

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## Drug Formulary Medications by Category *(continued)*

### CARDIOVASCULAR *(cont.)* (Blood Pressure/Heart/Cholesterol)

#### Cholesterol-Lowering Agents *(cont.)*

Lescol XL (fluvastatin extended release)\* (ST)  
Lipitor (atorvastatin)\* (QL)  
Lopid (gemfibrozil)\*  
Lipofen (fenofibrate)\*  
Lovaza (omega-3-acid ethyl esters)\* (restricted to Cardiology) (QL)  
Mevacor (lovastatin)\*  
Nexletol (bempedoic acid) (PA) (QL) (SP)  
Nexlizet (bempedoic acid/ezetimibe) (PA) (QL) (SP)  
Niaspan (niacin extended release)\*  
Praluent (alirocumab) (CC) (PA) (QL) (SP) (only NDCs: 72733-5901-02, 72733-5902-02)  
Pravachol (pravastatin)\*  
Questran (cholestyramine)\*  
Questran Light (cholestyramine)\*  
Repatha (evolocumab) (CC) (PA) (QL) (SP)  
Tricor (fenofibrate)\*  
Trilipix (fenofibric acid delayed release)\*  
Vascepa (icosapent ethyl) (restricted to Cardiology) 1 gm capsules\* (PA) (QL)  
Welchol (colesevelam)\*  
Zetia (ezetimibe)\* (QL)  
Zocor (simvastatin)\*

#### Coagulation Therapy

Advate (antihemophilic factor) (PA) (QL) (SP)  
Adynovate (recombinant pegylated antihemophilic factor) (PA) (QL) (SP)  
Aggrenox (dipyridamole extended release/ aspirin)\* (generic only)  
Agylin (anagrelide)\*  
Altuviii (antihemophilic factor, recombinant [Fc-VWF-XTEN Fusion Protein]) (PA) (QL) (SP)  
Arixtra (fondaparinux)\*  
Cabliivi (caplacizumab) (PA) (QL) (SP)  
Coumadin (warfarin)\*\*  
Effient (prasugrel)\*  
Eliquis (apixaban) (QL)  
Kovaltry (antihemophilic factor) (PA) (QL) (SP)  
Lovenox (enoxaparin)\*  
Persantine (dipyridamole)\*  
Plavix (clopidogrel)\*  
Pletal (cilostazol)\*  
Trental (pentoxifylline)\*  
Xarelto (rivaroxaban) (QL) (oral suspension excluded for members 12 years of age and older)

#### Diuretics

Aldactazide (spironolactone/ hydrochlorothiazide)\*  
Aldactone (spironolactone)\*  
Azilect (rasagiline)\*  
Benadryl (diphenhydramine)\* (50 mg only)  
Bumex (bumetanide)\*

### CARDIOVASCULAR *(cont.)* (Blood Pressure/Heart/Cholesterol)

#### Diuretics *(cont.)*

Demadex (torsemide)\*  
Diuril (chlorothiazide)\*  
Dyazide (triamterene/hydrochlorothiazide)\*  
HydroDIURIL (hydrochlorothiazide)\*  
Hygroton (chlorthalidone)\*  
Inspra (eplerenone)\*  
Lasix (furosemide)\*  
Lozol (indapamide)\*  
Maxzide (triamterene/hydrochlorothiazide)\*  
Midamor (amiloride)\*  
Moduretic (amiloride/hydrochlorothiazide)\*  
Zaroxolyn (metolazone)\*

#### Nitrates

Imdur (isosorbide mononitrate)\*  
Isordil (isosorbide dinitrate)\* (except 40 mg tablets)  
Minitran (nitroglycerin) patches\*  
Nitro-Bid (nitroglycerin) ointment  
Nitro-Dur (nitroglycerin) patches\*  
Nitrolingual (nitroglycerin) spray\*  
Nitrostat (nitroglycerin) SL tablets

#### Orthostatic Hypotension

Florinef (fludrocortisone)\*  
Northera (droxidopa)\* (PA) (QL) (SP)  
Proamatine (midodrine)\*

#### Pulmonary Arterial Hypertension

Adcirca (tadalafil)\* (PA) (QL) (SP)  
Adempas (riociguat) (PA) (QL) (SP)  
Alyq (tadalafil)\* (PA) (QL) (SP)  
Flolan (epoprostenol)\* (SP)  
Letairis (ambrisentan)\* (PA) (QL) (SP)  
Opsumit (macitentan)\* (PA) (QL) (SP)  
Orenitram (treprostinil) (PA) (QL) (SP)  
Remodulin (treprostinil)\* (PA) (SP) (generic only)  
Revatio (sildenafil)\* (PA) (SP) (generic only)  
Tracleer (bosentan)\* (PA) (QL) (SP)  
Tyvaso (treprostinil) (PA) (SP)  
Upravi (selexipag) (PA) (SP)  
Ventavis (iloprost) (SP)

#### Miscellaneous Agents

Aldomet (methyldopa)\*  
Aldoril (methyldopa/hydrochlorothiazide)\*  
Apresoline (hydralazine)\*  
Camzyos (mavacamten) (PA) (QL) (SP)  
Cardura (doxazosin)\*  
Catapres (clonidine) tablet\*  
Catapres-TTS (clonidine) patch\*  
Corlanor (ivabradine)\* (PA) (QL)  
Corzide (nadolol/bendroflumethiazide)\*  
Hytrin (terazosin)\*  
Lanoxin (digoxin) tablet\*\*

### CARDIOVASCULAR *(cont.)* (Blood Pressure/Heart/Cholesterol)

#### Miscellaneous Agents *(cont.)*

Loniten (minoxidil) tablet\*  
Minipress (prazosin)\*  
Ranexa (ranolazine)\* (PA) (QL)  
Serpasil (reserpine)\*  
Tenex (guanfacine)\*  
Tryvio (aprocitentan) (PA) (QL) (SP)  
Verquvo (vericiguat) (PA) (QL) (SP)  
Vyndamax (tafamidis) (PA) (QL) (SP)  
Vyndaqel (tafamidis meglumine) (PA) (QL) (SP)

## CENTRAL NERVOUS SYSTEM

#### Alzheimer's

Adlarity (donepezil) (PA) (QL)  
Aricept (donepezil)\*  
Exelon (rivastigmine)\*  
Namenda (memantine)\*  
Namenda XR (memantine)\* (PA)  
Razadyne (galantamine)\*

#### Anticonvulsants

Aptiom (eslicarbazepine) (PA) (QL)  
Banzel (rufinamide) tablets, oral suspension\* (CC) (PA) (SP)  
Briviact (brivaracetam) (PA) (QL)  
Carbatrol (carbamazepine extended release)\*  
Celontin (methsuximide)  
Depakene (valproic acid)\*  
Depakote (divalproex)\*  
Diacomit (stiripentol) (PA) (QL) (SP)  
Diastat (diazepam rectal gel)\*  
Dilantin (phenytoin)\*\*  
Epidiolex (cannabidiol) (PA) (SP)  
Felbatol (felbamate)\*  
Fintepla (fenfluramine) (PA) (QL) (SP)  
Fycompa (perampanel) (CC) (PA) (QL) (SP)  
Gabitril (tiagabine)\*  
Keppra (levetiracetam)\*  
Keppra XR (levetiracetam)\*  
Klonopin (clonazepam)\*  
Lamictal (lamotrigine)\*  
Lamictal ODT (lamotrigine orally disintegrating tablets)\*  
Lamictal XR (lamotrigine extended release)\*  
Lyrica (pregabalin)\*  
Mysoline (primidone)\*  
Nayzilam (midazolam) (PA) (QL) (SP)  
Neurontin (gabapentin)\*  
Onfi (clobazam)\* (PA) (SP) (generic only)  
Oxtellar XR (oxcarbazepine) (CC) (PA) (QL) (SP)  
Phenobarbital (phenobarbital)\*  
Sabril (vigabatrin)\* (PA) (SP)  
Spritam (levetiracetam) (CC) (PA) (QL) (SP)  
Tegretol (carbamazepine)\*  
Tegretol-XR (carbamazepine extended release)\*

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## Drug Formulary Medications by Category *(continued)*

### CENTRAL NERVOUS SYSTEM *(cont.)*    CENTRAL NERVOUS SYSTEM *(cont.)*    CENTRAL NERVOUS SYSTEM *(cont.)*

#### Anticonvulsants *(cont.)*

Topamax (topiramate)\*  
Trileptal (oxcarbazepine) tablets\*, suspension\*  
Valium (diazepam)\*  
Valtoco (diazepam) (PA) (QL) (SP)  
Vimpat (lacosamide)\*  
Xcopri (cenobamate) (PA) (QL) (SP)  
Zarontin (ethosuximide)\*  
Zonisade (zonisamide; excluded for members 12 years of age and older) (QL)  
Zonegran (zonisamide)\*  
Ztalmly (ganaxolone) (PA) (QL) (SP)

#### Antidepressants Selective Serotonin Reuptake Inhibitors

Celexa (citalopram)\*  
Lexapro (escitalopram)\* (QL)  
Luvox (fluvoxamine immediate-release) tablets\*  
Paxil (paroxetine)\*  
Prozac (fluoxetine)\*  
Zoloft (sertraline)\*

#### Tricyclics

Anafranil (clomipramine)\*  
Elavil (amitriptyline)\*  
Norpramin (desipramine)\*  
Pamelor (nortriptyline)\*  
Sinequan (doxepin)\* capsules (tablets excluded)  
Tofranil (imipramine)\*  
Tofranil-PM (imipramine pamoate)\*

#### Miscellaneous Antidepressants

Auvelity (dextromethorphan/bupropion) (PA) (QL)  
Cymbalta (duloxetine)\* (QL)  
Desyrel (trazodone)\*  
Effexor (venlafaxine)\*  
Effexor XR (venlafaxine extended-release) capsules\*, tablets\* (PA) (QL)  
Emsam (selegiline transdermal) (PA)  
Exxua (gepirone) (PA) (QL)  
Ludiomil (maprotiline)\*  
Parnate (tranlycypromine)\*  
Remeron (mirtazapine)\*  
Rytary (carbidopa/levodopa extended release) (PA) (QL)  
Savella (milnacipran) (PA) (QL)  
Spravato (esketamine) (PA) (QL) (SP)  
Trintellix (vortioxetine) (PA) (QL)  
Viibryd (vilazodone)\* (PA) (QL)  
Wellbutrin (bupropion)\*  
Wellbutrin SR (bupropion extended release)\*  
Wellbutrin XL (bupropion extended release)\* (QL)  
Zurzuvae (zuranolone) (PA) (QL) (SP)

#### Antiparkinson's

Eldepryl (selegiline) capsules\*  
Mirapex (pramipexole)\*

#### Antiparkinson's *(cont.)*

Mirapex ER (pramipexole extended release)\*  
Nouriaz (istradefylline) (CC) (PA) (QL) (SP)  
Nuplazid (pimavanserin) (PA) (QL) (SP)  
Ongentys (opicapone) (PA) (QL) (SP)  
Parcopa (carbidopa/levodopa orally disintegrating tablets)\*  
Parlodel (bromocriptine)\* (2.5 mg tablets only)  
Requip (ropinirole)\*  
Requip XL (ropinirole extended release)\*  
Sinemet (carbidopa/levodopa)\*  
Sinemet CR (carbidopa/levodopa extended release)\*  
Stalevo (carbidopa/entacapone/levodopa)\*  
Symmetrel (amantadine)\*  
Xadago (safinamide) (PA) (QL)

#### Anxiolytics/Sedatives/Hypnotics

Ambien (zolpidem)\* (QL)  
Ambien CR (zolpidem continuous-release)\* (QL)  
Ativan (lorazepam)\*  
Buspar (buspirone)\*  
Halcion (triazolam)\* (PA)  
Klonopin (clonazepam)\*  
Librium (chlordiazepoxide)\*  
Lunesta (eszopiclone)\* (QL)  
Restoril (temazepam)\* (PA except 15 mg and 30 mg strengths) (QL)  
Serax (oxazepam)\*  
Sonata (zaleplon)\* (QL)  
Tranxene (clorazepate)\*  
Valium (diazepam)\*  
Versed (midazolam)\*  
Xanax (alprazolam)\*

#### Attention Deficit Disorder/Narcolepsy

Adderall (dextroamphetamine racemic salts)\*  
Adderall XR (dextroamphetamine racemic salts extended release)\*  
Aptensio XR (methylphenidate) (PA) (QL)  
Dexedrine (dextroamphetamine)\*  
Focalin (dexmethylphenidate)\*  
Intuniv (guanfacine extended release)  
Kapvay (clonidine)\*  
Metadate CD (methylphenidate extended release)\*  
Nuvigil (armodafinil) (ST)  
Provigil (modafinil)\*  
Qelbree (viloxazine) (PA) (QL)  
Ritalin (methylphenidate)\*  
Ritalin LA (methylphenidate extended release)\*  
Sunosi (solriamfetol) (PA) (QL) (SP)  
Vyvanse (lisdexamfetamine)\* (PA) (QL) (PA requirement waived when generic claim submitted by in-network pharmacy with appropriate ADHD diagnosis code)

#### Attention Deficit Disorder/Narcolepsy *(cont.)*

Ritalin-SR (methylphenidate extended release)\*  
Strattera (atomoxetine)\* (QL)

#### Mood Stabilizers

Abilify (aripiprazole) tablets\* (QL)  
Abilify Maintena (aripiprazole) (PA)  
Aristada (aripiprazole) (PA) (SP)  
Caplyta (lumateperone) (PA) (QL)  
Clozaril (clozapine)\*  
Eskalith (lithium carbonate)\*  
Fanapt (iloperidone) (PA) (QL)  
Geodon (ziprasidone)\*  
Haldol (haloperidol)\*  
Invega (paliperidone extended release)  
Latuda\* (lurasidone) (QL)  
Lithobid (lithium carbonate extended release)\*  
Lithotabs (lithium carbonate)\*  
Loxitane (loxapine)\*  
Mellaril (thioridazine)\*  
Navane (thiothixene)\*  
Prolixin (fluphenazine)\*  
Risperdal (risperidone)\*  
Saphris (asenapine)\* (PA) (QL)  
Secuado (asenapine) (PA) (QL)  
Seroquel (quetiapine)\*  
Seroquel XR (quetiapine extended-release)\* (QL)  
Stelazine (trifluoperazine)\*  
Thorazine (chlorpromazine)\*  
Trilafon (perphenazine)\*  
Vraylar (cariprazine) (PA) (QL)  
Zyprexa (olanzapine)\*

#### Multiple Sclerosis Agents

Ampyra (dalfampridine) (PA) (SP)(QL)\* (Mylan generic version excluded)  
Aubagio (teriflunomide) (PA) (SP)  
Avonex (interferon beta-1a)\* (PA) (SP)  
Bafiertam (monomethyl fumarate) (PA) (QL) (SP)  
Betaseron (interferon beta-1b) (PA) (SP)  
Copaxone (glatiramer acetate)\* (PA) (QL) (SP)  
Extavia (interferon beta-1b) (PA) (SP)  
Gilenya\* (fingolimod) (PA) (QL) (SP)  
Glatopa\* (PA) (QL) (SP)  
Kesimpta (ofatumumab) (PA) (QL) (SP)  
Mavenclad (cladribine) (PA) (QL) (SP)  
Mayzent (siponimod) (PA) (QL) (SP)  
Plegridy (peginterferon beta-1a) (PA) (SP)  
Ponvory (ponesimod) (PA) (QL) (SP)  
Rebif (interferon beta-1a) (PA) (SP)  
Tecfidera (dimethyl fumarate)\* (generic only; 50 copay; excluding NDCs: 00378-0399-91, 00378-0399-18, 43598-0430-60, 00378-0396-14, 43598-0429-52) (PA) (QL) (SP)  
Vumerity (diroximel fumarate) (PA) (QL) (SP)  
Zeposia (ozanimod) (PA) (QL) (SP)

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## Drug Formulary Medications by Category (continued)

### CENTRAL NERVOUS SYSTEM (cont.) DERMATOLOGICAL (cont.)

#### Miscellaneous

Antabuse (disulfiram)\*  
Austedo (deutetrabenazine) (PA) (QL) (SP)  
Daybue (trofinetide) (PA) (QL) (SP)  
Evrysdi (risdiplam) (PA) (QL) (SP)  
Firdapse (amifampridine) (PA) (QL) (SP)  
Ingrezza (valbenazine) (PA) (QL) (SP)  
Lucemyra (lofexidine) (PA) (QL)  
Mestinon Timespan (pyridostigmine extended-release)\*  
Mestinon (pyridostigmine)\*  
Nuedexa (dextromethorphan/quinidine) (PA) (SP)  
Probuphine (buprenorphine) (PA) (SP)  
Radicava (edaravone) ORS oral suspension (PA) (QL) (SP)  
ReVia (naltrexone)\*  
Rilutek (riluzole)\* (SP)  
Ruzurgi (amifampridine) (PA) (QL) (SP)  
Skyclarys (omaveloxolone) (PA) (QL) (SP)  
Suboxone (buprenorphine/naloxone sublingual tablets)\* (PA) (QL)  
Subutex (buprenorphine)\* (PA)  
Tiglutik (riluzole) (PA) (QL) (SP)  
Vivitrol (naltrexone) (PA) (QL) (SP)  
Wainua (eplontersen) (PA) (QL) (SP)  
Wakix (pitolisant) (PA) (QL) (SP)  
Xenazine (tetrabenazine)\* (SP)  
Xyrem (sodium oxybate) (PA) (QL) (SP)  
Xywav (calcium, magnesium, potassium, and sodium oxybates) (PA) (QL) (SP)

### DERMATOLOGICAL

#### Acne Therapy

Claravis (isotretinoin)\*  
Cleocin T (clindamycin) lotion\*, pads\*, solution\* (QL)  
Differin (adapalene) gel\* (PA)  
Erycette (erythromycin) pads\* (QL)  
Eryderm (erythromycin) topical solution\* (QL)  
Erygel (erythromycin) topical gel\* (QL)  
Erythromycin 5 mg/g ointment\*  
Klaron (sulfacetamide)\*  
Retin-A (tretinoin) gel\* (QL)  
Tazorac (tazarotene) cream\*, gel\* (for members < 35 years of age only)

#### Antipsoriatic/Antiseborrheic

Bimzelx (bimekizumab) (PA) (QL) (SP)  
Cosentyx (secukinumab) (PA) (QL) (SP)  
Dovonex (calcipotriene)\* (QL)  
Ilumya (tildrakizumab) (PA) (QL) (SP)  
Oxsoralen-Ultra (methoxsalen) (PA) (SP)  
Skyrizi (risankizumab-rzaa) (PA) (QL) (SP)  
Soriatane (acitretin)\* (SP)

#### Antipsoriatic/Antiseborrheic (cont.)

Sotyktu (deucravacitinib) (PA) (QL) (SP)  
Stelara (ustekinumab) (PA) (QL) (SP)  
Taltz (ixekizumab) (PA) (QL) (SP)  
Vtama (tapinarof) (PA) (QL) (SP)  
Zoryve (roflumilast) (PA) (QL) (SP)

#### Immunomodulator

Elidel (pimecrolimus)\* (PA)  
Protopic (tacrolimus)\* (QL) (only NDCs: 00168-0417-30, 00168-0417-60, 00168-0417-99, 45802-0390-00, 45802-0390-01, 45802-0390-02)

#### Rosacea

Finacea (azelaic acid) gel\*  
Metrocream (metronidazole)\*  
MetroGel (metronidazole)\* (PA except 0.75% strength)  
Metro lotion (metronidazole)\* (PA)

#### Topical Corticosteroids

Aristocort (triamcinolone) cream\*, ointment\* (QL)  
Cutivate (fluticasone) cream\*, lotion\*, ointment\*  
Derma-smoothe (fluocinolone)\* 0.01% oil  
Diprolene (augmented betamethasone dipropionate) cream\*, gel\*, ointment\*  
Diprolene AF (augmented betamethasone dipropionate) cream\*  
Diprosone (betamethasone dipropionate) cream\*  
Elocon (mometasone) cream\*, lotion\*, ointment\*  
Hytone (hydrocortisone) cream\*, lotion\*, ointment\* (QL)  
Kenalog (triamcinolone) lotion\*  
Lidex (fluocinonide) 0.05% cream\*, solution\* (QL)  
Temovate (clobetasol) cream\*, gel\*, ointment\*, solution\*  
Temovate-E (clobetasol emollient) cream\*  
Ultravate (halobetasol) cream\*, ointment\*  
Westcort (hydrocortisone valerate) ointment\*

#### Miscellaneous

Adbry (tralokinumab) (PA) (QL) (SP)  
Cibinco (abrocitinib) (PA) (QL) (SP)  
Drysol (aluminum chloride hexahydrate)\*  
Drysol Dab-O (aluminum chloride hexahydrate)\*  
Dupixent (dupilumab) (PA) (QL) (SP)  
Efudex (fluorouracil)\* (QL)  
Elimite (permethrin) cream\*  
Fluorouracil solution\* (QL)  
Klisyri (tirbanibulin) (PA) (QL) (SP)  
Kwell (lindane) lotion\*, shampoo\*  
Litfulo (ritlicitinib) (PA) (QL) (SP)  
Opzelura (ruxolitinib) (PA) (QL) (SP)  
Panretin (alitretinoin) (SP) (QL)  
Qbrexza (glycopyrronium) (PA) (QL) (SP)

### DERMATOLOGICAL (cont.)

#### Miscellaneous (cont.)

Sulfamylon (mafenide) cream, lotion (SP)  
Vyjuvek (beremagene geperpavec) (PA) (QL) (SP)  
Xylocaine (lidocaine) 2% gel\*

### ENDOCRINE/DIABETES

#### Adrenal Hormones

Acthar (corticotropin) (PA) (QL) (SP)  
Cortef (hydrocortisone)\*  
Cortone Acetate (cortisone)\*  
Decadron (dexamethasone)\*  
Deltasone (prednisone)\*  
Florinef (fludrocortisone)\*  
Medrol (methylprednisolone)\*  
Orapred (prednisolone)\*  
Prelone (prednisolone) syrup\*  
Purified Cortrophin Gel (corticotropin) (PA) (QL) (SP)

#### Antiandrogens

Casodex (bicalutamide)\*  
Eulexin (flutamide)\*  
Nilandron (nilutamide)

#### Antithyroid

Propylthiouracil (propylthiouracil)\*  
Tapazole (methimazole)\*

#### Carnitine

Carnitor (levocarnitine)\*

#### Glucose Elevating Agents

Baqsimi (glucagon) (QL)  
GlucaGen (glucagon) (QL)  
Glucagon Emergency Kit (glucagon)\* (QL)  
Gvoke (glucagon) (QL)  
Zegalogue (dasiglucagon) (QL)

#### Growth Hormone Releasing Factor

Egrifta (tesamorelin) (PA) (SP)

#### Human Growth Hormone Receptor Antagonist

Somavert (pegvisomant) injection (PA) (SP)

#### Human Growth Hormone

Genotropin (somatropin) (PA) (SP)  
Humatrope (somatropin) (PA) (SP) (ST)  
Increlex (mecasermin) (PA) (SP)  
Norditropin (somatropin) (PA) (SP)  
Nutropin AQ (somatropin) (PA) (SP) (ST)  
Omnitrope (somatropin) (PA) (SP) (ST)  
Saizen (somatropin) (PA) (SP) (ST)  
Serostim (somatropin) (PA) (SP) (ST)  
Tev-Tropin (somatropin) (PA) (SP) (ST)  
Voxzogo (vosoritide) (PA) (QL) (SP)  
Zomacton (somatropin) (PA) (SP) (ST)  
Zorbtive (somatropin) (PA) (SP) (ST)

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## Drug Formulary Medications by Category (continued)

### ENDOCRINE/DIABETES (cont.)

#### Hypoglycemic Agents

Actos (pioglitazone)\* (QL)  
Actoplus Met (pioglitazone/metformin) tablets\*  
Amaryl (glimepiride)\*  
Bydureon BCise (exenatide) (PA) (QL)  
Byetta (exenatide) (PA) (QL)  
Diabeta (glyburide)\*  
Duetact (pioglitazone/glimepiride) tablets\*  
Farxiga (dapagliflozin) (PA) (QL)  
Glucophage (metformin)\*  
Glucophage XR (metformin extended release)\*  
Glucotrol (glipizide)\*  
Glucotrol XL (glipizide extended release)\*  
Glucovance (glyburide/metformin)\*  
Glyxambi (empagliflozin/linagliptin) (QL) (ST)  
(Farxiga or Jardiance preferred)  
Glynase (glyburide)\*  
Invokana (canagliflozin) (PA) (QL) (Farxiga or  
Jardiance preferred)  
Invokamet (canagliflozin/metformin) (PA) (QL)  
(Farxiga or Jardiance preferred)  
Invokamet XR (canagliflozin/metformin) (PA) (QL)  
(Farxiga or Jardiance preferred)  
Janumet (sitagliptin/metformin) (QL) (ST)  
(Alogliptin preferred)  
Janumet XR (sitagliptin/metformin) (QL) (ST)  
(Alogliptin preferred)  
Januvia (sitagliptin) (QL) (ST) (Alogliptin  
preferred)  
Jardiance (empagliflozin) (PA) (QL)  
Jentadueto (linagliptin/metformin) (QL) (ST)  
(Alogliptin preferred)  
Jentadueto XR (linagliptin/metformin) (QL) (ST)  
(Alogliptin preferred)  
Kazano (alogliptin/metformin)\* (QL) (ST)  
Kombiglyze XR (saxagliptin/metformin)\* (QL) (ST)  
(Alogliptin preferred)  
Metaglip (glipizide/metformin)\*  
Micronase (glyburide)\*  
Mounjaro (tirzepatide) (PA) (QL)  
Nesina (alogliptin)\* (QL) (ST)  
Onglyza (saxagliptin) (Alogliptin preferred)\* (QL)  
(ST)  
Oseni (alogliptin/pioglitazone)\* (QL) (ST)  
Ozempic (semaglutide) (PA) (QL)  
Prandin (repaglinide)\*  
Precose (acarbose)\*  
Qtern (dapagliflozin/saxagliptin) (PA) (QL)  
Rybelsus (semaglutide) (PA) (QL)  
Segluromet (ertugliflozin/metformin) (PA) (QL)  
(Farxiga or Jardiance preferred)  
Soliqua (insulin human glargine/lixisenatide)  
(PA) (QL)  
Steglatro (ertugliflozin) (PA) (QL) (Farxiga or  
Jardiance preferred)

### ENDOCRINE/DIABETES (cont.)

#### Hypoglycemic Agents (cont.)

Steglujan (ertugliflozin/sitagliptin) (PA) (QL)  
(Farxiga or Jardiance preferred)  
SymlynPen (pramlintide)  
Synjardy (empagliflozin/metformin) (PA) (QL)  
Synjardy XR (empagliflozin/metformin) (PA) (QL)  
Tradjenta (linagliptin) (Alogliptin preferred) (ST)  
Trijardy XR (empagliflozin/linagliptin/metformin)  
(PA) (QL) (Farxiga or Jardiance preferred)  
Trulicity (dulaglutide) (PA) (QL)  
Victoza (liraglutide)\* (PA) (QL)  
Xigduo XR (dapagliflozin/metformin) (PA) (QL)

#### Insulin Therapy

Admelog (insulin human lispro) (PA) (Humalog  
100 units/mL preferred)  
Afrezza (insulin human) (PA) (Humalog 100  
units/mL preferred)  
Apidra (insulin human glulisine) (PA) (Humalog  
100 units/mL preferred)  
Basaglar (insulin human glargine) (PA) (Lantus  
preferred)  
Fiasp (insulin human aspart) (PA) (Humalog  
100 units/mL preferred)  
Humalog (insulin human lispro)  
Humalog Mix 50/50 (insulin human lispro  
NPL/lispro)  
Humalog Mix 75/25 (insulin human lispro  
NPL/lispro)  
Humulin 70/30 (insulin human NPH/R)  
Humulin N (insulin human NPH)  
Humulin R (insulin human regular)  
Humulin R U-500 (insulin human regular) (PA)  
(Humalog 100 units/mL preferred)  
Insulin human degludec (PA) (Lantus preferred)  
Insulin Lispro 100 units/mL  
Lantus (insulin human glargine)  
Levemir (insulin human detemir) (PA) (Lantus  
preferred)  
Novolin 70/30 (insulin human NPH/R)  
Novolin N (insulin human NPH)  
Novolin R (insulin human regular)  
NovoLog (insulin human aspart) (PA) (Humalog  
100 units/mL preferred)  
NovoLog Mix 70/30 (insulin human aspart  
NPL/aspart) (PA) (Humalog Mix preferred)  
Toujeo (insulin human glargine) (PA) (Lantus  
preferred)  
Tresiba (insulin human degludec) (PA) (Lantus  
preferred)

#### Metabolic Bone Disorders

Actonel (risedronate)\* (QL)  
Evenity (romosozumab) (PA) (QL) (SP)  
Forteo (teriparatide)\* (PA) (QL) (SP)  
Fosamax (alendronate)\* (QL)

### ENDOCRINE/DIABETES (cont.)

#### Metabolic Bone Disorders (cont.)

Prolia (denosumab) (PA) (SP)  
Teriparatide (PA) (QL) (SP)  
Tymlos (abaloparatide) (PA) (QL) (SP)  
Xgeva (denosumab) (PA) (SP)

#### Thyroid Supplement

Levothyroid (levothyroxine) (only tablets)\*\*  
Synthroid (levothyroxine) (only tablets)\*\*

#### Miscellaneous

Buphenyl (sodium phenylbutyrate)\* (SP)  
Cerdelga (eliglustat) (PA) (QL) (SP)  
Danocrine (danazol)\*  
DDAVP (desmopressin acetate)\*  
Dibenzylamine (phenoxybenzamine)  
Dostinex (cabergoline)\*  
Fensolvi (leuprolide) (PA) (QL) (SP)  
Fortical (calcitonin)\*  
Isturisa (osilodrostat) (PA) (QL) (SP)  
Jesduvroq (daprodustat) (PA) (QL) (SP)  
Jynarque (tolvaptan) (PA) (QL) (SP)  
Kerendia (finerenone) (PA) (QL)  
Korlym (mifepristone)\* (PA) (SP)  
Mycapssa (octreotide) (PA) (QL) (SP)  
Natpara (parathyroid hormone) (PA) (SP)  
Nulibry (fosdenopterin) (PA) (QL) (SP)  
Orfadin (nitisinone)\* (SP) (only 2 mg, 5 mg,  
10 mg capsules available generically)  
Palyzinq (pegvaliase) (PA) (QL) (SP)  
Recorlev (levoketoconazole) (PA) (QL) (SP)  
Regranex (becaplermin) (SP) (QL)  
Renagel (sevelamer)\*  
Renvela (sevelamer) tablets\*, powder  
Rezdiffra (resmetirom) (PA) (QL) (SP)  
Samsca (tolvaptan) (PA) (QL) (SP)  
Sensipar (cinacalcet)\* (PA) (SP) (generic only)  
Sermorelin Acetate (PA) (SP)  
Sohonos (palovarotene) (PA) (QL) (SP)  
Stimate (desmopressin) (SP)  
Sucraid (sacrosidase) (PA) (QL) (SP)  
Synarel (nafarelin) (PA) (SP)  
Xiaflex (collagenase clostridium histolyticum)  
(PA) (QL) (SP)  
Zavesca (migLUstat)\* (PA) (QL) (SP)

### GASTROINTESTINAL

#### Antidiarrheals

Imodium (loperamide)\*  
Lomotil (diphenoxylate/atropine)\*  
Paregoric (paregoric)\*

#### Antiemetic/Antivertigo

Akynzeo (netupitant/palonosetron) (PA) (QL)  
Antivert (meclizine)\* (50 mg tablets excluded)  
Anzemet (dolasetron) (QL)

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## Drug Formulary Medications by Category (continued)

### GASTROINTESTINAL (cont.)

#### Antiemetic/Antivertigo (cont.)

Compazine (prochlorperazine) suppository\*, tablet\*  
Emend (aprepitant) capsules, oral suspension (PA) (QL)  
Kytril (granisetron)\* (QL)  
Marinol (dronabinol)\* (PA)  
Phenergan (promethazine)\*  
Reglan (metoclopramide)\*  
Tigan (trimethobenzamide)\*  
Varubi (rolapitant) (PA) (QL)  
Zofran (ondansetron)\* (QL)

#### Anti-Spasmotic Agents

Bentyl (dicyclomine) capsule\*, tablet\*  
Levbid (hyoscyamine)\*  
Levsin (hyoscyamine)\*  
Pro-Banthine (propantheline)\*

#### Heartburn/Ulcer Therapies

Carafate (sucralfate) tablet\*  
Cytotec (misoprostol)\*  
First-Lansoprazole suspension (for members < 1 year of age only)  
First-Omeprazole suspension (for members < 1 year of age only)  
Pamine (methscopolamine)\*  
Pepcid (Famotidine) 40 mg/5 mL suspension\* (for members < 1 year of age only)  
Prevpac (lansoprazole, amoxicillin, and clarithromycin)\*  
Voquezna Dual Pak (vonoprazan/amoxicillin) (PA) (QL)  
Voquezna Triple Pak (vonoprazan/amoxicillin/clarithromycin) (PA) (QL)

#### Pancreatic Enzyme

Creon (amylase/lipase/protease)  
Pertzye (amylase/lipase/protease)

#### Saliva Stimulant

Evoxac (cevimeline)\*  
Salagen (pilocarpine)\*

#### Miscellaneous

Amitiza (lubiprostone)\* (QL)  
Anusol-HC (hydrocortisone) cream\*  
Apriso (mesalamine)\*  
Asacol HD (mesalamine)\* (QL)  
Azulfidine (sulfasalazine)\*  
Canasa (mesalamine)\*  
Cerezyme (imiglucerase) (PA) (SP)  
Chronulac (lactulose)\*  
Colazal (balsalazide)\*  
Colyte (polyethylene glycol/potassium/sodium)\*  
Cortenema (hydrocortisone)\*  
Delzicol (mesalamine)\* (ST)

### GASTROINTESTINAL (cont.)

#### Miscellaneous (cont.)

Entocort (budesonide extended release)\* (PA) (QL)  
Gattex (teduglutide) (PA) (QL) (SP)  
GoLYTELY (polyethylene glycol-electrolyte solution)\*  
Ibsrela (tenapanor) (PA) (QL)  
Kuvan (sapropterin) (PA) (SP)  
Librax (chlordiazepoxide/clidinium)\* (QL) (only generic NDCs: 67877-0731-01, 60219-1677-01)  
Linzess (linaclotide) (PA) (QL)  
Livmarli (maralixibat) (PA) (QL) (SP)  
Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)  
Lotronex (alosetron)\* (PA)  
MoviPrep (polyethylene glycol)  
Ocaliva (obeticholic acid) (PA) (QL) (SP)  
Omvoh (mirikizumab) (PA) (QL) (SP)  
Opfolda (migLUSTat) (PA) (QL) (SP)  
Rowasa (mesalamine)\*  
Strensiq (asfotase alfa) (PA) (SP)  
Symproic (naldemedine) (PA) (QL)  
Syprine (trientine) (PA) (SP)  
Uceris (budesonide extended release)\* (PA) (QL)  
Urso (ursodiol)\*  
Velsipity (etrasimod) (PA) (QL) (SP)  
Veltassa (patiromer) (PA) (QL) (SP)  
Xermelo (telotristat ethyl) (PA) (QL) (SP)  
Xphozah (tenapanor) (PA) (QL) (SP)

### GENITOURINARY

#### BPH

Avodart (dutasteride)\*  
Cardura (doxazosin)\*  
Flomax (tamsulosin)\*  
Hytrin (terazosin)\*  
Proscar (finasteride)\*  
Rapaflo (silodosin)\*  
Uroxatral (alfuzosin)\*

#### Urinary Antispasmodics

Detrol (tolterodine)\*  
Detrol LA (tolterodine)\* (QL) (ST) (only 2 mg capsules)  
Ditropan (oxybutynin)\*  
Ditropan XL (oxybutynin extended release)\*  
Enblex (darifenacin)\*  
Myrbetriq (mirabegron)\* (PA) (QL)  
Sanctura (trospium)\*  
Sanctura XR (trospium extended release)\*  
VESIcare (solifenacin)\*

### HEMATOLOGIC

#### Iron Chelator

Exjade (deferasirox)\* (PA) (SP)  
Jadenu (deferasirox)\*\*\* (PA) (SP)

### HEMATOLOGIC (cont.)

#### Miscellaneous

Cuprimine (penicillamine)\* (PA) (QL) (SP)  
Depen Titratabs (penicillamine)\* (PA) (QL) (SP)  
Oxbryta (voxelotor) (PA) (QL) (SP)

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC

#### Adjunctive Agents

Aranesp (darbepoetin alfa) (SP)  
Doptelet (avatrombopag) (PA) (QL) (SP)  
Epogen (epoetin alfa) (SP)  
Fulphila (pegfilgrastim-jmdb) (SP)  
Fylnetra (pegfilgrastim-pbbk) (SP)  
Actimmune (interferon gamma-1b) (SP)  
Granix (tbo-filgrastim) (SP)  
Leucovorin (leucovorin)\*  
Leukine (sargamostim) (SP)  
Mircera (methoxy peg-epoetin beta) (SP)  
Mulpleta (lusutrombopag) (PA) (QL) (SP)  
Neulasta (pegfilgrastim) (SP)  
Neumega (oprelvekin) (SP)  
Neupogen (filgrastim) (SP)  
Nivestym (filgrastim-aafi) (SP)  
Nyvepria (pegfilgrastim-apgf) (SP)  
Procrit (epoetin alfa) (SP)  
Promacta (eltrombopag) (PA) (SP)  
Releuko (filgrastim-ayow) (SP)  
Stimufend (pegfilgrastim-fpgk) (SP)  
Udenyca (pegfilgrastim-cbqv) (SP)  
Zarxio (filgrastim-sndz) (SP)  
Ziextenzo (pegfilgrastim-bmez) (SP)

#### Alkylating Agents

Alkeran (melphalan) (SP)  
Cyclophosphamide capsules\*, tablets (SP)  
Gleostine (lomustine) (SP)  
Leukeran (chlorambucil) (SP)  
Myleran (busulfan) (SP)  
Temodar (temozolomide)\* (generic oral tablets only) (SP)

#### Antiandrogens

Erleada (apalutamide) (PA) (QL) (SP)  
Nubeqa (darolutamide) (PA) (QL) (SP)  
Zytiga (abiraterone acetate)\* (generic only) (PA) (QL) (SP)

#### Antiestrogens

Fareston (toremifene)\* (SP)  
Faslodex (fulvestrant)\*  
Nolvadex (tamoxifen)\*

#### Antimetabolites

Hydrea (hydroxyurea)\*  
Purinethol (mercaptopurine)\*\* (SP)  
Purixan (mercaptopurine) (SP)

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## Drug Formulary Medications by Category (continued)

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC (cont.)

#### Antimetabolites (cont.)

Rheumatrex (methotrexate)\*  
Tabloid (thioguanine) (QL) (SP)  
Xeloda (capecitabine)\* (PA) (SP)

#### Immunosuppressant Therapies

Arcalyst (rilonacept) (PA) (SP)  
Besremi (ropeginterferon alfa-2b) (PA) (QL) (SP)  
Cellcept (mycophenolate)\* (SP)  
Empaveli (pegcetacoplan) (PA) (QL) (SP)  
Enspryng (satralizumab) (PA) (QL) (SP)  
Fabhalta (iptacopan) (PA) (QL) (SP)  
Gengraf (cyclosporine)\* (SP)  
Hyftor (sirolimus) (PA) (QL) (SP)  
Ilaris (canakinumab) (PA) (SP)  
Imuran (azathioprine)\*  
Lupkynis (voclosporin) (PA) (QL) (SP)  
Myfortic (mycophenolic acid)\* (SP)  
Neoral (cyclosporine) capsules\*, oral solution\* (SP)  
Prograf (tacrolimus)\* (SP)  
Rapamune (sirolimus)\* (SP)  
Rezurock (belumosudil) (PA) (QL) (SP)  
Sandimmune (cyclosporine) capsules\*, solution (SP)  
Tavalisse (fostamatinib) (PA) (QL) (SP)  
Zilbrysq (zilucoplan) (PA) (QL) (SP)  
Zortress (everolimus) (SP)\*

#### Miscellaneous Antineoplastics

Adcetris (brentuximab vedotin) (PA) (SP)  
Afinitor (everolimus) (QL) (SP)\* (generic only; 10 mg tablets excluded)  
Alecensa (alecetinib) (PA) (QL) (SP)  
Alunbrig (brigatinib) (PA) (QL) (SP)  
Arimidex (anastrozole)\* (SP)  
Aromasin (exemestane)\* (SP)  
Augtyro (repotrectinib) (PA) (QL) (SP)  
Ayvakit (avapritinib) (PA) (QL) (SP)  
Balversa (erdafitinib) (PA) (QL) (SP)  
Bosulif (bosutinib) (PA) (QL) (SP)  
Braftovi (encorafenib) (PA) (QL) (SP)  
Brukinsa (zanubrutinib) (PA) (QL) (SP)  
Cabometyx (cabozantinib) (PA) (QL) (SP)  
Caprelsa (vandetanib) (PA) (SP)  
Cometriq (cabozantinib) capsules (PA) (QL) (SP)  
Copiktra (duvelisib) (PA) (QL) (SP)  
Cotellie (cobimetinib) (PA) (QL) (SP) (glasdegib) (PA) (QL) (SP)  
Daurismo (glasdegib) (PA) (QL) (SP)  
Eligard (leuprolide) (PA) (SP)  
Emcyt (estramustine) (SP)  
Erivedge (vismodegib) (PA) (SP)  
Exkivity (mobocertinib) (PA) (QL) (SP)  
Farydak (panobinostat) (PA) (QL) (SP)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

\*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy in the Pharmacy section of the Summary Plan Description).

\*\*Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card  
(QL)—Indicates the drug is a quantity limit product.

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC (cont.)

#### Miscellaneous Antineoplastics (cont.)

Femara (letrozole)\* (SP)  
Fotivda (tivozanib) (PA) (QL) (SP)  
Fruzaqla (fruquintinib) (PA) (QL) (SP)  
Gilotrif (afatinib) (PA) (SP)  
Gleevec (imatinib)\* (PA) (QL) (SP) (generic only)  
Gavreto (pralsetinib) (PA) (QL) (SP)  
Hycamtin (topotecan) (PA) (QL) (SP)  
Ibrance (palbociclib) (PA) (QL) (SP)  
Iclusig (ponatinib) tablets (PA) (SP)  
Imbruvica (ibrutinib) capsules, oral suspension, tablets 420 mg, tablets 560 mg (PA) (QL) (SP)  
Inlyta (axitinib) (PA) (QL) (SP)  
Inqovi (decitabine/cedazuridine) (PA) (QL) (SP)  
Inrebic (fedratinib) (PA) (QL) (SP)  
Iressa (gefitinib) (PA) (QL) (SP)  
Jakafi (ruxolitinib) (PA) (SP)  
Jaypirca (pirtobrutinib) (PA) (QL) (SP)  
Kisqali (ribociclib) (PA) (QL) (SP)  
Kisqali Femara (ribociclib/letrozole) (PA) (QL) (SP)  
Koselugo (selumetinib) (PA) (QL) (SP)  
Krazati (adagrasib) (PA) (QL) (SP)  
Kyprolis (carfilzomib) (PA) (SP)  
Lenvima (lenvatinib) (PA) (QL) (SP)  
Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)  
Lorbrena (lorlatinib) (PA) (QL) (SP)  
Lumakras (sotorasib) (PA) (QL) (SP)  
Lupron (leuprolide) (PA) (SP)  
Lynparza (olaparib) (PA) (QL) (SP)  
Lysodren (mitotane) (SP)  
Lytgobi (futibatinib) (PA) (QL) (SP)  
Megace (megestrol) (except 625 mg/5 mL solution)\*  
Mekinist (trametinib) (PA) (QL) (SP)  
Mektovi (binimetinib) (PA) (QL) (SP)  
Nexavar (sorafenib) (QL) (SP)  
Ninlaro (ixazomib) (PA) (QL) (SP)  
Odomzo (sonidegib) (PA) (QL) (SP)  
Ojjaara (momelotinib) (PA) (QL) (SP)  
Orserdu (elacestrant) (PA) (QL) (SP)  
Pemazyre (pemigatinib) (PA) (QL) (SP)  
Piqray (alpelisib) (PA) (QL) (SP)  
Pomalyst (pomalidomide) (PA) (QL) (SP)  
Qinlock (ripretinib) (PA) (QL) (SP)  
Retevmo (selpercatinib) (PA) (QL) (SP)  
Revlimid (lenalidomide) (PA) (QL) (SP)  
Rozlytrek (entrectinib) (PA) (QL) (SP)  
Rubraca (rucaparib) (PA) (QL) (SP)  
Rydapt (midostaurin) (PA) (QL) (SP)  
Sandostatatin (octreotide)\* (SP)  
Scemblix (asciminib) (PA) (QL) (SP)  
Sprycel (dasatinib) (QL) (SP)  
Stivarga (regorafenib) (PA) (SP)

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC (cont.)

#### Miscellaneous Antineoplastics (cont.)

Sutent (sunitinib)\* (QL) (SP)  
Tafinlar (dabrafenib) (PA) (QL) (SP)  
Tagrisso (osimertinib) (PA) (QL) (SP)  
Talzenna (talazoparib) (PA) (QL) (SP)  
Tarceva (erlotinib)\*\* (PA) (QL) (SP)  
Targretin (bexarotene)\* (PA) (QL) (SP)  
Tasigna (nilotinib) (QL) (SP)  
Tazverik (tazemetostat) (PA) (QL) (SP)  
Tepmetko (tepotinib) (PA) (QL) (SP)  
Thalomid (thalidomide) (SP)  
Tibsovo (ivosidenib) (PA) (QL) (SP)  
Truqap (capiivasertib) (PA) (QL) (SP)  
Tukysa (tucatinib) (PA) (QL) (SP)  
Turalio (pexidartinib) (PA) (QL) (SP)  
Tykerb (lapatinib) (SP)  
Vanflyta (quizartinib) (PA) (QL) (SP)  
Venclexta (venetoclax) (PA) (QL) (SP)  
VePesid (etoposide)\*  
Vesanoid (tretinoin)\* (SP) (only generic NDC: 00555-0808-02)  
Vijoice (alpelisib) (PA) (QL) (SP)  
Vitakvi (larotrectinib) (PA) (QL) (SP)  
Vonjo (pacritinib) (PA) (QL) (SP)  
Votrient (pazopanib) (QL) (SP)  
Welireg (belzutifan) (PA) (QL) (SP)  
Xalkori (crizotinib) (PA) (SP)  
Xospata (gilteritinib) (PA) (QL) (SP)  
Xtandi (enzalutamide) (PA) (QL) (SP)  
Zejula (niraparib) (PA) (QL) (SP)  
Zelboraf (vemurafenib) (PA) (QL) (SP)  
Zokinvy (lonafarnib) (PA) (QL) (SP)  
Zolinza (vorinostat) (QL) (SP)  
Zykadia (ceritinib) (PA) (QL) (SP)

## OBSTETRICS/GYNECOLOGY

### Contraceptives

Aviane (ethinyl estradiol/levonorgestrel)\*  
Brevicon (ethinyl estradiol/norethindrone)\*  
Cyclessa (ethinyl estradiol/desogestrel)\*  
Depo-Provera (medroxyprogesterone)\*  
Estrostep Fe (ethinyl estradiol/norethindrone/ferrous fumarate)\*  
Levora (ethinyl estradiol/levonorgestrel)\*  
Lessina (ethinyl estradiol/levonorgestrel)\*  
Lo/Ovral (ethinyl estradiol/norgestrel)\*  
Loestrin (ethinyl estradiol/norethindrone)\*  
Loestrin 24 Fe (ethinyl estradiol/norethindrone/ferrous fumarate)\*  
Loestrin Fe (ethinyl estradiol/norethindrone/ferrous fumarate)\*  
Micronor (norethindrone)\*  
Mircette (ethinyl estradiol/desogestrel)\*

\*\*\*Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

## Drug Formulary Medications by Category *(continued)*

### OBSTETRICS/GYNECOLOGY *(cont.)*

#### Contraceptives *(cont.)*

Modicon (ethinyl estradiol/norethindrone)\*  
Nextstellis (drospirenone/estrol) (PA) (QL)  
NuvaRing (ethinyl estradiol/etonogestrel)\*  
(only generic EluRyng)  
Ogestrel (ethinyl estradiol/norgestrel)\*  
Ortho Tri-Cyclen (ethinyl estradiol/norgestimate)\*  
Ortho-Cept (ethinyl estradiol/etonogestrel)\*  
Ortho-Cyclen (ethinyl estradiol/norgestimate)\*  
Ortho-Novum 1/35 (ethinyl estradiol/norethindrone)\*  
Ortho-Novum 1/50 (mestranol & norethindrone)\*  
Ortho-Novum 7/7/7 (ethinyl estradiol/norethindrone)\*  
Ortho Tri-Cyclen Lo (ethinyl estradiol/norgestimate)\*  
Phexxi (lactic acid/citric acid/potassium bitartrate)  
Seasonale (ethinyl estradiol/levonorgestrel)\*  
Trivora (ethinyl estradiol/levonorgestrel)\*  
Twirla (ethinyl estradiol/evonorgestrel) (PA) (QL)  
Xulane (ethinyl estradiol/norelgestromin)\* (QL)  
Yasmin (ethinyl estradiol/drospirenone)\*  
Zovia (ethinyl estradiol/ethynodiol diacetate)\*

#### Emergency Contraceptives

Plan B One Step (levonorgestrel)\*  
Ella (ulipristal)  
Next Choice (levonorgestrel)\*

#### Estrogens/Progestins

Angeliq (estradiol/drospirenone) (PA) (QL)  
Aygestin (norethindrone acetate)\*  
Bijuva (estradiol/progesterone) (PA) (QL)  
Climara (estradiol)\*  
ClimaraPro (estradiol/levonorgestrel) (PA) (QL)  
CombiPatch (estradiol/norethindrone) (PA) (QL)  
Divigel (estradiol) gel\*  
Duavee (conjugated estrogens/bazedoxifene) (PA) (QL)  
Estrace (estradiol)\*  
Estrace (estradiol) vaginal cream  
FemHRT (ethinyl estradiol/norethindrone)\*  
Minielle (estradiol)\*  
Ogen (estropipate)\*  
Prefest (estradiol/norgestimate) (PA) (QL)  
Premarin (conjugated estrogens) tablets, vaginal cream  
Premphase (conjugated estrogens/medroxyprogesterone) (PA) (QL)  
Prempro (conjugated estrogens/medroxyprogesterone) (PA) (QL)  
Prometrium (progesterone)\* (QL)  
Provera (medroxyprogesterone)\*  
Vagifem (estradiol vaginal inserts)\* (QL)  
Vivelle-Dot (estradiol)\* patch

#### Miscellaneous

Evista (raloxifene)\*  
Methergine (methylergonovine)\*

### OBSTETRICS/GYNECOLOGY *(cont.)*

#### Miscellaneous *(cont.)*

Myfembree (relugolix/estradiol/norethindrone) (PA) (QL) (SP)  
OriaHn (elagolix/estradiol/norethindrone) (PA) (QL) (SP)  
Orgovyx (relugolix) (PA) (QL) (SP)  
Orilissa (elagolix) (CC) (PA) (QL) (SP)  
Veozah (fezolinetant) (PA) (QL)

### OPHTHALMIC

#### Anti-Infectives

Bacitracin (bacitracin)\*  
Bleph-10 (sulfacetamide) solution\*  
Ciloxan (ciprofloxacin)\*  
Garamycin (gentamicin)\*  
Ilotycin (erythromycin)\*  
Neosporin (bacitracin/neomycin/ polymyxin B) ointment\*  
Neosporin (gramicidin/neomycin/ polymyxin B) solution\*  
Ocuflax (ofloxacin)\*  
Polysporin (bacitracin/polymyxin B)\*  
Polytrim (trimethoprim/polymyxin B)\*  
Tobrex (tobramycin) solution\*

#### Anti-Infective/Steroidal Combinations

Cortisporin (bacitracin/hydrocortisone neomycin/polymyxin B) ointment\*  
Maxitrol (dexamethasone/neomycin/ polymyxin B)\*  
TobraDex (tobramycin/dexamethasone) suspension\*, ointment  
Vasocidin (sodium sulfacetamide/prednisolone)\*

#### Anti-Inflammatory, Non-Steroidal

Acular (ketorolac)\*  
Ocufen (flurbiprofen)\*  
Prolensa (bromfenac)\* solution  
Voltaren (diclofenac) solution\*

#### Anti-Inflammatory, Steroidal

Decadron (dexamethasone) solution\*  
FML (fluorometholone) 0.1% solution\*  
Iluvien (fluocinolone) (PA) (SP)  
Lotemax (loteprednol)\*  
Pred Forte (prednisolone acetate)\*

#### Beta-Blockers

Betagan (levobunolol)\*  
Betimol (timolol)  
Betoptic S (betaxolol)  
Ocupress (carteolol)\*  
Timoptic (timolol)\*  
Timoptic-XE (timolol)\*

#### Carbonic Anhydrase Inhibitors

Azopt (brinzolamide)\*  
Trusopt (dorzolamide)\*

### OPHTHALMIC *(cont.)*

#### Cycloplegic Mydriatics

Cyclogyl (cyclopentolate)\*  
Isopto Atropine (atropine)\*  
Mydracyl (tropicamide)\*

#### Prostaglandin Agonists

Travatan Z (travoprost)  
Travoprost\*  
Xalatan (latanoprost)\*

#### Sympathomimetics

Alphagan P (brimonidine)\*

#### Miscellaneous Ophthalmics

Combigan (brimonidine/timolol)\*  
Cosopt (dorzolamide/timolol)\*  
Crolom (cromolyn)\*  
Miebo (perfluoroheptyl octane) (PA) (QL) (SP)  
Phospholine Iodide (echothiophate iodide) (PA) (QL)  
Pilocar (pilocarpine)\*  
Restasis (cyclosporine) (single-use vials only)\* (CC) (PA) (QL) (SP)  
Rhopressa (netarsudil) (PA) (QL)  
Rocklatan (netarsudil/latanoprost) (PA) (QL)  
Tyrvaya (varenicline solution) (PA) (QL) (SP)  
Upneeq (oxymetazoline) (PA) (QL) (SP)  
Verkazia (cyclosporine) (PA) (QL) (SP)  
Viroptic (trifluridine)\*  
Xiidra (lifitegrast) (CC) (PA) (QL) (SP)

### OTIC

#### Otic Agents

Auralgan (antipyrine/benzocaine)\*  
Cortisporin Otic (hydrocortisone/neomycin/ polymyxin B)\*  
Domeboro Otic (aluminum acetate/acetic acid)\*  
Floxin Otic (ofloxacin)\*  
Vosol (acetic acid)\*  
Vosol HC (acetic acid/hydrocortisone)\*

### VITAMINS/ELECTROLYTES

#### Electrolytes

K-Dur (potassium chloride)\*  
Klor-Con (potassium chloride)\*  
K-Lyte (potassium bicarbonate/citrate)\*  
PhosLo (calcium acetate)\*  
Drisdol (ergocalciferol)\*  
Folic Acid\*  
Luride (sodium fluoride) chewable tablets\*  
Mephyton (phytonadione)  
Poly-Vi-Flor  
Poly-Vi-Flor with Iron  
Rocaltrol (calcitriol)\*  
Tri-Vi-Flor\*

#### Prenatal Vitamins

Prenatal Plus\*

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(QL)—Indicates the drug is a quantity limit product.

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## Drug Formulary Medications Alphabetically

### A

Abilify (aripiprazole) tablets\* (QL)  
 Abilify Maintena (aripiprazole) (PA)  
 Abrysvo [respiratory syncytial virus vaccine (recombinant)] (\$0 copay; for members ≥ 60 years of age or pregnant within 32-36 weeks gestational age)  
 Accolate (zafirlukast)\*  
 Accuneb (albuterol) inhalation solution\*  
 Accupril (quinapril)\*  
 Accuretic (quinapril/hydrochlorothiazide)\*  
 Actemra (tocilizumab) (PA) (QL) (SP)  
 Acthar (corticotropin) (PA) (QL) (SP)  
 ActHIB (haemophilus b conjugate vaccine) (\$0 copay)  
 Actimmune (interferon gamma-1b) (SP)  
 Actonel (risedronate) (QL)  
 Actoplus Met (pioglitazone/metformin) tablets\*  
 Actos (pioglitazone)\* (QL)  
 Acular (ketorolac)\*  
 Adacel (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay; for members ≥ 7 years of age)  
 Adalat CC (nifedipine extended release)\*  
 Adbry (tralokinumab) (PA) (QL) (SP)  
 Adcetris (brentuximab vedotin) (PA) (SP)  
 Adcirca (tadalafil)\* (PA) (QL) (SP)  
 Adderall (dextroamphetamine racemic salts)\*  
 Adderall XR (dextroamphetamine racemic salts extended release)\*  
 Adempas (riociguat) (PA) (QL) (SP)  
 Adlarity (donepezil) (PA) (QL)  
 Admelog (insulin human lispro) (PA) (Humalog 100 units/mL preferred)  
 Advair Diskus (fluticasone/salmeterol)\*  
 Advair HFA (fluticasone/salmeterol)\*  
 Advate (antihemophilic factor) (PA) (QL) (SP)  
 Adynovate (recombinant pegylated antihemophilic factor) (PA) (QL) (SP)  
 Aemcolo (rifamycin delayed-release) (PA) (QL)  
 Afinitor (everolimus) (QL) (SP)\* (generic only; 10 mg tablets excluded)  
 Afluria Quadrivalent [influenza virus vaccine (inactivated)]  
 Afrezza (insulin human) (PA) (Humalog 100 units/mL preferred)  
 Aggrenox (dipyridamole extended release/ aspirin)\* (generic only)  
 Agrylin (anagrelide)\*  
 Aimovig (erenumab-aooe) (CC) (PA) (QL) (SP)  
 AirDuo (fluticasone/salmeterol)\* (generic only; \$0 copay)  
 Ajovy (fremanezumab-vfrm) (CC) (PA) (QL) (SP)

### A cont.

Akynzeo (netupitant/palonosetron) (PA) (QL)  
 Aldactazide (spironolactone/hydrochlorothiazide)\*  
 Aldactone (spironolactone)\*  
 Aldara (imiquimod)\* (QL)  
 Aldomet (methyldopa)\*  
 Aldoril (methyldopa/hydrochlorothiazide)\*  
 Alecensa (alectinib) (PA) (QL) (SP)  
 Alinia (nitazoxanide)\* (tablets only)  
 Alkeran (melphalan) (SP)  
 Alphagan P (brimonidine)\*  
 Altace (ramipril)\*  
 Altuviiio (antihemophilic factor, recombinant [Fc-VWF-XTEN Fusion Protein]) (PA) (QL) (SP)  
 Alunbrig (brigatinib) (PA) (QL) (SP)  
 Alupent (metaproterenol) syrup\*, tablet\*  
 Alyq (tadalafil)\* (PA) (QL) (SP)  
 Amaryl (glimepiride)\*  
 Ambien (zolpidem)\* (QL)  
 Ambien CR (zolpidem continuous-release)\* (QL) Amerge (naratriptan)\* (QL)  
 Amitiza (lubiprostone)\* (QL)  
 Amoxil (amoxicillin)\*  
 Ampyra (dalfampridine)\* (PA) (SP)(QL) (Mylan generic version excluded)  
 Anafranil (clomipramine)\*  
 Angeliq (estradiol/drospirenone) (PA) (QL)  
 Ansaïd (flurbiprofen)\*  
 Antabuse (disulfiram)\*  
 Antivert (meclizine)\* (50 mg tablets excluded)  
 Anusol-HC (hydrocortisone) cream\*  
 Anzemet (dolasetron) (QL)  
 Apidra (insulin human glulisine) (PA) (Humalog 100 units/mL preferred)  
 Apresoline (hydralazine)\*  
 Aprelude (cabotegravir) (PA) (QL) (SP)  
 Apriso (mesalamine)\*  
 Aptensio XR (methylphenidate) (PA) (QL)  
 Aptiom (eslicarbazepine) (PA) (QL)  
 Aptivus (tipranavir) (SP)  
 Aralen (chloroquine phosphate)\* (QL)  
 Aranesp (darbepoetin alfa) (SP)  
 Arava (leflunomide)\* (SP)  
 Arcalyst (rilonacept) (PA) (SP)  
 Arcapta (indacaterol) Neohaler  
 Arexvy [respiratory syncytial virus vaccine (recombinant, adjuvanted)] (\$0 copay; for members ≥ 60 years of age)  
 Aricept (donepezil)\*  
 Arikayce (amikacin liposome) (PA) (QL) (SP)  
 Arimidex (anastrozole)\* (SP)  
 Aristada (aripiprazole) (PA) (SP)

### A cont.

Aristocort (triamcinolone) cream\*, ointment\* (QL)  
 Arixtra (fondaparinux)\*  
 Arnuity Ellipta (fluticasone) (QL)  
 Aromasin (exemestane)\* (SP)  
 Artane (trihexyphenidyl)\*  
 Arthrotec (diclofenac sodium delayed release/misoprostol)\*  
 Asacol HD (mesalamine)\* (QL)  
 Asmanex, Asmanex HFA (mometasone) (\$0 copay)  
 Astagraf XL (tacrolimus ext-rel) (PA)  
 Atarax (hydroxyzine HCl)\*  
 Ativan (lorazepam)\*  
 Atripla\* (efavirenz/emtricitabine/tenofovir) (SP)  
 Atrovent (ipratropium) inhalation solution\*  
 Atrovent (ipratropium)\*  
 Atrovent HFA (ipratropium) inhaler  
 Aubagio (teriflunomide) (PA) (SP)  
 Augmentin (amoxicillin/clavulanate)\*  
 Augmentin XR (amoxicillin/clavulanate XR)\*  
 Augtyro (repotrectinib) (PA) (QL) (SP)  
 Auralgan (antipyrine/benzocaine)\*  
 Austedo (deutetrabenazine) (PA) (QL) (SP)  
 Auvelity (dextromethorphan/bupropion) (PA) (QL)  
 Avalide (irbesartan/hydrochlorothiazide)\* (ST)  
 Avapro (irbesartan)\* (ST)  
 Avelox (moxifloxacin)\*  
 Aviane (ethinyl estradiol/levonorgestrel)\*  
 Avinza (morphine extended release)  
 Avodart (dutasteride)\*  
 Avonex (interferon beta-1a) (PA) (SP)  
 Aygestin (norethindrone acetate)\*  
 Ayvakit (avapritinib) (PA) (QL) (SP)  
 Azilect (rasagiline)\*  
 Azopt (brinzolamide)\*  
 Azulfidine (sulfasalazine)\*

### B

Bacitracin (bacitracin)\*  
 Bactrim (sulfamethoxazole/trimethoprim)\*  
 Bactrim DS (sulfamethoxazole/trimethoprim)\*  
 Bactroban (mupirocin) cream\* (PA) (QL), ointment\* (QL)  
 Bafiertam (monomethyl fumarate) (PA) (QL) (SP)  
 Balversa (erdafitinib) (PA) (QL) (SP)  
 Banzel (rufinamide) tablets, oral suspension\*(CC) (PA) (SP)  
 Baraclude (entecavir) (SP)  
 Basaglar (insulin human glargine) (PA) (Lantus preferred)  
 Baqsimi (glucagon) (QL)

### B cont.

Benadryl (diphenhydramine)\* (50 mg only)  
 Benemid (probenecid)\*  
 Benlysta (belimumab) (SP) (PA)  
 Bentlyl (dicyclomine) capsule\*, tablet\*  
 Berinert (C1 inhibitor) (PA) (SP)  
 Besremi (ropeginterferon alfa-2b) (PA) (QL) (SP)  
 Betagan (levobunolol)\*  
 Betapace (sotalol)\*  
 Betaseron (interferon beta-1b) (PA) (SP)  
 Bethkis (tobramycin for inhalation) (PA) (SP)  
 Betimol (timolol)  
 Betoptic S (betaxolol)  
 Bevespi Aerosphere (glycopyrrolate/formoterol) (QL)  
 Bexsero [meningococcal (group B) vaccine] (\$0 copay)  
 Biaxin (clarithromycin)\* (extended-release tablets excluded)  
 Bijuva (estradiol/progesterone) (PA) (QL)  
 Biktaryv (bictegravir/emtricitabine/tenofovir alafenamide) (QL) (SP)  
 Biltricide (praziquantel)\*  
 Bimzelx (bimekizumab) (PA) (QL) (SP)  
 Bleph-10 (sulfacetamide) solution\*  
 Blocadren (timolol)\*  
 Boostrix (tetanus toxoids/diphtheria/acellular pertussis) (\$0 copay; for members ≥ 10 years of age)  
 Bosulif (bosutinib) (PA) (QL) (SP)  
 Braftovi (encorafenib) (PA) (QL) (SP)  
 Breo Ellipta (fluticasone/vilanterol) (QL)  
 Brethine (terbutaline) tablet\*  
 Brevicon (ethinyl estradiol/norethindrone)\*  
 Brexafemme (ibrexafungerp) (PA) (QL)  
 Briviact (brivaracetam) (PA) (QL)  
 Bronchitol (mannitol) (PA) (QL) (SP)  
 Brovana (arformoterol)\*  
 Brukinsa (zanubrutinib) (PA) (QL) (SP)  
 Bumex (bumetanide)\*  
 Buphenyl (sodium phenylbutyrate)\* (SP)  
 Buspar (buspirone)\*  
 Bydureon BCise (exenatide) (PA) (QL)  
 Byetta (exenatide) (PA) (QL)  
 Bystolic (nebivolol)\* (PA) (QL)

### C

Cablivi (caplacizumab) (PA) (QL) (SP)  
 Cabenuva (cabotegravir/rilpivirine) (PA) (QL) (SP)  
 Cabometyx (cabozantinib) (PA) (QL) (SP)  
 Cafegort (ergotamine/cafeine)\*  
 Calan (verapamil)\*  
 Calan SR (verapamil extended release)\*  
 Campral (acamprosate calcium)\*  
 Camzyos (mavacamten) (PA) (QL) (SP)

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## Drug Formulary Medications Alphabetically (continued)

### C cont.

Canasa (mesalamine)\*  
 Caplyta (lumateperone) (PA) (QL)  
 Capoten (captopril)\*  
 Capozide (captopril/hydrochlorothiazide)\*  
 Caprelsa (vandetanib) (PA) (SP)  
 Carafate (sucralfate) tablet\*  
 Carbatrol (carbamazepine extended release)\*  
 Cardizem (diltiazem)\*  
 Cardizem CD (diltiazem extended release)\*  
 Cardizem SR (diltiazem extended release)\*  
 Cardura (doxazosin)\*  
 Carnitor (levocarnitine)\*  
 Casodex (bicalutamide)\*  
 Cataflam (diclofenac)\*  
 Catapres (clonidine) tablet\*  
 Catapres-TTS (clonidine) patch\*  
 Cayston (aztreonam) inhalation solution (SP)  
 Ceclor (cefaclor)\*  
 Cefdin (cefuroxime)\*  
 Celebrex (celecoxib)\* (excluding 400 mg capsules)  
 Celexa (citalopram)\*  
 Cellcept (mycophenolate)\*(SP)  
 Celontin (methsuximide)  
 Cerdelga (eliglustat) (PA) (QL) (SP)  
 Cerezyme (imiglucerase) (PA) (SP)  
 Chronulac (lactulose)\*  
 Cibinqo (abrocitinib) (PA) (QL) (SP)  
 Ciloxan (ciprofloxacin)\*  
 Cimzia (certolizumab) (PA) (QL) (SP) (excluded for Psoriasis)  
 Cinqair (reslizumab) (PA) (SP)  
 Cinryze (C1 inhibitor) (PA) (SP)  
 Cipro (ciprofloxacin)\*  
 Cipro XR (ciprofloxacin extended release)\*  
 Claravis (isotretinoin)\*  
 Cleocin (clindamycin)\*  
 Cleocin T (clindamycin) lotion\*, pads\*, solution\* (QL)  
 Climara (estradiol)\*  
 ClimaraPro (estradiol/levonorgestrel) (PA) (QL)  
 Clinoril (sulindac)\*  
 Clozaril (clozapine)\*  
 Codeine (codeine sulfate) 30 mg tablets\*  
 Cogentin (benztropine)\*  
 Colazal (balsalazide)\*  
 Colcrys (colchicine)  
 Colestid (colestipol)\*  
 Colyte (polyethylene glycol/potassium/sodium)\*  
 Combigan (brimonidine/timolol)\*  
 CombiPatch (estradiol/norethindrone) (PA) (QL)

### C cont.

Combivent Respimat (ipratropium/albuterol) inhaler  
 Combivir (zidovudine/lamivudine)\* (SP)  
 Cometriq (cabozantinib) capsules (PA) (QL) (SP)  
 Comirnaty (COVID-19 Vaccine, mRNA) (\$0 copay)  
 Compazine (prochlorperazine) suppository\*, tablet\*  
 Complera (emtricitabine/rilpivirine/tenofovir) (SP)  
 Comtan (entacapone)\*  
 Condyllox (podofilox) topical gel  
 Condyllox (podofilox) topical solution\*  
 Copaxone (glatiramer acetate)\* (PA) (QL) (SP)  
 Copagus (ribavirin)\* (SP)  
 Copiktra (duvelisib) (PA) (QL) (SP)  
 Cordarone (amiodarone)\*  
 Coreg (carvedilol)\*  
 Corlanor (ivabradine\*) (PA) (QL)  
 Cortef (hydrocortisone)\*  
 Cortenema (hydrocortisone)\*  
 Cortisporin (bacitracin/hydrocortisone neomycin/polymyxin B) ointment\*  
 Cortisporin Otic (hydrocortisone/neomycin/polymyxin B)\*  
 Cortone Acetate (cortisone)\*  
 Corzide (nadolol/bendroflumethiazide)\*  
 Cosentyx (secukinumab) (PA) (QL) (SP)  
 Cosopt (dorzolamide/timolol)\*  
 Cotellic (cobimetinib) (PA) (QL) (SP)  
 Coumadin (warfarin)\*\*  
 Cozaar (losartan)\*  
 Creon (amylase/lipase/protease)  
 Crestor (rosuvastatin)\* (QL)  
 Crixivan (indinavir) (SP)  
 Crolom (cromolyn)\*  
 Cuprimine (penicillamine)\* (PA) (QL) (SP)  
 Cutivate (fluticasone) cream\*, lotion\*, ointment\*  
 Cuvposa (glycopyrrolate)\* (PA)  
 Cyclessa (ethinyl estradiol/desogestrel)\*  
 Cyclogyl (cyclopentolate)\*  
 Cyclophosphamide capsules\*, tablets (SP)  
 Cymbalta (duloxetine)\* (QL)  
 Cyproheptadine tablets\*, syrup\*  
 Cytotec (misoprostol)\*  
 Cytovene (ganciclovir) (SP)

### D

D.H.E. (dihydroergotamine)\* (PA) (QL)  
 Daklinza (daclatasvir) (PA) (QL) (SP)  
 Daliresp (roflumilast)\* (PA)  
 Danocrine (danazol)\*  
 Dapsone (dapsone)\* (glasdegib) (PA) (QL) (SP)

### D cont.

Daptacel (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay)  
 Daurismo (glasdegib) (PA) (QL) (SP)  
 Daybue (trofinetide) (PA) (QL) (SP)  
 DDAVP (desmopressin acetate)\*  
 Decadron (dexamethasone)\*  
 Decadron (dexamethasone) solution\*  
 Deltasone (prednisone)\*  
 Delzicol (mesalamine)\* (ST)  
 Demadox (torsemide)\*  
 Demerol (meperidine)\*  
 Depakene (valproic acid)\*  
 Depakote (divalproex)\*  
 Depo-Provera (medroxyprogesterone)\*  
 Depen Titratabs (penicillamine)\* (PA) (QL) (SP)  
 Derma-smoothe (fluocinolone)\* 0.01% oil  
 Descovy (emtricitabine/tenofovir) (PA) (QL) (SP)  
 Desyrel (trazodone)\*  
 Detrol (tolterodine)\*  
 Detrol LA (tolterodine)\* (QL) (ST) (only 2 mg capsules)  
 Dexedrine (dextroamphetamine)\*  
 Diabeta (glyburide)\*  
 Diacomit (stiripentol) (PA) (QL) (SP)  
 Diastat (diazepam rectal gel)\*  
 Dibenzyline (phenoxybenzamine)  
 Differin (adapalene) gel\* (PA)  
 Dificid (fidaxomicin) (PA)  
 Diflucan (fluconazole) tablet\*, suspension\*  
 Dilantin (phenytoin)\*\*  
 Dilaudid (hydromorphone)\*  
 Diovan (valsartan)\* (except 320 mg tablets) (ST)  
 Diovan HCT (valsartan/hydrochlorothiazide)\* (ST)  
 Diprolene (augmented betamethasonedipropionate) cream\*, gel\*, ointment\*  
 Diprolene AF (augmented betamethasonedipropionate) cream\*  
 Diprosone (betamethasone dipropionate) cream\*  
 Ditropan (oxybutynin)\*  
 Ditropan XL (oxybutynin extended release)\*  
 Diuril (chlorothiazide)\*  
 Divigel (estradiol) gel\*  
 Dolobid (diflunisal)\*  
 Dolophine (methadone)\*  
 Domeboro Otic (aluminum acetate/acetic acid)\*  
 Doptelet (avatrombopag) (PA) (QL) (SP)  
 Dostinex (cabergoline)\*  
 Dovato (dolutegravir/lamivudine) (QL) (SP)  
 Dovonex (calcipotriene)\* (QL)

### D cont.

Drisdol (ergocalciferol)\*  
 Drysol (aluminum chloride hexahydrate)\*  
 Drysol Dab-O (aluminum chloride hexahydrate)\*  
 Duavee (conjugated estrogens/bazedoxifene) (PA) (QL)  
 Duetact (pioglitazone/glimepiride) tablets\*  
 Dulera (mometasone/formoterol) (\$0 copay)  
 Duoneb (ipratropium/albuterol)\*  
 Duragesic (fentanyl)\*  
 Duricef (cefadroxil) capsule\*  
 Dupixent (dupilumab) (PA) (QL) (SP)  
 Dyazide (triamterene/hydrochlorothiazide)\*  
 Dynapen (dicloxacillin)\*  
**E**  
 E.E.S. (erythromycin ethylsuccinate)\*  
 Edurant (rilpivirine) (SP)  
 Effexor (venlafaxine)\*  
 Effexor XR (venlafaxine extended-release) capsules\*, tablets\* (PA) (QL)  
 Effient (prasugrel)\*  
 Efudex (fluorouracil)\* (QL)  
 Egrifta (tesamorelin) (PA) (SP)  
 Elavil (amitriptyline)\*  
 Eldepryl (selegiline) capsules\*  
 Elidel (pimecrolimus)\* (PA)  
 Eligard (leuprolide) (PA) (SP)  
 Elimite (permethrin) cream\*  
 Eliquis (apixaban) (QL)  
 Elixophyllin (theophylline) elixir  
 Ella (ulipristal)  
 Elocon (mometasone) cream\*, lotion\*, ointment\*  
 Elmiron (pentosan polysulfate sodium) (PA) (QL)  
 Emcyt (estramustine) (SP)  
 Emend (aprepitant) capsules, oral suspension (PA) (QL)  
 Empaveli (pegcetacoplan) (PA) (QL) (SP)  
 Emgality (galcanezumab-gnlm) (CC) (PA) (QL) (SP)  
 Emsam (selegiline transdermal) (PA)  
 Emtriva (emtricitabine) (SP)  
 Enbalex (darifenacin)\*  
 Enbrel (etanercept) (PA) (QL) (SP) (excluded for Psoriasis)  
 Engerix-B 20 mcg/mL [hepatitis B vaccine (recombinant)] (\$0 copay)  
 Enspryng (satralizumab) (PA) (QL) (SP)  
 Entresto (sacubitril/valsartan) (PA) (QL)  
 Epipen (epinephrine)\* (generic only) (QL)  
 Epipen Jr. (epinephrine)\* (generic only) (QL)  
 Epivir (lamivudine)\* (SP)  
 Epivir HBV (lamivudine)\* (SP)

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## Drug Formulary Medications Alphabetically (continued)

<b>E cont.</b>	<b>F cont.</b>	<b>G cont.</b>	<b>I cont.</b>
Epanova (omega-3 carboxylic acids) (restricted to Cardiology) (QL)	First-Lansoprazole suspension (for members < 1 year of age only)	Gleevec (imatinib)* (PA) (QL) (SP) (generic only)	Ibsrela (tenapanor) (PA) (QL)
Epclusa (sofosbuvir/velpatasvir)* (generic only) (PA) (QL) (SP)	First-Omeprazole suspension (for members < 1 year of age only)	Gleostine (lomustine) (SP)	Iclusig (ponatinib) tablets (PA) (SP)
Epidiolex (cannabidiol) (PA) (SP)	Flagyl (metronidazole)*	GlucaGen (glucagon) (QL)	Ilaris (canakinumab) (PA) (SP)
Epogen (epoetin alfa) (SP)	Flector (diclofenac epolamine)* (PA) (QL)	Glucagon Emergency Kit (glucagon)* (QL)	Ilumya (tildrakizumab) (PA) (QL) (SP)
Epzicom (abacavir/lamivudine)* (SP)	Fleqsuvy (baclofen; excluded for members 12 years of age and older)* (QL)	Glucophage (metformin)*	Ilotycin (erythromycin)*
Equanil (meprobamate)*	Flexeril (cyclobenzaprine)* (except 7.5 mg tablets)	Glucophage XR (metformin extended release)*	Iluvien (fluocinolone) (PA) (SP)
Ergomar (ergotamine) (PA) (QL)	Flolan (epoprostenol)* (SP)	Glucotrol (glipizide)*	Imbruvica (ibrutinib) capsules, oral suspension, tablets 420 mg, tablets 560 mg (PA) (QL) (SP)
Erivedge (vismodegib) (PA) (SP)	Flomax (tamsulosin)*	Glucotrol XL (glipizide extended release)*	Imdur (isosorbide mononitrate)*
Erleada (apalutamide) (PA) (QL) (SP)	Florinef (fludrocortisone)*	Glucovance (glyburide/metformin)*	Imitrex (sumatriptan) injection*, nasal spray*, tablet* (QL)
Erycette (erythromycin) pads* (QL)	Florinef (fludrocortisone)*	Glynase (glyburide)*	Imodium (loperamide)*
Eryderm (erythromycin) topical solution* (QL)	Fluorouracil solution* (QL)	Glyxambi (empagliflozin/linagliptin) (QL) (ST) (Farxiga or Jardiance preferred)	Impavido (miltefosine) (PA) (QL) (SP)
Erygel (erythromycin) topical gel* (QL)	Flovent Diskus, HFA (fluticasone)* inhaler	GoLYTELY (polyethylene glycol-electrolyte solution)*	Imuran (azathioprine)*
EryPed (erythromycin ethylsuccinate)*	Floxin Otic (ofloxacin)*	Granix (tbo-filgrastim) (SP)	Incivek (telaprevir) (SP)
Ery-Tab (erythromycin)*	Fluarix Quadrivalent [influenza virus vaccine (inactivated)]	Grastek (timothy grass pollen allergen extract) (PA) (QL)	Increlex (mecasermin) (PA) (SP)
Erythromycin 5 mg/g ointment*	Flucelvac Quadrivalent [influenza virus vaccine (inactivated)]	Gvoke (glucagon) (QL)	Increase Ellipta (umeclidinium bromide) (QL)
Esbriet (pirfenidone)* (PA) (QL) (SP)	Flulaval Quadrivalent [influenza virus vaccine (inactivated)]	<b>H</b>	Inderal (propranolol)*
Eskalith (lithium carbonate)*	Fluzone High-Dose Quadrivalent [influenza virus vaccine (inactivated)]	Haegarda (C1 inhibitor) (PA) (SP)	Inderal LA (propranolol extended-release)*
Estrace (estradiol)*	Fluzone Quadrivalent [influenza virus vaccine (inactivated)]	Hadlima (adalimumab) (PA) (QL) (SP)	Indocin (indomethacin)*
Estrace (estradiol) vaginal cream	FML (fluorometholone) 0.1% solution*	Halcion (triazolam)* (PA)	Infanrix (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay)
Estrostep Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*	Focalin (dexmethylphenidate)*	Haldol (haloperidol)*	Ingrezza (valbenazine) (PA) (QL) (SP)
Eulexin (flutamide)*	Folic Acid*	Harvoni (ledipasvir/sofosbuvir)* (PA) (QL) (SP) (generic only)	Inlyta (axitinib) (PA) (QL) (SP)
Evenity (romosozumab) (PA) (QL) (SP)	Forteo (teriparatide)* (PA) (QL) (SP)	Hepsera (adefovir)* (SP)	Inqovi (decitabine/cedazuridine) (PA) (QL) (SP)
Evista (raloxifene)*	Fortical (calcitonin)*	Hiberix (haemophilus b conjugate vaccine) (\$0 copay)	Inrebic (fedratinib) (PA) (QL) (SP)
Evoxac (cevimeline)*	Fosamax (alendronate)* (QL)	Humalog (insulin human lispro)	Inspra (eplerenone)*
Evrysdi (risdiplam) (PA) (QL) (SP)	Fotivda (tivozanib) (PA) (QL) (SP)	Humalog Mix 50/50 (insulin human lispro NPL/lispro)	Insulin human degludec (PA) (Lantus preferred)
Exelon (rivastigmine)*	Fruzaqla (fruquintinib) (PA) (QL) (SP)	Humalog Mix 75/25 (insulin human lispro NPL/lispro)	Insulin Lispro 100 units/mL
Exforge (amlodipine/valsartan)*	Fulphila (pegfilgrastim-jmdb) (SP)	Humatin (paromomycin)*	Intal (cromolyn sodium) inhalation solution*
Exjade (deferasirox)* (PA) (SP)	Fuzeon (enfuvirtide) (SP)	Humatrope (somatropin) (PA) (SP) (ST)	Intelence (etravirine) (SP)
Exkivity (mabocertinib) (PA) (QL) (SP)	Fycompa (perampanel) (CC) (PA) (QL) (SP)	Humira (adalimumab) (Hadlima preferred) (PA) (QL) (SP)	Intron A (interferon alfa-2b) (SP)
Extavia (interferon beta-1b) (PA) (SP)	Fynlutra (pegfilgrastim-pbkk) (SP)	Humulin 70/30 (insulin human NPH/R)	Intuniv (guanfacine extended release)
Exxua (gepirone) (PA) (QL)	<b>G</b>	Humulin N (insulin human NPH)	Invega (paliperidone extended release)
<b>F</b>	Gabitril (tiagabine)*	Humulin R (insulin human regular)	Invirase (saquinavir) (SP)
Fabhalta (iptacopan) (PA) (QL) (SP)	Garamecin (gentamicin)*	Humulin R U-500 (insulin human regular) (PA) (Humalog 100 units/mL preferred)	Invokamet (canagliflozin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)
Famvir (famciclovir)* (QL)	Gardasil 9 [human papillomavirus vaccine (9-valent)] (\$0 copay; for members 9-45 years of age)	Hycamtin (topotecan) (PA) (QL) (SP)	Invokamet XR (canagliflozin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)
Fanapt (iloperidone) (PA) (QL)	Gattex (teduglutide) (PA) (QL) (SP)	Hydrea (hydroxyurea)*	Invokana (canagliflozin) (PA) (QL)
Fareston (toremifene)* (SP)	Gavreto (pralsetinib) (PA) (QL) (SP)	HydroDIURIL (hydrochlorothiazide)*	(Farxiga or Jardiance preferred)
Farxiga (dapagliflozin) (PA) (QL)	Gengraf (cyclosporine)* (SP)	Hyftor (sirolimus) (PA) (QL) (SP)	IPOLE [poliovirus vaccine (inactivated)] (\$0 copay)
Farydak (panobinostat) (PA) (QL) (SP)	Genotropin (somatropin) (PA) (SP)	Hygroton (chlorthalidone)*	Iressa (gefitinib) (PA) (QL) (SP)
Fasenra (benralizumab) pens, prefilled syringes (PA) (QL) (SP)	Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) (QL) (SP)	HyperTET [Tetanus Immune Globulin (Human)] (\$0 copay)	Isentress (raltegravir) (SP)
Faslodex (fulvestrant)*	Geodon (ziprasidone)*	Hytone (hydrocortisone) cream*, lotion*, ointment* (QL)	Isordil (isosorbide dinitrate)* (except 40 mg tablets)
Felbatol (felbamate)*	Gilenya* (fingolimod) (PA) (QL) (SP)	Hytrin (terazosin)*	Isturisa (osilodrostat) (PA) (QL) (SP)
Feldene (piroxicam)*	Gilotrif (afatinib) (PA) (SP)	Hyzaar (losartan/hydrochlorothiazide)*	
Femara (letrozole)* (SP)	Glatopa* (PA) (QL) (SP)	<b>I</b>	<b>J</b>
FemHRT (ethinyl estradiol/norethindrone)*		Ibrance (palbociclib) (PA) (QL) (SP)	Jadenu (deferasirox)*** (PA) (SP)
Fensolvi (leuprolide) (PA) (QL) (SP)			
Fiasp (insulin human aspart) (PA) (Humalog 100 units/mL preferred)			
Finacea (azelaic acid) gel*			
Fintepla (fenfluramine) (PA) (QL) (SP)			
Firazyr (icatibant) (PA) (SP)			
Firdapse (amifampridine) (PA) (QL) (SP)			

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## Drug Formulary Medications Alphabetically (continued)

<b>J cont.</b>	<b>L cont.</b>	<b>L cont.</b>	<b>M cont.</b>
Jakafi (ruxolitinib) (PA) (SP)	Lamictal XR (lamotrigine extended release)*	Lonhala Magnair (glycopyrrolate) (PA) (QL)	Megace (megestrol) (except 625 mg/5 mL solution)*
Janumet (sitagliptin/metformin) (QL) (ST) (Alogliptin preferred)	Lampit (nifurtimox) (PA) (QL) (SP)	Loniten (minoxidil) tablet*	Mekinist (trametinib) (PA) (QL) (SP)
Janumet XR (sitagliptin/metformin) (QL) (ST) (Alogliptin preferred)	Lanoxin (digoxin) tablet**	Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)	Mektovi (binimetinib) (PA) (QL) (SP)
Januvia (sitagliptin) (QL) (ST) (Alogliptin preferred)	Lantus (insulin human glargine)	Lopid (gemfibrozil)*	Mellaril (thioridazine)*
Jardiance (empagliflozin) (PA) (QL)	Lariam (mefloquine)*	Lopressor (metoprolol)*	Menactra [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; for members ≥ 9 months to ≤ 55 years of age)
Jaypirca (pirtobrutinib) (PA) (QL) (SP)	Lasix (furosemide)*	Lorbrena (lorlatinib) (PA) (QL) (SP)	MenQuadFi [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; ≥ 2 years of age)
Jentadueto (linagliptin/metformin) (QL) (ST) (Alogliptin preferred)	Latuda* (lurasidone) (QL)	Lortab (hydrocodone/acetaminophen) elixir*, tablets* (QL)	Menveo [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; 2-vial formulation for members ≥ 2 months through 55 years of age; 1-vial formulation for members ≥ 10 years to ≤ 55 years of age)
Jentadueto XR (linagliptin/metformin) (QL) (ST) (Alogliptin preferred)	Lenvima (lenvatinib) (PA) (QL) (SP)	Lotemax (loteprednol)*	Mephyton (phytonadione)
Jesduvrog (daprodustat) (PA) (QL) (SP)	Lescol (fluvastatin immediate release)* (ST)	Lotensin (benazepril)*	Metadate CD (methylphenidate extended release)*
Juxtapid (lomitapide) (PA) (SP)	Lescol XL (fluvastatin extended release)* (ST)	Lotensin HCT (benazepril/hydrochlorothiazide)*	Metaglip (glipizide/metformin)*
Jynarque (tolvaptan) (PA) (QL) (SP)	Lessina (ethinyl estradiol/levonorgestrel)*	Lotrel (amlodipine/benazepril)*	Methergine (methylergonovine)*
<b>K</b>	Letairis (ambrisentan)* (PA) (QL) (SP)	Lotrisone (clotrimazole/betamethasone) cream*	Metrocream (metronidazole)*
Kalbitor (ecallantide) (PA) (SP)	Leucovorin (leucovorin)*	Lotronex (alosetron)* (PA)	MetroGel (metronidazole)* (PA except 0.75% strength)
Kaletra (lopinavir/ritonavir)* solution (SP)	Leukeran (chlorambucil) (SP)	Lovaza (omega-3-acid ethyl esters)* (restricted to Cardiology) (QL)	MetroGel Vaginal (metronidazole)*
K-Dur (potassium chloride)*	Leukine (sargramostim) (SP)	Lovenox (enoxaparin)*	MetroLotion (metronidazole)* (PA)
Kalydeco (ivacaftor) (PA) (QL) (SP)	Levaquin (levofloxacin)*	Loxitane (loxapine)*	Mestinon Timespan (pyridostigmine extended-release)*
Kapvay (clonidine)*	Levbid (hyoscyamine)*	Lozol (indapamide)*	Mestinon (pyridostigmine)*
Kazano (alogliptin/metformin)* (QL) (ST)	Levemir (insulin human detemir) (PA) (Lantus preferred)	Lucemyra (lofexidine) (PA) (QL)	Mevacor (lovastatin)*
Keflex (cephalexin)*	Levora (ethinyl estradiol/levonorgestrel)*	Ludiomil (maprotiline)*	Mexitil (mexiletine)*
Kenalog (triamcinolone) lotion*	Levothyroid (levothyroxine) (only tablets)**	Lumakras (sotorasib) (PA) (QL) (SP)	Micardis (telmisartan)* (ST)
Keppra (levetiracetam)*	Levsin (hyoscyamine)*	Lunesta (eszopiclone)* (QL)	Micardis HCT (telmisartan/hydrochlorothiazide)* (ST)
Keppra XR (levetiracetam)*	Lexapro (escitalopram)* (QL)	Lupkynis (voclosporin) (PA) (QL) (SP)	Micronase (glyburide)*
Kerendia (finerenone) (PA) (QL)	Librax (chlordiazepoxide/clidinium)* (QL) (only generic NDCs: 67877-0731-01, 60219-1677-01)	Lupron (leuprolide) (PA) (SP)	Micronor (norethindrone)*
Kevzara (sarilumab) (PA) (QL) (SP)	Librium (chlordiazepoxide)*	Luride (sodium fluoride) chewable tablets*	Midamor (amiloride)*
Kesimpta (ofatumumab) (PA) (QL) (SP)	Lidex (fluocinonide) 0.05% cream*, solution* (QL)	Luvox (fluvoxamine immediate-release) tablets*	Miebo (perfluorohexyloctane) (PA) (QL) (SP)
Kineret (anakinra) (PA) (SP)	Lidoderm (lidocaine) patch* (PA)	Lynparza (olaparib) (PA) (QL) (SP)	Migranal (dihydroergotamine)* (PA) (QL)
Kisqali (ribociclib) (PA) (QL) (SP)	Lioresal (baclofen)* (except 5 mg tablets)	Linzess (linaclotide) (PA) (QL)	Minipress (prazosin)*
Kisqali Femara (ribociclib/letrozole) (PA) (QL) (SP)	Lipitor (atorvastatin)* (QL) (mandatory tablet splitting)	Lyrica (pregabalin)*	Minitran (nitroglycerin) patches*
Kitabis Pak (tobramycin) inhalation solution* (PA) (SP)	Lipofen (fenofibrate)*	Lysdren (mitotane) (SP)	Minivelle (estradiol)*
Klaron (sulfacetamide)*	Litfulo (ritlecitinib) (PA) (QL) (SP)	Lysteda (tranexamic acid)* (QL)	Minocin (minocycline) capsule*
Klisyri (tirbanibulin) (PA) (QL) (SP)	Lithobid (lithium carbonate extended release)*	Lytgobi (futibatinib) (PA) (QL) (SP)	Mirapex (pramipexole)*
Klonopin (clonazepam)*	Lithotabs (lithium carbonate)*	<b>M</b>	Mirapex ER (pramipexole extended release)*
Klor-Con (potassium chloride)*	Livtency (maribavir) (PA) (QL) (SP)	Macrobid (nitrofurantoin)*	Mircera (methoxy peg-epoetin beta) (SP)
K-Lyte (potassium bicarbonate/citrate)*	Livmarli (maralixibat) (PA) (QL) (SP)	Macrochantin (nitrofurantoin)* (oral suspension excluded; 25 mg capsules excluded for members 12 years of age and older)	Mircette (ethinyl estradiol/desogestrel)*
Kombiglyze XR (saxagliptin/metformin)* (QL) (ST) (Alogliptin preferred)	Lo/Ovral (ethinyl estradiol/norgestrel)* (only 200 mg capsules, 400 mg tablets, 500 mg tablets)	Malarone (atovaquone/proguanil)*	M-M-R II (measles, mumps, and rubella virus vaccine) (\$0 copay)
Korlym (mifepristone)* (PA) (SP)	Loestrin (ethinyl estradiol/norethindrone)*	Marinol (dronabinol)* (PA)	Mobic (meloxicam)*
Koselugo (selumetinib) (PA) (QL) (SP)	Loestrin 24 Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*	Mavenclad (cladribine) (PA) (QL) (SP)	Moderna (COVID-19 Vaccine, mRNA) (\$0 copay; for members ≥ 6-11 years of age)
Kovaltry (antihemophilic factor) (PA) (QL) (SP)	Loestrin Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*	Mavik (trandolapril)*	Modicon (ethinyl estradiol/norethindrone)*
Krazati (adagrasib) (PA) (QL) (SP)	Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)	Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)	
Kuvan (sapropterin) (PA) (SP)	Lomotil (diphenoxylate/atropine)*	Maxalt/Maxalt-MLT (rizatriptan)* (QL)	
Kwell (lindane) lotion*, shampoo*		Maxitrol (dexamethasone/neomycin/polymixin B)*	
Kyprolis (carfilzomib) (PA) (SP)		Maxzide (triamterene/hydrochlorothiazide)*	
Kytril (granisetron)* (QL)		Mayzent (siponimod) (PA) (QL) (SP)	
		Medrol (methylprednisolone)*	
<b>L</b>			
Lagevrio (molnupiravir) (QL)			
Lamictal (lamotrigine)*			
Lamictal ODT (lamotrigine orally disintegrating tablets)*			

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\*\*Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copoly Card

(QL)—Indicates the drug is a quantity limit product.

\*\*\*Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

## Drug Formulary Medications Alphabetically (continued)

### M cont.

Moduretic (amiloride/  
hydrochlorothiazide)\*  
Monodox (doxycycline monohydrate)\*  
(except 75 mg, 150 mg)  
Monopril (fosinopril)\*  
Monopril-HCT (fosinopril/  
hydrochlorothiazide)\*  
Motrin (ibuprofen) tablets\*, suspension\*  
Mounjaro (tirzepatide) (PA) (QL) (SP)  
MoviPrep (polyethylene glycol)  
MS Contin (morphine extended release)\*  
MS IR (morphine) tablets\*, solution\*  
Multaq (dronedaron) (restricted to  
Cardiology)  
Mulpleta (lusutrombopag) (PA) (QL) (SP)  
Mycapssa (ocrotetide) (PA) (QL) (SP)  
Mycelx Troche (clotrimazole)\* (QL)  
Mycolog II (nystatin/triamcinolone)\*  
Mycostatin (nystatin) cream\*, ointment\*,  
powder\* (QL)  
Mycostatin (nystatin) tablet\*,  
suspension\*  
Mydracyl (tropicamide)\*  
Myfembree (relugolix/estradiol/  
norethindrone) (PA) (QL) (SP)  
Myfortic (mycophenolic acid)\* (SP)  
Myleran (busulfan) (SP)  
Myrbetriq (mirabegron)\* (PA) (QL) (SP)  
Mysoline (primidone)\*

### N

Naftin (naftifine) cream\*, 1% gel\*  
Namenda (memantine)\*  
Namenda XR (memantine)\* (PA)  
Naprosyn (naproxen)\*  
Natpara (parathyroid hormone) (PA) (SP)  
Navane (thiothixene)\*  
Nayzilam (midazolam) (PA) (QL) (SP)  
Neomycin (neomycin)\*  
Neoral (cyclosporine) capsules\*, oral  
solution\* (SP)  
Neosporin (bacitracin/neomycin/  
polymixin B) ointment\*  
Neosporin (gramicidin/neomycin/  
polymixin B) solution\*  
Nerlynx (neratinib) (PA) (QL) (SP)  
Nesina (alogliptin)\* (QL) (ST)  
Neulasta (pegfilgrastim) (SP)  
Neumega (oprelvekin) (SP)  
Neupogen (filgrastim) (SP)  
Neurontin (gabapentin)\*  
Nexavar (sorafenib) (QL) (SP)  
Nexletol (bempedoic acid) (PA) (QL) (SP)  
Nexlizet (bempedoic acid/ezetimibe) (PA)  
(QL) (SP)  
Next Choice (levonorgestrel)\*  
Nextstellis (drospirenone/estetrol) (PA)  
(QL)  
Niaspan (niacin extended release)\*

### N cont.

Nilandron (nilutamide)  
Nimodipine capsules\* (PA) (QL) (SP)  
Ninlaro (ixazomib) (PA) (QL) (SP)  
Nitro-Bid (nitroglycerin) ointment  
Nitro-Dur (nitroglycerin) patches\*  
Nitrolingual (nitroglycerin) spray\*  
Nitrostat (nitroglycerin) SL tablets  
Nivestym (filgrastim-aafi) (SP)  
Nizoral (ketoconazole)\*  
Nizoral (ketoconazole) cream\* (QL)  
Nolvadex (tamoxifen)\*  
Norco (hydrocodone/acetaminophen)\*  
(QL)  
Norditropin (somatropin) (PA) (SP)  
Norflex (orphenadrine)\*  
Norpace (disopyramide)\*  
Norpace CR (disopyramide)  
Norpramin (desipramine)\*  
Northera (droxidopa)\* (PA) (QL) (SP)  
Norvasc (amlodipine)\*  
Norvir (ritonavir) (SP)  
Nouriaz (istradefylline) (CC) (PA) (QL)  
(SP)  
Novavax (COVID-19 Vaccine, subunit)  
(S0 copay)  
Novolin 70/30 (insulin human NPH/R)  
Novolin N (insulin human NPH)  
Novolin R (insulin human regular)  
NovoLog (insulin human aspart) (PA)  
(Humalog 100 units/mL preferred)  
NovoLog Mix 70/30 (insulin human  
aspart NPL/aspart) (PA) (Humalog  
Mix preferred)  
Noxafil (posaconazole) (PA) (SP) tablets\*  
Nubeqa (darolutamide) (PA) (QL) (SP)  
Nucala (mepolizumab) (PA) (QL) (SP)  
Nuedexta (dextromethorphan/quinidine)  
(PA) (SP)  
Nulibry (fosdenopterin) (PA) (QL) (SP)  
Nuplazid (pimavanserin) (PA) (QL) (SP)  
Nurtec ODT (rimegepant) (CC) (PA) (QL)  
(SP)  
Nutropin AQ (somatropin) (PA) (SP) (ST)  
NuvaRing (ethinyl estradiol/  
etonogestrel)\* (only generic EluRyng)  
Nuvigil (armodafinil) (ST)  
Nuzyra (omadacycline) (PA) (QL) (SP)  
Nydrizid (isoniazid)\*  
Nymalize (nimodipine) oral solution (PA)  
(QL) (SP)  
Nyvepria (pegfilgrastim-apgf) (SP)

### O

Ocaliva (obeticholic acid) (PA) (QL) (SP)  
Ocufen (flurbiprofen)\*  
Ocuflox (ofloxacin)\*  
Ocupress (carteolol)\*

### O cont.

Odactra (house dust mite allergen extract)  
(PA) (QL) Odefsey (emtricitabine/  
rilpivirine/tenofovir) (QL) (SP)  
Odomzo (sonidegib) (PA) (QL) (SP)  
Ofev (nintedanib) (PA) (QL) (SP)  
Ogen (estropipate)\*  
Ogestrel (ethinyl estradiol/norgestrel)\*  
Ojjaara (mometinib) (PA) (QL) (SP)  
Olumiant (baricitinib) (PA) (QL) (SP)  
Olysio (simeprevir) (PA) (QL) (SP)  
Omnicef (cefdinir)\*  
Omnitrope (somatropin) (PA) (SP) (ST)  
Omvoh (mirikizumab) (PA) (QL) (SP)  
Onfi (clobazam)\* (PA) (SP) (generic only)  
Ongentys (opicapone) (PA) (QL) (SP)  
Onglyza (saxagliptin)\* (Alogliptin  
preferred) (QL) (ST)  
Opfolda (miglustat) (PA) (QL) (SP)  
Opsumit (macitentan)\* (PA) (QL) (SP)  
Opzelura (ruxolitinib) (PA) (QL) (SP)  
Oralair (grass mixed pollen allergen  
extract) (PA) (QL)  
Orapred (prednisolone)\*  
Orencia (abatacept) (PA) (SP)  
Orenitram (treprostinil) (PA) (QL) (SP)  
Orfadin (nitisinone)\* (SP) (only 2 mg, 5 mg,  
10 mg capsules available generically)  
Orgovyx (relugolix) (PA) (QL) (SP)  
OriaHnn (elagolix/estradiol/  
norethindrone) (PA) (QL) (SP)  
Orilissa (elagolix) (CC) (PA) (QL) (SP)  
Orkambi (lumacaftor/ivacaftor) (PA) (QL)  
(SP)  
Orserdu (elacestrant) (PA) (QL) (SP)  
Ortho Tri-Cyclen (ethinyl estradiol/  
norgestimate)\*  
Ortho-Cept (ethinyl estradiol/  
desogestrel)\*  
Ortho-Cyclen (ethinyl estradiol/  
norgestimate)\*  
Ortho-Novum 1/35 (ethinyl estradiol/  
norethindrone)\*  
Ortho-Novum 1/50 (mestranol &  
norethindrone)\*  
Ortho-Novum 7/7/7 (ethinyl estradiol/  
norethindrone)\*  
Ortho Tri-Cyclen Lo (ethinyl estradiol/  
norgestimate)\*  
Orudis (ketoprofen)\*  
Oseni (alogliptin/pioglitazone)\* (QL) (ST)  
Otezla (apremilast) (PA) (QL) (SP)  
Otrexup (methotrexate injection) (PA)  
(QL) (SP)  
Oxbryta (voxelotor) (PA) (QL) (SP)  
Oxsooralen-Ultra (methoxsalen) (PA) (SP)  
Oxtellar XR (oxcarbazepine) (CC) (PA)  
(QL) (SP)  
Oxycontin (oxycodone extended release)  
Ozempic (semaglutide) (PA) (QL)

### P

Palforzia [peanut (arachis hypogaea)  
allergen powder-dnfp] (PA) (QL) (SP)  
Palynziq (pegvaliase) (PA) (QL) (SP)  
Pamelor (nortriptyline)\*  
Pamine (methscopolamine)\*  
Panretin (alitretinoin) (SP) (QL)  
Parcopa (carbidopa/levodopa orally  
disintegrating tablets)\*  
Parafon Forte DSC (chlorzoxazone)\*  
(500 mg tablets only)  
Paregoric (paregoric)\*  
Parlodel (bromocriptine)\* (2.5 mg tablets  
only)  
Parnate (tranylcypromine)\*  
Paxil (paroxetine)\*  
Paxlovid (nirmatrelvir/ritonavir) (QL)  
PedvaxHIB (haemophilus b conjugate  
vaccine) (S0 copay)  
Pegasys (peginterferon alfa-2a) (PA) (SP)  
Pegintron (peginterferon alfa-2b) (PA)  
(SP)  
Pemazyre (pemigatinib) (PA) (QL) (SP)  
Penbraya [Meningococcal (Groups  
A / B / C / W / Y) Vaccine] (S0 copay;  
for members ≥ 10 through 25 years  
of age) (QL)  
Pen-Vee K (penicillin VK)\*  
Pennsaid (diclofenac sodium solution)\*  
(PA) (only 1.5% solution)  
Pentacel (diphtheria/tetanus toxoids/  
acellular pertussis/poliovirus/  
haemophilus b conjugate vaccine)  
(S0 copay)  
Pepcid (Famotidine) 40 mg/5 mL  
suspension\* (for members < 1 year  
of age only)  
Percocet (oxycodone/acetaminophen)\*  
(QL)  
Percodan (oxycodone/aspirin)\*  
Perforomist (formoterol)\*  
Peridex (chlorhexidine gluconate)\*  
Persantine (dipyridamole)\*  
Pertzye (amylase/lipase/protease)  
Pfizer COVID-19 Vaccine [COVID-19  
Vaccine (mRNA)] (S0 copay)  
Pfizer-BioNTech (COVID-19 Vaccine,  
mRNA) (S0 copay; for members  
≥ 5-11 years of age)  
Phenergan (promethazine)\*  
Phenobarbital (phenobarbital)\*  
Phexxi (lactic acid/citric acid/potassium  
bitartrate)  
PhosLo (calcium acetate)\*  
Phospholine Iodide (echothiophate  
iodide) (PA) (QL)  
Pilocar (pilocarpine)\*  
Piqray (alpelisib) (PA) (QL) (SP)  
Plan B One Step (levonorgestrel)\*  
Plaquenil (hydroxychloroquine)\* (QL)

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(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(SP)—Indicates the drug is a specialty product.

18 (QL)—Indicates the drug is a quantity limit product.

(ST)—Indicates the drug is part of the step therapy program.

## Drug Formulary Medications Alphabetically (continued)

<b>P cont.</b>	<b>P cont.</b>	<b>R cont.</b>	<b>S cont.</b>
Plavix (clopidogrel)*	Propylthiouracil (propylthiouracil)*	Repatha (evolocumab) (CC) (PA) (QL) (SP)	Sandimmune (cyclosporine) capsules*, solution (SP)
Plegridy (peginterferon beta-1a) (PA) (SP)	ProQuad (measles, mumps, rubella, and varicella virus vaccine) (\$0 copay)	Requip (ropinirole)*	Sandostatin (octreotide)* (SP)
Plendil (felodipine extended release)*	Proscar (finasteride)*	Requip XL (ropinirole extended release)*	Saphris (asenapine)* (PA) (QL)
Pletal (cilostazol)*	Protopic (tacrolimus)*(QL) (only NDCs: 00168-0417-30, 00168-0417-60, 00168-0417-99, 45802-0390-00, 45802-0390-01, 45802-0390-02)	Rescriptor (delavirdine) (SP)	Savella (milnacipran) (PA) (QL)
Pneumovax-23 (pneumococcal polysaccharide) (\$0 copay; for members ≥ 65 years of age) (QL)	Proventil (albuterol) inhalation solution*	Restasis (cyclosporine) (single-use vials only)* (CC) (PA) (QL) (SP)	Seasonale (ethinyl estradiol/levonorgestrel)*
Poly-Vi-Flor	Proventil (albuterol) tablet*, syrup*	Restoril (temazepam)* (PA except 15 mg and 30 mg strengths) (QL)	Scemblix (asciminib) (PA) (QL) (SP)
Poly-Vi-Flor with Iron	Proventil HFA (albuterol) inhaler*	Retevmo (selpercatinib) (PA) (QL) (SP)	Sectral (acebutolol)*
Polysporin (bacitracin/polymyxin B)*	Provera (medroxyprogesterone)*	Retin-A (tretinoin) gel* (QL)	Secuado (asenapine) (PA) (QL)
Polytrim (trimethoprim/polymyxin B)*	Provigil (modafinil)*	Retrovir (zidovudine)* (SP)	Segluromet (ertugliflozin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)
Pomalyst (pomalidomide) (PA) (QL) (SP)	Prozac (fluoxetine)*	Revatio (sildenafil)* (PA) (SP) (generic only)	Selsun Rx (selenium sulfide) shampoo*
Ponvory (ponesimod) (PA) (QL) (SP)	Pulmicort (budesonide) inhaler	ReVia (naltrexone)*	Selzentry (maraviroc) (SP)
Praluent (alirocumab) (CC) (PA) (QL) (SP) (only NDCs: 72733-5901-02, 72733-5902-02)	Pulmicort Respules (budesonide)*	Rezurock (belumosudil) (PA) (QL) (SP)	Sensipar (cinacalcet)* (PA) (SP) (generic only)
Prandin (repaglinide)*	Pulmozyme (dornase alfa) inhalation solution (SP)	Reyataz (atazanavir) (SP)	Serax (oxazepam)*
Pravachol (pravastatin)*	Purified Cortrophin Gel (corticotropin) (PA) (QL) (SP)	Reyvow (lasmiditan) (CC) (PA) (QL) (SP)	Serevent Diskus (salmeterol)
Precose (acarbose)*	Purinethol (mercaptopurine)** (SP)	Rezdiffra (resmetirom) (PA) (QL) (SP)	Sermorelin Acetate (PA) (SP)
Pred Forte (prednisolone acetate)*	Purixan (mercaptopurine) (SP)	Rheumatrex (methotrexate)	Seroquel (quetiapine)*
Prefest (estradiol/norgestimate) (PA) (QL)	Pyrazinamide (pyrazinamide)*	Rifadin (rifampin)*	Seroquel XR (quetiapine extended-release)* (QL)
Prelone (prednisolone) syrup*	<b>Q</b>	Rilutek (riluzole)* (SP)	Serostim (somatropin) (PA) (SP) (ST)
Premarin (conjugated estrogens) tablets, vaginal cream	Qbrexza (glycopyrronium) (PA) (QL) (SP)	Rinvoq (upadacitinib) (PA) (QL) (SP)	Serpassil (reserpine)*
Premphase (conjugated estrogens/medroxyprogesterone) (PA) (QL)	Qelbree (viloxazine) (PA) (QL)	Risperdal (risperidone)*	Shingrix (zoster vaccine recombinant, adjuvanted) (\$0 copay; for members ≥ 50 years of age) (QL)
Prempro (conjugated estrogens/medroxyprogesterone) (PA) (QL)	Qinlock (ripretinib) (PA) (QL) (SP)	Ritalin (methylphenidate)*	Silvadene (silver sulfadiazine)*
Prenatal Plus*	Questastran (cholestyramine)*	Ritalin LA (methylphenidate extended release)*	Simponi (golimumab) (PA) (SP)
Prevnar-13 (pneumococcal conjugate) (\$0 copay; for members ≥ 2 months-18 years of age) (QL)	Questastran Light (cholestyramine)*	Ritalin-SR (methylphenidate extended release)*	Sinemet (carbidopa/levodopa)*
Prevnar-20 (pneumococcal conjugate) (\$0 copay; for members ≥ 18 years of age) (QL)	Qulipta (atogepant) (PA) (QL) (SP)	Robaxin (methocarbamol)*	Sinemet CR (carbidopa/levodopa extended release)*
Prevpac (lansoprazole, amoxicillin, and clarithromycin)*	Qvar (beclomethasone) inhaler	Rockaltrol (calcitriol)*	Sinequan (doxepin)* capsules (tablets excluded)
Prevymis (letermovir) (PA) (QL) (SP)	<b>R</b>	Rocklatan (netarsudil/latanoprost) (PA) (QL)	Singular (montelukast)*
Prezista (darunavir) (SP)*	Radicava (edaravone) ORS oral suspension (PA) (QL) (SP)	Rotarix (rotavirus vaccine) (\$0 copay)	Sivextro (tedizolid) (CC) (PA) (QL) (SP)
Priftin (rifapentine)	Ragwitek (ragweed pollen allergen extract) (PA) (QL)	RotaTaq (rotavirus vaccine) (\$0 copay)	Skyclarys (omaveloxolone) (PA) (QL) (SP)
Principen (ampicillin)*	Ranexa (ranolazine)* (PA) (QL)	Rowasa (mesalamine)*	Skyrizi (risankizumab-rzaa) (PA) (QL) (SP)
Prinivil (lisinopril)*	Rapaflo (silodosin)*	Rozlytrek (entrectinib) (PA) (QL) (SP)	Solaraze (diclofenac gel)* (PA)
Prinzide (lisinopril/hydrochlorothiazide)*	Rapamune (sirolimus)* (SP)	Rubraca (rucaparib) (PA) (QL) (SP)	Soliqua (insulin human glargine/lixisenatide) (PA) (QL)
Priorix (measles, mumps, and rubella virus vaccine) (\$0 copay)	Rasuvo (methotrexate injection) (PA) (QL) (SP)	Ruconest (recombinant C1 inhibitor) (PA) (QL) (SP)	Soma (carisoprodol)*
Pro-Banthine (propantheline)*	Razadyne (galantamine)*	Rukobia (fostemsavir) (PA) (QL) (SP)	Somavert (pegvisomant) injection (PA) (SP)
ProAir HFA (albuterol) inhaler*	Rebetol (ribavirin)* (SP)	Ruzurgi (amifampridine) (PA) (QL) (SP)	Sonata (zaleplon)* (QL)
Proamatine (midodrine)*	Rebif (interferon beta-1a) (PA) (SP)	Rybelsus (semaglutide) (PA) (QL)	Soriatane (acitretin)* (SP)
Pravachol (pravastatin)*	Recombivax HB [hepatitis B vaccine (recombinant)] (\$0 copay)	Rydapt (midostaurin) (PA) (QL) (SP)	Sotyktu (deucravacitinib) (PA) (QL) (SP)
Precose (acarbose)*	Recorlev (levoketoconazole) (PA) (QL) (SP)	Rytary (carbidopa/levodopa extended release) (PA) (QL)	Sovaldi (sofosbuvir) (PA) (QL) (SP)
Procardia XL (nifedipine extended release)*	Reglan (metoclopramide)*	Rythmol (propafenone)*	Spikevax (COVID-19 Vaccine, mRNA) (\$0 copay)
Procrit (epoetin alfa) (SP)	Regranex (becaplermin) (SP) (QL)	Rythmol SR (propafenone extended release)*	Spiriva Respimat (tiotropium) (2.5 mcg/actuation only)*
Prograf (tacrolimus)* (SP)	Relafen (nabumetone)*	<b>S</b>	Spritam (levetiracetam) (CC) (PA) (QL) (SP)
Prolensa (bromfenac)* solution	Releuko (filgrastim-ayow) (SP)	Sabril (vigabatrin)* (PA) (SP)	Spravato (esketamine) (PA) (QL) (SP)
Prolia (denosumab) (PA) (SP)	Relpax (eletriptan)* (QL)	Saizen (somatropin) (PA) (SP) (ST)	Sprycel (dasatinib) (QL) (SP)
Prolixin (fluphenazine)*	Remeron (mirtazapine)*	Salagen (pilocarpine)*	
Proloprim (trimethoprim)*	Remodulin (treprostinil)* (PA) (SP) (generic only)	Samsca (tolvaptan) (PA) (QL) (SP)	
Promacta (eltrombopag) (PA) (SP)	Renagel (sevelamer)*	Sanctura (trospium)*	
	Renvela (sevelamer) tablets*, powder	Sanctura XR (trospium extended release)*	

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(QL)—Indicates the drug is a quantity limit product.

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(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

## Drug Formulary Medications Alphabetically (continued)

<b>S cont.</b>	<b>T cont.</b>	<b>T cont.</b>	<b>U cont.</b>
Stadol NS (butorphanol)*	Tavalisse (fostamatinib) (PA) (QL) (SP)	Toujeo (insulin human glargine) (PA) (Lantus preferred)	Udenyca (pegfilgrastim-cbqv) (SP)
Stalevo (carbidopa/entacapone/levodopa)*	Tazorac (tazarotene) cream*, gel* (for members < 35 years of age only)	Tracleer (bosentan)* (PA) (QL) (SP)	Uceris (budesonide extended release) (PA) (QL)
Steglatro (ertugliflozin) (PA) (QL) (Farxiga or Jardiance preferred)	Tazverik (tazemetostat) (PA) (QL) (SP)	Tradjenta (linagliptin) (Alogliptin preferred) (ST)	Ultracet (tramadol/acetaminophen)* (QL)
Steglyjan (ertugliflozin/sitagliptin) (PA) (QL) (Farxiga or Jardiance preferred)	TDVax (diphtheria/tetanus toxoids) (\$0 copay)	Trandate (labetalol)*	Ultram (tramadol)*
Stelara (ustekinumab) (PA) (QL) (SP)	Tecfidera (dimethyl fumarate)* (generic only; \$0 copay; excluding NDCs: 00378-0399-91, 00378-0399-18, 43598-0430-60, 00378-0396-14, 43598-0429-52) (PA) (QL) (SP)	Tranxene (clorazepate)*	Ultram ER (tramadol extended release)*
Stelazine (trifluoperazine)*	Tegretol (carbamazepine)*	Travatan Z (travoprost)	Ultravate (halobetasol) cream*, ointment*
Stimate (desmopressin) (SP)	Tegretol-XR (carbamazepine extended release)*	Travoprost*	Univasc (moexipril)*
Stimufend (pegfilgrastim-fpgk) (SP)	Temodar (temozolomide)* (generic oral tablets only) (SP)	Trelegy Ellipta (fluticasone/umeclidinium/vilanterol) (PA)	Upneeq (oxymetazoline) (PA) (QL) (SP)
Stivarga (regorafenib) (PA) (SP)	Temovate (clobetasol) cream*, gel*, ointment*	Trental (pentoxifylline)*	Uptravi (selexipag) (PA) (SP)
Strattera (atomoxetine)* (QL)	Temovate-E (clobetasol emollient) cream*	Tresiba (insulin human degludec) (PA) (Lantus preferred)	Uroxatral (alfuzosin)*
Strensiq (asfotase alfa) (PA) (SP)	Tepmetko (tepotinib) (PA) (QL) (SP)	Tri-Vi-Flor*	Urso (ursodiol)*
Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (SP)	Tenex (guanfacine)*	Tricor (fenofibrate)*	<b>V</b>
Suboxone (buprenorphine/naloxone sublingual tablets)* (PA) (QL) (SP)	Tenivac (diphtheria/tetanus toxoids) (\$0 copay)	Trijardy XR (empagliflozin/linagliptin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)	Vagifem (estradiol vaginal inserts)* (QL)
Subutex (buprenorphine)* (PA)	Tenoretic (atenolol/chlorthalidone)*	Trikafta (elexacaftor/tezacaftor/ivacaftor) (PA) (QL) (SP)	Valcyte (valganciclovir) (SP)* (generic only)
Sucraid (sacrosidase) (PA) (QL) (SP)	Tenormin (atenolol)*	Trilafon (perphenazine)*	Valium (diazepam)*
Sular (nisoldipine extended release)*	Teriparatide (PA) (QL) (SP)	Trileptal (oxcarbazepine) tablets*, suspension*	Valtoco (diazepam) (PA) (QL) (SP)
Sulfamylon (mafenide) cream, lotion (SP)	Tessalon (benzonatate)* (only 100 mg & 200 mg)/Tev-Tropin (somatropin) (PA) (SP) (ST)	Trilipix (fenofibric acid delayed release)*	Valtrex (valacyclovir)* (QL)
Sumycin (tetracycline)*	Tezspire (tezepelumab) (PA) (QL) (SP)	Trilissate (choline magnesium trisalicylate)*	Vancocin (vancomycin)*
Sunosi (solriamfetol) (PA) (QL) (SP)	Thalomid (thalidomide) (SP)	Trintellix (vortioxetine) (PA) (QL)	Vanflyta (quizartinib) (PA) (QL) (SP)
Sunlenca (lenacapavir) (PA) (QL) (SP)	Theo-Dur (theophylline)*	Trivora (ethinyl estradiol/levonorgestrel)*	Varivax (varicella virus vaccine) (\$0 copay)
Suprax (cefixime) capsules*, oral suspension*	Thorazine (chlorpromazine)*	Trivium (ethinyl estradiol/levonorgestrel)*	Varubi (rolapitant) (PA) (QL)
Sustiva (efavirenz)* (SP) (generic only)	Tibsovo (ivosidenib) (PA) (QL) (SP)	Trizivir (abacavir/lamivudine/zidovudine)* (SP)	Vascepa (icosapent ethyl) (restricted to Cardiology) 1 gm capsules* (PA) (QL)
Sutent (sunitinib)* (QL) (SP)	Tigan (trimethobenzamide)*	Trulicity (dulaglutide) (PA) (QL)	Vaseretic (enalapril/hydrochlorothiazide)*
Sylatron (peginterferon alfa-2b) (SP)	Tiglutik (riluzole) (PA) (QL) (SP)	Trumenba [meningococcal (group B) vaccine] (\$0 copay)	Vasocin (sodium sulfacetamide/prednisolone)*
Symbicort (budesonide/formoterol)*	Tikosyn (dofetilide)*	Truqap (capivasertib) (PA) (QL) (SP)	Vasotec (enalapril)*
Symdeko (tezacaftor/ivacaftor) (PA) (QL) (SP)	Timoptic (timolol)*	Trusopt (dorzolamide)*	Vaxelis [diphtheria/tetanus toxoids/acellular pertussis/hepatitis B (Recombinant)/poliovirus (inactivated)/haemophilus influenzae B conjugate (adsorbed) vaccine] (\$0 copay)
SymlinPen (pramlintide)	Timoptic-XE (timolol)*	Truvada (emtricitabine/tenofovir)* (PA required for quantities > 30 tablets per 365 days) (QL) (SP)	Vaxneuvance (pneumococcal conjugate) (\$0 copay; for members ≥ 6 weeks – 18 years of age) (QL)
Symmetrel (amantadine)*	Tindamax (tinidazole)*	Tryvio (aproclitentan) (PA) (QL) (SP)	Velsipity (etrasimod) (PA) (QL) (SP)
Symproic (naldemedine) (PA) (QL)	Tivicay (Dolutegravir) (SP)	Tyrvaya (varenicline solution) (PA) (QL) (SP)	Veltassa (patiromer) (PA) (QL) (SP)
Synarel (nafarelin) (PA) (SP)	TOBI (tobramycin) inhalation solution* (PA) (SP)	Turalio (pexidartinib) (PA) (QL) (SP)	Vemlidy (tenofovir alafenamide) (PA) (QL) (SP)
Synjardy (empagliflozin/metformin) (PA) (QL)	TOBI (tobramycin) Podhaler (PA) (SP)	Tudorza Pressair (aclidinium)	Venclexta (venetoclax) (PA) (QL) (SP)
Synjardy XR (empagliflozin/metformin) (PA) (QL)	TobraDex (tobramycin/dexamethasone) suspension*, ointment	Tukysa (tucatinib) (PA) (QL) (SP)	Ventavis (iloprost) (SP)
Synthroid (levothyroxine) (only tablets)**	Tobrex (tobramycin) solution*	Twirla (ethinyl estradiol/levonorgestrel) (PA) (QL)	Ventolin HFA (albuterol) inhaler*
Syprine (trientine) (PA) (SP)	Tofidence (tocilizumab-bavi) (PA) (QL) (SP)	Tyenne (tocilizumab-aazg) (PA) (QL) (SP)	Veozah (fezolinetant) (PA) (QL)
<b>T</b>	Tofranil (imipramine)*	Tykerb (lapatinib) (SP)	VePesid (etoposide)*
Tabloid (thioguanine) (QL) (SP)	Tofranil-PM (imipramine pamoate)*	Tylenol with Codeine (acetaminophen/codeine)* (QL)	Verelan PM (verapamil extended release)*
Tafinlar (dabrafenib) (PA) (QL) (SP)	Topamax (topiramate)*	Tymlos (abaloparatide) (PA) (QL) (SP)	Verkazia (cyclosporine) (PA) (QL) (SP)
Tafrisso (osimertinib) (PA) (QL) (SP)	Toprol XL (metoprolol extended-release)*	Tyvaso (treprostinil) (PA) (SP)	Verquvo (vericiguat) (PA) (QL) (SP)
Takzhzyro (lanadelumab-flyo) (PA) (QL) (SP)	Toradol (ketorolac)* (QL)	Tyzeka (telbivudine) (SP)	Versed (midazolam)*
Taltz (ixekizumab) (PA) (QL) (SP)			Vesanoid (tretinoin)* (SP) (only generic NDC: 00555-0808-02)
Talwin NX (pentazocine/naloxone)*			VESicare (solifenacin)*
Talzenna (talazoparib) (PA) (QL) (SP)			
Tambocor (flecainide)*			
Tamiflu (oseltamivir) capsules*, suspension* (QL) (\$0 copay)			
Tapazole (methimazole)*			
Tarceva (erlotinib)** (PA) (QL) (SP)			
Targretin (bexarotene)* (PA) (QL) (SP)			
Tasigna (nilotinib) (QL) (SP)			

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## Drug Formulary Medications Alphabetically (continued)

<b>V cont.</b>	<b>V</b>	<b>Y</b>	<b>Z cont.</b>
Vfend (voriconazole)* (SP)	Wainua (eplontersen) (PA) (QL) (SP)	Yasmin (ethinyl estradiol/ drospirenone)*	Zorbtive (somatropin) (PA) (SP) (ST)
Vibramycin (doxycycline hyclate)* (generic 50 mg, 100 mg capsules only)	Wakix (pitolisant) (PA) (QL) (SP)	Yupelri (revefenacin inhalation solution) (PA) (QL)	Zortress (everolimus)* (SP)
Victoza (liraglutide)* (PA) (QL)	Welchol (colesevelam)		Zoryve (roflumilast) (PA) (QL) (SP)
Videx (didanosine) (SP)	Welireg (belzutifan) (PA) (QL) (SP)		Zovia (ethinyl estradiol/ethynodiol diacetate)*
Videx EC (didanosine)* (SP)	Wellbutrin (bupropion)*		Zovirax (acyclovir) capsule*, tablet*
Viekira (ombitasvir/paritaprevir/ ritonavir/ dasabuvir) (PA) (QL) (SP)	Wellbutrin SR (bupropion extended release)*		Ztalmy (ganaxolone) (PA) (QL) (SP)
Viibryd (vilazodone)* (PA) (QL)	Wellbutrin XL (bupropion extended release)* (QL)	<b>Z</b>	Zurzuvae (zuranolone) (PA) (QL) (SP)
Vijoice (alpelisib) (PA) (QL) (SP)	Westcort (hydrocortisone valerate) ointment*	Zanaflex (tizanidine)*	Zykadia (ceritinib) (PA) (QL) (SP)
Vimpat (lacosamide)*		Zaroxolyn (metolazone)*	Zyloprim (allopurinol)*
Viramune (nevirapine)* (SP)	<b>X</b>	Zarxio (filgrastim-sndz) (SP)	Zyprexa (olanzapine)*
Viramune XR (nevirapine)* (SP)	Xadago (safinamide) (PA) (QL)	Zavesca (migLUstat)* (PA) (QL) (SP)	Zytiga (abiraterone acetate)* (generic only) (PA) (QL) (SP)
Viread (tenofovir) (SP)	Xalatan (latanoprost)*	Zavzpret (zavegepant) (PA) (QL) (SP)	Zyvox (linezolid)* (QL) (generic only; oral suspension for members 0-11 years of age)
Viroptic (trifluridine)*	Xalkori (crizotinib) (PA) (SP)	Zebeta (bisoprolol)*	
Visken (pindolol)*	Xanax (alprazolam)*	Zegalogue (dasiglucagon) (QL)	
Vistaril (hydroxyzine pamoate)*	Xarelto (rivaroxaban) (QL) (oral suspension excluded for members 12 years of age and older)	Zejula (miraparib) (PA) (QL) (SP)	
Vitekta (elvitegravir) (SP)	Xcopri (cenobamate) (PA) (QL) (SP)	Zelboraf (vemurafenib) (PA) (QL) (SP)	
Vitrakvi (larotrectinib) (PA) (QL) (SP)	Xeljanz (tofacitinib) (PA) (QL) (SP)	Zemaira (alpha1-proteinase inhibitor) (PA) (SP)	
Vivitrol (naltrexone) (PA) (QL) (SP)	Xeljanz XR (tofacitinib) (PA) (QL) (SP)	Zepatier (elbasvir/grazoprevir) (PA) (SP)	
Vocabria (cabotegravir) (PA) (QL) (SP)	Xeloda (capecitabine)* (PA) (SP)	Zeposia (ozanimod) (PA) (QL) (SP)	
Voltaren (diclofenac)*	Xenazine (tetrabenazine)* (SP)	Zerit (stavudine)* (SP)	
Voltaren (diclofenac) solution*	Xermelo (telotristat ethyl) (PA) (QL) (SP)	Zestoretic (lisinopril/ hydrochlorothiazide)*	
Vonjo (pacritinib) (PA) (QL) (SP)	Xgeva (denosumab) (PA) (SP)	Zestril (lisinopril)*	
Vosevi (sofosbuvir/velpatasvir/ voxilaprevir) (PA) (QL) (SP)	Xiaflex (collagenase clostridium histolyticum) (PA) (QL) (SP)	Zetia (ezetimibe)* (QL)	
Vosol (acetic acid)*	Xifaxan (rifaximin) (PA) (SP)	Ziac (bisoprolol/hydrochlorothiazide)*	
Vosol HC (acetic acid/hydrocortisone)*	Xiidra (lifitegrast) (CC) (PA) (QL) (SP)	Ziagen (abacavir)* (SP)	
Vospire ER (albuterol extended release) tablet*	Xolair (omalizumab) (vials excluded) (PA) (QL) (SP)	Zilbrysq (zilucoplan) (PA) (QL) (SP)	
Voquezna Dual Pak (vonoprazan/ amoxicillin) (PA) (QL)	Xopenex (levallbuterol)*	Ziextenzo (pegfilgrastim-bmez) (SP)	
Voquezna Triple Pak (vonoprazan/ amoxicillin/clarithromycin) (PA) (QL)	Xospata (gilteritinib) (PA) (QL) (SP)	Zithromax (azithromycin)*	
Votrient (pazopanib) (QL) (SP)	Xphozah (tenapanor) (PA) (QL) (SP)	Zocor (simvastatin)*	
Voxzogo (vosoritide) (PA) (QL) (SP)	Xtandi (enzalutamide) (PA) (QL) (SP)	Zofran (ondansetron)* (QL)	
Vraylar (cariprazine) (PA) (QL)	Xulane (ethinyl estradiol/ norelgestromin)* (QL)	Zokinvy (lonafarnib) (PA) (QL) (SP)	
Vtama (tapinarof) (PA) (QL) (SP)	Xylocaine (lidocaine) 2% gel*	Zolinza (vorinostat) (QL) (SP)	
Vumerity (diroximel fumarate) (PA) (QL) (SP)	Xyrem (sodium oxybate) (PA) (QL) (SP)	Zoloft (sertraline)*	
Vyjuvek (beremagene geperpavec) (PA) (QL) (SP)	Xywav (calcium, magnesium, potassium, and sodium oxybates) (PA) (QL) (SP)	Zomacton (somatropin) (PA) (SP) (ST)	
Vyndamax (tafamidis) (PA) (QL) (SP)		Zomig (zolmitriptan)* (QL)	
Vyndaqel (tafamidis meglumine) (PA) (QL) (SP)		Zonegran (zonisamide)*	
Vyvanse (lisdexamfetamine)* (PA) (QL) (PA requirement waived when generic claim submitted by in-network pharmacy with appropriate ADHD diagnosis code)		Zonisade (zonisamide; excluded for members 12 years of age and older) (QL)	

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# Pharmacy Management Program Medications

## Pharmaceuticals Requiring Prior Authorization

The following is a list of medications that require prior authorization before coverage is granted under the prescription drug benefit or medical benefit. For medications billed under the medical benefit without a drug-specific code (i.e. miscellaneous billing codes), these medications will require precertification review by the EHP Pharmacy Management team, if EHP has a precertification policy in place for the specific medication being billed/requested. If EHP does not have a precertification policy in place for medications with or without a drug-specific code, then these medications will follow the Aetna predetermination/clinical claim review process outlined in the predetermination section of the SPD.

- Abecma (medical benefit; effective date 10/01/21)
- Abilify Maintena
- Abstral
- Acne Treatments
- Actemra
- Actemra ACTPen
- Acthar gel
- Actiq
- Adacel (under 7 years of age)
- Adakveo (medical benefit; effective date 04/01/20)
- Adcetris
- Adbry (effective date 07/01/22)
- Adcirca
- Adempas
- Adlarity (effective 07/01/24)
- Admelog (effective date 04/01/18)
- Adstiladrin (medical benefit; effective date 07/01/23)
- Advate
- Adynovate (effective date 10/01/2022)
- Adzyna (medical benefit; effective date 04/01/24)
- Aemcolo (effective date 07/01/19)
- Afrezza (effective date 04/01/20)
- Aimovig (effective date 06/01/18)
- Ajovy (effective date 10/01/18)
- Akynzeo
- Albenza (effective date 10/01/18)
- Aldurazyme (medical benefit; effective date 01/01/22)
- Alecensa (effective date 04/01/19)
- Aliqopa (effective date 04/01/19)
- Alprolix
- Altuviiio
- Alunbrig
- Alyq
- Ampyra
- Amtagvi (effective 07/01/24; medical benefit)
- Amvuttra (medical benefit; effective date 10/01/22)
- Angeliq (effective date date 01/01/20)
- Aphexda (medical benefit; effective date 04/01/24)
- Apidra (effective date 03/01/18)
- Apretude (effective date 04/01/22)
- Aptensio XR (effective date 04/01/24)
- Aptiom
- Aralast NP (medical benefit)
- Arcalyst
- Arikayce (effective date 04/01/24)
- Aristada
- Aristada Initio
- Astagraf
- Aubagio
- Augtyro (effective date 04/01/24)
- Austedo
- Autologous cultured chondrocytes (effective date 04/01/23)
- Auvelity (effective date 01/01/23)
- Avonex
- Avsola (medical benefit; effective date 07/01/20)
- Ayvakit (effective date 07/01/20)
- Azedra (medical benefit; effective date 07/01/19)
- Bafiertam (effective date 04/01/21)
- Balcoltra
- Balversa (effective date 01/01/20)
- Banzel
- Barhemsys (effective 07/01/24; medical benefit)
- Basaglar (effective date 03/01/18)
- Bavencio (medical benefit)
- Belbuca
- Beleodaq (medical benefit)
- Belrapzo (medical benefit; effective date 04/01/20)
- Bendeka (medical benefit)
- Benlysta
- Beovu (medical benefit; effective date 01/01/20)
- Berinert
- Besponsa (medical benefit)
- Besremi (effective date 01/01/23)
- Betaseron
- Bethkis
- Bijuva (effective date 01/01/20)
- Bimzelx (effective date 04/01/24)
- Blincyto (medical benefit)
- Boniva IV (medical benefit)
- Bosulif
- Botox (medical benefit)
- Braftovi (effective date 04/01/20)
- Brand name oral contraceptives
- Brexafemme (effective date 01/01/22)
- Breyanzi (medical benefit; effective date 10/01/21)
- Brineura (medical benefit; effective date 07/01/19)
- Briumvi (medical benefit; effective date 04/01/23)
- Brisdelle
- Briivat
- Brixadi
- Bronchitol (effective date 04/01/21)
- Brukinsa (effective date 04/01/20)
- Butrans
- Bydureon BCise
- Byetta
- Bylvay (effective date 01/01/22)
- Byooviz (medical benefit; effective date 01/01/23)
- Bystolic (effective date 07/01/19)
- Cabenuva (effective date 10/01/21)
- Cablivi (effective date 04/01/20)
- Cabometyx
- Calquence (effective date 04/01/18)
- Caplyta (effective date 07/01/20)
- Camcevi (medical benefit; effective date 01/01/22)
- Camzyos (effective date 10/01/2022)
- Caprelsa
- Carvykti (medical benefit; effective date 07/01/22)
- Casgevy (effective 07/01/24; medical benefit)
- Cerdelga (effective date 10/01/21)
- Cerezyme
- Cibinco (effective date 07/01/22)
- Cimerli (medical benefit; effective date 04/01/23)
- Cinqair<sup>1</sup>
- Cinryze
- Cinvanti (effective date 04/01/19)
- Climara Pro (effective date 01/01/20)
- Columvi (medical benefit; effective date 04/01/24)
- CombiPatch (effective date 01/01/20)
- Cometriq
- Copaxone
- Copiktra (effective date 04/01/19)
- Corlanor
- Cosela (medical benefit; effective date 10/01/21)
- Cosentyx
- Cotellic
- Cresemba (effective date 10/01/18)
- Crysvida (medical benefit)
- Cuprimine (effective date 07/01/22)
- Cuvitru (effective date 06/01/18)
- Cuvposa
- Cyramza (medical benefit)
- Daklinza
- Daliresp
- Danyelza (medical benefit; effective date 10/01/21)
- Daraprim
- Darzalex (medical benefit; effective date 02/04/16)
- Darzalex Faspro (medical benefit; effective date 01/01/21)
- Daurismo (effective date 04/01/19)
- Daybue (effective 07/01/24)

1. In addition to meeting all other prior authorization criteria, members must also enroll in the corresponding EHP Healthy Choice Coordinated Care program to receive coverage for this medication.



## Pharmaceuticals Requiring Prior Authorization (continued)

- Depen Titratabs (effective date 07/01/22)
- Descovy
- Dexcom G6
- Dexcom G7
- Diacomit (effective date 07/01/22)
- Diclofenac gel
- Diclofenac solution
- Difucid
- Dihydroergotamine mesylate injection (effective date 01/01/20)
- Dihydroergotamine mesylate nasal spray (effective date 01/01/20)
- Dipentum
- Doptelet (effective date 04/01/19)
- Duavee (effective date 01/01/20)
- Duopa (medical benefit; effective date 07/01/19)
- Dupixent<sup>1</sup>
- Durysta (medical benefit; effective date 10/01/20)
- Dysport (medical benefit)
- Egrifta
- Elahere (medical benefit; effective date 04/01/23)
- Elaprase (medical benefit)
- Eleyso (medical benefit)
- Elfabrio (medical benefit; effective date 04/01/24)
- Elidel Cream
- Elmiron (effective date 04/01/19)
- Elrexio (medical benefit; effective date 04/01/24)
- Elzonris (medical benefit; effective date 07/01/19)
- Emend capsules, oral suspension
- Emgality (effective date 10/01/19)
- Empaveli (effective date 04/01/22)
- Empliciti
- Emsam patches
- Emverm (effective date 10/01/18)
- Enbrel
- Enhertu (medical benefit; effective date 10/01/2022)
- Enjaymo (medical benefit; effective date 07/01/22)
- Enspryng (effective date 04/01/21)
- Enstilar Foam (effective date 01/01/20)
- Entocort
- Entresto
- Entyvio (medical benefit)
- Envarsus XR
- Eplusa
- Epidiolex (effective date 04/01/19)
- Epkinly (medical benefit; effective date 04/01/24)
- Erelzi
- Ergomar/Ergotamine Powder (effective date 04/01/23)
- Erivedge
- Erleada (effective date 06/01/18)
- Erwinaze (medical benefit; effective date 01/01/19)
- Esbriet
- Eucrisa ointment
- Evenity (effective date 07/01/19)
- Evkeeza (medical benefit; effective date 07/01/21)<sup>1</sup>
- Evrysdi (effective date 08/11/20)
- Exjade
- Exkivity (effective date 04/01/22)
- Extavia
- Exxua (effective date 04/01/24)
- Eylea, Eylea HD (medical benefit)
- Fabhalta (effective date 04/01/24)
- Fabrazyme (medical benefit; effective date 10/01/18)
- Falessa
- Fanapt (effective date 04/01/20)
- Farxiga
- Farydak
- Fasenna prefilled syringes<sup>1</sup>
- Fasenna pens<sup>1</sup>
- Fasalvi (effective date 10/01/21)
- Fentora
- Feraheme (medical benefit; effective date 07/01/21)
- Ferriprox
- Fetzima
- Fiasp (effective date 04/01/18)
- Fintepla (effective date 04/01/22)
- Firazyr
- Firdapse (effective date 04/01/19)
- Flector
- Focinvez (medical benefit; effective date 04/01/24)
- Folutyn (medical benefit; effective date 01/01/23)
- Forteo
- Fotivda (effective date 10/01/21)
- FreeStyle Libre 14 day
- FreeStyle Libre 2
- FreeStyle Libre 3
- Fruzaqla (effective date 04/01/24)
- Fusilev (medical benefit; effective date 10/01/22)
- Fyarro (medical benefit; effective date 07/01/22)
- Fycompa (effective date 04/01/20)
- Gamifant (medical benefit; effective date 04/01/19)
- Gattex
- Gavreto (effective date 04/01/21)
- Gazyva (medical benefit)
- Genotropin
- Giazio
- Gilenya
- Gilotrif
- Givlaari (medical benefit; effective date 07/01/20)
- Glassia (medical benefit)
- Glatiramer acetate
- Gleevec
- Grastek
- Growth Hormone
- Hadlima (effective date 10/01/23)
- Haegarda
- Harvoni
- Hectorol
- Hemgenix (medical benefit; effective date 04/01/23)
- Hepzato (effective date 7/1/24; medical benefit)
- Hetlioz
- Hizentra
- Humalog U-200 (effective date 01/01/19)
- Humatrope
- Humira
- Humulin U-500 (effective date 03/01/18)
- Hycamtin
- Hyftor (effective date 10/01/22)
- Hyqvia
- Ibrance
- Ibsrela (effective date 01/01/23)
- Idhifa (effective date 04/01/18)
- Ilaris
- Ilumya (effective date 04/01/19)
- Iluvien (medical benefit)
- Imbruvica
- Imfinzi (medical benefit)
- Imjudo (medical benefit; effective date 04/01/23)
- Imlygic (medical benefit)
- Impavido
- Increlex
- Inflectra (medical benefit)
- Infliximab (medical benefit; effective date 07/01/22)
- Ingrezza
- Injectafer (medical benefit)
- Inqovi (effective date 01/01/21)
- Intermezzo (effective date 01/01/20)
- Invokamet/Invokamet XR (effective date 01/01/19)
- Inlyta
- Invokana
- Inrebic (effective date 04/01/20)
- Iressa
- Isturisa (effective date 10/01/20)
- Izervay (medical benefit; effective date 04/01/24)
- Jadenu
- Jakafi
- Jardiance
- Jaypirca (effective date 10/01/23)
- Jemperli (medical benefit; effective date 10/01/21)
- Jesduvroq (effective date 10/01/23)
- Jynarque (effective date 04/01/20)
- Kadcyla (medical benefit; effective date 01/01/19)
- Kalbitor
- Kalydeco
- Kanuma (medical benefit)
- Kerendia (effective date 01/01/22)
- Kesimpta (effective date 01/01/21)
- Ketamine (medical benefit; effective date 01/01/22)
- Kevzara
- Keytruda (medical benefit)
- Khapzory (medical benefit; effective date 10/01/22)
- Kimmtrak (medical benefit; effective date 07/01/22)
- Kineret
- Kisqali
- Kitabis Pak
- Klarity-C Drops
- Klisyri (effective date 07/01/21)
- Korlym
- Korsuva (medical benefit; effective date 01/01/22)
- Koselugo (effective date 10/01/20)
- Kovaltry
- Krazati (effective date 08/01/23)
- Krystexxa (medical benefit)
- Kuvan
- Kymriah (medical benefit)
- Kyprolis
- Lampit (effective date 04/01/21)
- Lamzede (medical benefit; effective date 10/01/23)
- Lazanda
- Lemtrada (medical benefit)
- Lenvima
- Leqvio<sup>1</sup> (medical benefit; effective date 04/01/22)
- Letairis
- Levemir (effective date 03/01/18)
- Libtayo (medical benefit; effective date 04/01/19)
- Lidoderm

## Pharmaceuticals Requiring Prior Authorization (continued)

- Linzess
- Litfulo (effective date 04/01/24)
- Livmarli (effective date 04/01/22)
- Livtency (effective date 10/01/2022)
- Lokelma (effective date 04/01/19)
- Lo Loestrin FE
- Lonhala Magnair (effective date 04/01/19)
- Lonsurf
- Loqtorzi (effective 07/01/24; medical benefit)
- Lorbrera (effective date 04/01/19)
- Lotronex
- Lucemyra (effective date 04/01/19)
- Lucentis (medical benefit)
- Lumakras (effective date 01/01/22)
- Lumizyme (medical benefit; effective date 04/01/22)
- Lumoxiti (medical benefit; effective date 04/01/19)
- Lunsumio (medical benefit; effective date 07/01/23)
- Lupkynis (effective date 04/01/21)
- Lupron
- Lutathera (effective date 04/01/19)
- Lutrate (medical benefit; effective date 04/01/23)
- Luxturna (medical benefit; effective 01/10/18)
- Luzu
- Lynparza
- Lytgobi (effective date 04/01/23)
- Macugen (medical benefit)
- Margenza (medical benefit; effective date 07/01/21)
- Marinol
- Mavenclad (effective date 01/01/20)
- Mavyret
- Mayzent (effective date 07/01/19)
- Mekinist
- Mektovi (effective date 04/01/20)
- Mepsevii (medical benefit)
- MetroGel 1%
- MetroGel 1% with pump
- Metro lotion
- Miebo (effective date 04/01/24)
- Mirvaso (effective date 01/01/19)
- Mounjaro (effective date 06/01/22)
- Monjuvi (medical benefit; effective date 01/01/21)
- Monoferric (medical benefit; effective date 07/01/21)
- Motegrity (effective date 07/01/19)
- Movantik
- Mulpleta (effective date 04/01/19)
- Mupirocin cream (effective date 01/01/20)
- Mycapssa (effective date 04/01/21)
- Myfembree (effective date 04/01/22)
- Mylotarg (medical benefit)
- Myobloc (medical benefit)
- Myrbetriq (effective date 07/01/21)
- Naglazyme (medical benefit; effective date 01/01/22)
- Namenda XR
- Natazia
- Natpara
- Nayzilam (effective date 04/01/20)
- Nerlynx (effective date 06/01/18)
- Neupro
- Nexleto<sup>1</sup> (effective date 07/01/20)
- Nexlizet<sup>1</sup> (effective date 07/01/20)
- Nextstellis (effective date 10/01/21)
- Nexvzyme (medical benefit; effective date 04/01/22)
- Nimodipine capsules (effective date 04/01/21)
- Ninlaro
- Norditropin
- Northera (effective date 04/01/19)
- Nourianz (effective date 10/01/20)
- Novolog (effective date 03/01/18)
- Novolog Mix (effective date 03/01/18)
- Noxafil (effective date 10/01/18)
- Nubeqa (effective date 10/01/20)
- Nucala<sup>®</sup>
- Nuedexta
- Nulibry (effective date 01/01/23)
- Nulojix (medical benefit)
- Nuplazid
- Nurtec Orally Disintegrating Tablets (effective date 07/01/20)
- Nutropin AQ
- Nuvigil
- Nuzyra (effective date 04/01/21)
- Nymalize oral solution (effective date 04/01/21)
- Ocaliva
- Ocrevus (medical benefit)
- Odactra (effective date 07/01/20)
- Odomzo
- Ofev
- Ojjaara (effective date 04/01/24)
- Olumiant (effective date 10/01/18)
- Olysio
- Omnipod 5 G6 insulin pump
- Omnipod Dash (effective date 04/01/20)
- Omnitrope
- Omvoh (effective date 04/01/24)
- Oncaspar (medical benefit; effective date 04/01/19)
- Onpattro (medical benefit; effective date 04/01/19)
- Onfi
- Ongentys (effective date 08/01/23)
- Onivyde (medical benefit)
- Opdivo (medical benefit)
- Opdualag (medical benefit; effective date 01/01/23)
- Opfolda (effective date 04/01/24)
- Opsumit (effective date 04/01/20)
- Opzelura (effective date 04/01/22)
- Oralair
- Orenicia
- Orenitram (effective date 07/01/20)
- Orgovyx (effective date 10/01/22)
- Oriahnn (effective date 04/01/22)
- Orilissa (effective date 07/01/19)
- Orkambi
- Orserdu (effective date 10/01/23)
- Otezla
- Otrexup
- Oxbryta (effective date 04/01/20)
- Oxervate (effective date 04/01/20)
- Oxlumo (medical benefit; effective date 07/01/21)
- Oxtellar XR (effective date 04/01/20)
- Ozempic (effective date 04/01/18)
- Ozurdex (medical benefit; effective date 07/01/20)
- Padcev (medical benefit; effective date 07/01/20)
- Palforzia (effective date 04/01/20)
- Palynziq (effective 7/1/24)
- Pedmark (medical benefit; effective date 04/01/23)
- Pegasys
- Pegintron
- Pemazyre (effective date 10/01/20)
- Pepaxto (medical benefit; effective date 10/01/21)
- Perjeta (medical benefit)
- Phospholine Eye Drops (effective date 04/01/23)
- Piqray (effective date 04/01/20)
- Plegridy
- Pluvicto (medical benefit; effective date 01/01/23)
- Pneumovax-23 (under 65 years of age)
- Polivy (medical benefit; effective date 01/01/20)
- Pomalyst
- Pombiliti (medical benefit; effective date 04/01/24)
- Ponvory (effective date 10/01/21)
- Portrazza (medical benefit)
- Poteligeo (medical benefit; effective date 04/01/19)
- Praluent<sup>1</sup>
- Prefest (effective date 01/01/20)
- Premphase (effective date 01/01/20)
- PremPro (effective date 01/01/20)
- Prevnar-13 (under 2 months of age)
- Prevnar-20 (under 65 years of age)
- Prevymis (effective date 06/01/18)
- Pristiq
- Probuphine
- Prolastin-C (medical benefit)
- Prolia
- Promacta
- Provenge (medical benefit)
- Prudoxin cream
- Pyrukynd (effective date 10/01/22)
- Psoriasis Therapies
- Purified Cortrophin Gel (effective date 04/01/22)
- Qbrexza (effective date 01/01/20)
- Qelbree (effective date 10/01/21)
- Qinlock (effective date 01/01/21)
- Qtern (effective date 01/01/19)
- Qudexy XR
- Qulipta (effective date 01/01/22)
- Qutenza
- Radicava ORS oral suspension
- Radicava intravenous solution (medical benefit)
- Ragwitek
- Rasuvo
- Rayaldee
- Rebif
- Reblozyl (medical benefit; effective date 04/01/20)
- Recorlev (effective date 10/01/22)
- Relistor

1. In addition to meeting all other prior authorization criteria, members must also enroll in the corresponding EHP Healthy Choice Coordinated Care program to receive coverage for this medication.

## Pharmaceuticals Requiring Prior Authorization (continued)

- Remicade (medical benefit)
- Remodulin
- Renflexis (medical benefit)
- Repatha<sup>1</sup>
- Restasis
- Restoril 7.5 mg (effective date 01/01/20)
- Restoril 22.5 mg (effective date 01/01/20)
- Retevmo (effective date 01/01/21)
- Retisert (medical benefit)
- Revatio
- Revlimid
- Rexaphenac
- Rexulti
- Reyvow (effective date 07/01/20)
- Rezdiffra (effective 07/01/24)
- Rezurock (effective date 01/01/22)
- Rezzayo (effective 07/01/24; medical benefit)
- Rheumatoid Arthritis Therapies
- Rhofade (effective date 01/01/19)
- Rhopressa (effective 10/01/18)
- Rinvoq (effective date 04/01/20)
- Rituxan (medical benefit)
- Rituxan Hycela (medical benefit, effective date 04/01/19)
- Rivfloza (medical benefit; effective date 04/01/24)
- Rocklatan (effective date 04/01/23)
- Roctavian (medical benefit; effective date 10/01/23)
- Rozerem (effective date 01/01/20)
- Rozlytrek (effective date 10/01/20)
- Rubraca
- Ruconest
- Rukobia (effective date 01/01/21)
- Ruxience (medical benefit; effective date 07/01/20)
- Ruzurgi (effective date 07/01/20)
- Rybelsus (effective date 04/01/20)
- Rybrevant (medical benefit; effective date 01/01/22)
- Rydapt
- Rylaze (medical benefit; effective date 07/01/22)
- Ryplazim (medical benefit; effective date 07/01/22)
- Rystiggo (medical benefit; effective date 04/01/24)
- Rytary (effective date 10/01/23)
- Sabril
- Saizen
- Samsca (effective date 04/01/20)
- Saphnelo (medical benefit; effective date 01/01/22)
- Saphris (effective date 04/01/20)
- Sarclisa (medical benefit; effective date 10/01/20)
- Savella (effective date 04/01/22)
- Scemblix (effective date 07/01/22)
- Scenesse (medical benefit; effective date 01/01/21)
- Secuado (effective date 04/01/20)
- Segluromet (effective date 06/01/18)
- Sensipar
- Sermorelin
- Serostim
- Shingrix (under 50 years of age)
- Signifor
- Signifor LAR
- Siliq (effective date 04/01/18)
- Simponi
- Sitavig
- Sivextro (effective date 10/01/20)
- Skyclarys (effective date 04/01/24)
- Skyrizi intravenous injection (effective date 07/01/22)
- Skyrizi subcutaneous injection (effective date 01/01/20)
- Sohonos (effective 7/1/24)
- Solaraze
- Solesta (medical benefit; effective date 01/01/23)
- Soliqua
- Soliris (medical benefit)
- Somavert
- Soolantra
- Sorilux Foam (effective date 01/01/20)
- Sotyktu (effective date 04/01/23)
- Spevigo (medical benefit; effective date 01/01/23)
- Spinraza (medical benefit)
- Spritam (effective date 04/01/20)
- Spravato (effective date 04/01/19)
- Steglatro (effective date 06/01/18)
- Steglujan (effective date 06/01/18)
- Stelara intravenous injection
- Stelara subcutaneous injection
- Stivarga
- Strensiq
- Sublocade
- Suboxone
- Subsys
- Sunlenca (effective date 08/01/23)
- Sunosi (effective date 01/01/20)
- Supprelin LA (medical benefit)
- Syfovre (medical benefit; effective date 07/01/23)
- Sylvant (medical benefit)
- Symdeko (effective date 06/01/18)
- Symproic (effective date 04/01/18)
- Synagis (medical benefit; up to five injections per season)
- Synarel
- Syndros (effective date 04/01/18)
- Synjardy/Synjardy XR (effective date 01/01/19)
- Synribo
- Syprine
- Taclonex Ointment (effective date 01/01/20)
- Taclonex Topical Suspension (effective date 01/01/20)
- Tafilnar
- Tagrisso
- Takhzyro (effective date 10/01/18)
- Taltz
- Talvey (medical benefit; effective date 04/01/24)
- Talzenna (effective date 04/01/19)
- Tarceva (effective date 04/01/19)
- Targretin (effective date 07/01/20)
- Tavalisse (effective date 10/01/18)
- Tavneos (effective date 01/01/22)
- Tazverik (effective date 07/01/20)
- Tecartus (medical benefit; effective date 01/01/21)
- Tecentriq (medical benefit)
- Tecfidera
- Technivie
- Tecvayli (medical benefit; effective date 04/01/23)
- Tegsedi (effective date 04/01/19)
- Temazepam 7.5 mg (effective date 01/01/20)
- Temazepam 22.5 mg (effective date 01/01/20)
- Temodar vials (medical benefit)
- Tepezza (medical benefit; effective date 07/01/20)
- Tepmetko (effective date 10/01/21)
- Teriparatide
- Testopel (medical benefit)
- Tev-Tropin
- Tezspire effective date 07/01/22)
- Tibsovo (effective date 01/01/20)
- Tiglutik (effective date 04/01/19)
- Tivdak (medical benefit; effective date 07/01/22)
- TOBI
- TOBI Podhaler
- Tofidence (effective date 04/01/24)
- Topamax immediate-release sprinkle capsules
- Toujeo
- Tracleer
- Trelegy Ellipta (effective date 04/01/19)
- Trelstar Mixject (medical benefit)
- Tremfya (effective date 04/01/18)
- Tresiba (effective date 03/01/18)
- Triazolam (effective date 01/01/20)
- Trijardy XR (effective date 07/01/20)
- Trikafta (effective date 04/01/20)
- Trintellix
- Triptodur (medical benefit)
- Trodelvy (medical benefit; effective date 10/01/20)
- Trogarzo (medical benefit; effective date 10/01/18)
- Trokendi XR
- Trulance
- Trulicity
- Truqap (effective date 04/01/24)
- Truvada (for quantities > 30 tablets per 365 days)
- Tyruko (natalizumab-sztn) (medical benefit; effective date 04/01/24)
- Tryvio (effective 7/1/24)
- Tukysa (effective 10/01/20)
- Turalio (effective 04/01/20)
- Twirla patches (effective date 01/01/22)
- Tyblume
- Tyenne (effective date 04/01/24)
- Tymlos
- Tyrvaya (effective date 04/01/22)
- Tysabri (medical benefit)
- Tyvaso
- Tzield (medical benefit; effective date 04/01/23)
- Ubrelevy (effective 4/1/20)
- Uloric
- Ultomiris (medical benefit; effective date 07/01/19)
- Uplizna (medical benefit; effective date 01/01/21)
- Upneeq (effective date 04/01/21)
- Uptravi
- Vabysmo (medical benefit; effective date 07/01/22)
- Valtoco (effective date 07/01/20)
- Vanflyta (effective date 04/01/24)

1. In addition to meeting all other prior authorization criteria, members must also enroll in the corresponding EHP Healthy Choice Coordinated Care program to receive coverage for this medication.

## Pharmaceuticals Requiring Prior Authorization (continued)

- Varubi
- Vascepa
- Vaxneuvance (≥ 19-64 years of age)
- Vectibix (medical benefit; effective date 07/01/18)
- Vectical Ointment (effective date 01/01/20)
- Vegzelma (medical benefit; effective date 04/01/23)
- Velsipity (effective date 04/01/24)
- Veltassa
- Vemlidy (effective date 01/01/21)
- Venclexta
- Venlafaxine ER Tablets
- Veopoz (medical benefit; effective date 04/01/24)
- Veozah (effective date 10/01/23)
- Verkazia (effective date 04/01/22)
- Verquvo (effective date 07/01/21)
- Verzenio (effective date 04/01/18)
- Viberzi
- Victoza
- Viekira
- Viibryd
- Vioice (effective date 10/01/22)
- Vitrakvi (effective date 04/01/19)
- Vivimusta (medical benefit; effective date 07/01/23)
- Vivitrol
- Vocabria (effective date 10/01/21)
- Vonjo (effective date 10/01/22)
- Voquezna Dual Pak (effective date 10/01/2022)
- Voquezna Triple Pak (effective date 10/01/22)
- Vosevi
- Voxzogo (effective date 04/01/22)
- VPRIV
- Vraylar
- Vtama (effective date 01/01/23)
- Vumerity (effective date 04/01/20)
- Vyepti (medical benefit; effective date 07/01/20)
- Vyjuvek (effective date 04/01/24)
- Vyvanse (PA required for brand name for any diagnosis, or generic when submitted for any non-ADHD diagnosis)
- Vyndamax (effective date 04/01/20)
- Vyndaqel (effective date 04/01/20)
- Vytorin
- Vyvgart (medical benefit; effective date 07/01/22)
- Wainua (effective 7/1/24)
- Wakix (effective date 04/01/20)
- Welireg (effective date 04/01/22)
- Xadago
- Xalkori
- Ycanth (medical benefit; effective date 04/01/24)
- Xcopri (effective date 10/01/20)
- Xeljanz
- Xeljanz XR
- Xeloda
- Xenpozyme (medical benefit; effective date 04/01/23)
- Xeomin (medical benefit)
- Xepi (effective 10/01/18)
- Xermelo (effective date 04/01/24)
- Xgeva
- Xifaxan
- Xigduo XR (effective 01/01/19)
- Xiidra
- Xofigo (medical benefit)
- Xolair<sup>1</sup>
- Xospata (effective date 04/01/24)
- Xtandi
- Xultophy
- Xuriden
- Xywav (effective date 04/01/21)
- Xyrem
- Yervoy (medical benefit)
- Yescarta (medical benefit)
- Yondelis (medical benefit)
- Yupelri (effective date 04/01/19)
- Yutiq (medical benefit)
- Zavesca (effective date 04/01/19)
- Zavzpret (effective date 08/01/23)
- Zejula
- Zelboraf
- Zemaira
- Zemplar
- Zepatier
- Zeposia (effective date 07/01/20)
- Zepzelca (medical benefit; effective date 01/01/21)
- Zilbrysq (effective date 04/01/24)
- Zinplava (medical benefit)
- Zirabev (medical benefit)
- Zohydro ER
- Zokinvy (effective date 07/01/21)
- Zoladex (medical benefit; effective date 01/01/22)
- Zolgensma (medical benefit)
- Zolpimist (effective date 01/01/20)
- Zomacton
- Zonalon cream
- Zorbtive
- Zoryve (effective date 01/01/23)
- Ztalmy (effective date 01/01/23)
- Zubsolv
- Zulresso (medical benefit; effective date 07/01/19)
- Zuplenz
- Zurzuvae (effective date 04/01/24)
- Zykadia
- Zymfentra (effective 03/01/24)
- Zynlonta (medical benefit; effective date 10/01/21)
- Zynteglo (medical benefit; effective date 04/01/23)
- Zynyz (medical benefit; effective date 04/01/24)
- Zytiga

## Non-Preferred Generic Medications

Generic formulations of the medications listed below are considered non-preferred medications and are subject to a 50% member co-insurance with no monthly maximum out-of-pocket expense:

- Abilify oral solution (covered for members ≤ 12 years of age)
- Actigall
- Ambien CR 12.5 mg
- Astelin
- Atacand
- Atacand HCT
- Avalide
- Avita cream
- Azor
- Benicar
- Benicar HCT
- Boniva 150 mg tabs
- Concerta<sup>2</sup>
- Coreg CR
- Corgard
- Daypro
- Detrol LA 4 mg
- Diovan 320 mg
- Ecoza cream
- Enstilar Foam
- Exforge HCT
- Fentora
- Focalin XR<sup>2</sup>
- Frova
- Hecitorol
- Hydrocortisone valerate 0.2% cream
- Intermezzo
- Lamisil
- Lialda
- Micardis HCT
- Pristiq
- Qudexy XR
- Retin-A cream
- Rozerem
- Sorilux Foam
- Sporanox capsules
- Taclonex ointment
- Taclonex Topical Suspension
- Tekturna
- Tribenzor
- Twynsta
- Uloric
- Vectical Ointment
- Vytorin
- Zemplar
- Zolpimist

## Discounted Drugs at 100% Member Coinsurance

The medications listed below are able to be purchased such that members pay 100% co-insurance on the discounted price of the medication. The member's out of pocket expense does not apply toward their annual pharmacy deductible nor their annual out-of-pocket maximum.

- Acticlate
- Addyi
- Brand Tamiflu
- Caverject
- Cialis
- Cosmetic Agents
- Denavir Cream
- Doryx
- Doryx MPC
- Edex
- Evzio
- Fertility Agents (when no PA has been approved; Consult Summary Plan Description for Coverage)
- Flumadine
- Hysingla
- Imvexxy
- Intrarosa
- Jublia
- Kerydin
- Latisse
- Levitra
- Muse
- Naloxone
- Narcan
- Natesto
- Non-controlled Cough and Cold Agents
- Opvee
- Oral Allergy Medication
- Oral Androgen Products
- Ospheña
- Penlac
- Pregnenolone
- Propecia
- Relenza
- Stendra
- Targadox
- Testosterone Cypionate
- Testosterone Enanthate
- Topical Androgen Products
- Vaniqa
- Viagra
- VIBRA-TABS
- Vivlodex
- Xartemus XR
- Xerese
- Xofluza
- Zepbound
- Zimhi
- Zipsor
- Zorvolex
- Zovirax Cream
- Zovirax Ointment

2. EHP members under the age of 20 who are utilizing generic formulations of Concerta and Focalin XR will continue to pay a Tier 1 co-insurance.

## Non-Covered Medications

Due to the availability of more cost-effective preferred formulary medications, Healthy Choice Programs, or over-the-counter alternatives (brand or generic) with similar effectiveness and safety, medications in the following drug classes are not covered by the HBP Prescription Drug Benefit:

*Reminder: Non-covered medications may be purchased at a discounted price at all Cleveland Clinic Pharmacies utilizing the EXPO discount card. Ask your pharmacy for the discount.*

### Brand Name

- Actigall
- Adcirca
- Adderall
- Afinitor
- Aggrenox
- AirDuo
- Ambien
- Ambien CR
- Ampyra
- Asacol HD
- Boniva 150 mg tablets
- Celebrex
- Cleocin T 1% solution
- Cleocin T 1% gel
- Cleocin T 1% lotion
- Cleocin T 1% swab
- Concerta
- Coreg CR
- Corgard
- Crestor
- Cymbalta
- Daypro
- Detrol LA 4 mg
- Ecoza Cream
- Epcclusa
- Epipen
- Epipen Jr.
- Flector
- Fleqsuvy
- Flovent HFA
- Flovent Diskus
- Focalin XR
- Gilenya
- Gleevec
- Harvoni 90/400 mg tablets
- Hectorol
- Imitrex Nasal
- Inderal LA
- Kaletra
- Latuda
- Lialda
- Lovaza
- Lyrica
- Nuvaring
- Onfi
- Onglyza
- Oral Contraceptives (See Contraceptive Coverage information on page 14)
- ProAir HFA inhaler
- Prometrium
- Protopic
- Proventil HFA inhaler
- Radicava vials
- Remodulin
- Restasis dropperettes
- Retin-A Cream
- Revatio
- Sabril
- Saxenda
- Sensipar
- Seroquel XR
- Strattera
- Suboxone films
- Sustiva
- Tarceva
- Tecfidera
- Tenormin
- Tracleer 62.5 mg tablets
- Tracleer 125 mg tablets
- Truvada
- Uloric
- Ultravate
- Vagifem
- Valcyte
- Velcade
- Ventolin HFA inhaler
- Vibramycin
- Wegovy
- Xopenex
- Zemplar
- Zepbound
- Zytiga
- Zyvox

### Brand and Generic Versions

- 510(k) medical devices
- Unapproved drugs
- Abecma (Rx benefit)
- Abilify Asimtufii
- Abilify MyCite
- Abilify orally disintegrating tablets
- Abilify oral solution (for members > 12 years of age)
- Abridada
- Absorica
- Acanya
- Accutane
- Acetaminophen Injections
- Aciphex
- Acuvue Theravision
- Acyclovir oral solution
- Acyclovir Sodium Chloride Solution
- Aczone Gel
- Aczone Gel with Pump
- Adakveo (Rx benefit)
- Adrenaclick
- Adstiladrin (Rx benefit)
- Aduhelm
- Adzenys XR-Orally Disintegrating Tablets
- Adzynma (Rx benefit)
- Afinitor 10 mg tablets
- Agamree
- AirDuo Digihaler
- Akeega
- Akene-mycin 2% ointment
- Akliief
- Alcortin A 1-2-1% gel
- Alcortin A 1-2-1% gel packets
- Aldurazyme (Rx benefit)
- Aliqopa (Rx benefit)
- Alkindi Sprinkle Capsules
- Allopurinol 200 mg tablets
- Allzital
- Altoprev
- Altreno
- Alymsys
- Amcinonide Cream 0.1%
- Amcinonide 0.1% Cream
- Amcinonide 0.1% lotion
- Amcinonide 0.1% ointment
- Amjevita
- Amnesteem
- Amondys 45
- Ampicillin Injection 10 gm (NDC: 72603-0578-01)
- Amtagvi (Rx benefit)
- Amrix
- Amvuttra (Rx benefit)
- Amzeeq
- Ana-Lex cream
- Anaprox DS
- Annovera
- Antara
- Antivert 50 mg tablets
- Anucort-HC
- Anusol-HC suppositories
- Apadaz
- Aphexda (Rx benefit)
- Aplenzin
- Apokyn
- Aralast NP (Rx benefit)
- Arazlo
- Arestin
- ArmonAir Digihaler
- Astepro
- Atenolol+SyrSpend SF PH4 oral suspension
- Atridox
- Atrantil
- Atropine Sulfate Ophthalmic Ointment
- Atropine Sulfate Solution 0.01%
- Atropine Sulfate Solution 0.025%
- Atropine Sulfate Solution 0.05%
- Avaclyr
- Autologous serum eye drops (ASED)
- Auvi-Q
- Avage
- AVAR Cleanser (sulfacetamide/sulfur 10-5%)
- AVAR Foam (sulfacetamide/sulfur 9.5-5%)
- AVAR LS Cleanser (sulfacetamide/sulfur 10-2%)
- AVAR LS Foam (sulfacetamide/sulfur 10-2%)

## Brand and Generic Versions (continued)

- AVAR LS Pad (sulfacetamide/sulfur 10-2%)
- AVAR Pad (sulfacetamide/sulfur 9.5-5%)
- Avar-E emollient Cream (sulfacetamide/sulfur 10-5%)
- Avar-E Green Cream (sulfacetamide/sulfur 10-5%)
- Avar-E LS cream (sulfacetamide/sulfur 10-2%)
- Avastin vials
- Aveed
- Avenova Sol Neutrox
- Avonex (medical benefit)
- Avsola (Rx benefit)
- Axid
- Azalgia
- Azedra (Rx benefit)
- Azelex Cream
- Azesco
- Azstarys
- Baclofen 5 mg tablets
- Barhemsys (Rx benefit)
- Basaglar Tempo Pens
- Bavencio (Rx benefit)
- Beconase AQ
- Beleodaq (Rx benefit)
- Belrapzo (Rx benefit)
- Belsomra
- Bendeka (Rx benefit)
- BenzaClin
- Benzonatate 150 mg capsules
- Benzoyl Peroxide Agents
- Beovu (Rx benefit)
- Besponsa (Rx benefit)
- Betamethasone valerate 0.12% (Luxiq)
- Betaseron
- Bevacizumab Injection 1.25 mg
- Beyfortus (Rx benefit)
- Biacin XL
- Binosto
- Bionect
- Blincyto (Rx benefit)
- Boniva IV (Rx benefit)
- Bonjesta
- Botox (Rx benefit)
- Brenzavvy
- Breyanzi (Rx benefit)
- Breztri
- Brimonidine/Dorzolamide Solution 0.1-2%
- Brineura (Rx benefit)
- Briumvi (Rx benefit)
- Bryhali
- Butalbital/acetaminophen
- Butalbital/acetaminophen/caffeine
- Butalbital/acetaminophen/caffeine/codeine
- Butalbital/aspirin/caffeine
- Butalbital/aspirin/caffeine/codeine
- Byooviz (Rx benefit)
- Cabtreo
- Caduet
- Caffeine Citrate Injection 60 mg/3 mL
- Camcevi (Rx benefit)
- Candida Albicans Injection 1:1000
- Capex 0.01% shampoo
- Carac 0.5% cream
- Carospir
- Carisoprodol/Aspirin/Codeine tablets
- Carticel
- Carvykti (Rx benefit)
- Casgevy (Rx benefit)
- Casirivimab/imdevimab
- Celebrex 400 mg capsules
- Cenovia
- Centany
- Centany AT
- Cequa
- Ceracade
- Ceramax Cream
- Chlorzoxazone 250 mg tablets
- Cimerli (Rx benefit)
- Cimetidine Solution 300 mg/5 mL
- Cimzia (only for the diagnosis of Psoriasis)
- Cipro HC
- CiproDex
- Ciprofloxacin/fluocinolone ear drops
- Clarifoam (sulfacetamide/sulfur 10-5%)
- Clarus
- Clindacin ETZ 1%
- Clindacin P 1%
- Clindacin PAC 1%
- Clindamycin 1 % foam
- Clindamycin-benzoyl peroxide 1.2%-5% gel
- Clindamycin-benzoyl peroxide 1%-5% gel
- Clindamycin-benzoyl peroxide 1%-5% gel with pump
- Clindamycin-tretinoin 1.2-0.25% gel
- Clinpro
- Clobetasol Ophthalmic Suspension 0.05%
- Clobetasol propionate 0.05% Foam (hydroalcoholic)
- Clobetasol propionate 0.05% Foam (non-aqueous)
- Clobetasol propionate 0.05% Lotion
- Clobetasol propionate 0.05% Shampoo
- Clobetasol propionate 0.05% Spray
- Clobetasol Suspension 0.05%
- Clo cortolone 0.1% Cream
- Columvi (Rx benefit)
- Combogesic
- Consensi
- Conzip
- Copaxone (medical benefit)
- Cordran 0.05% Cream
- Cordran 0.05% Lotion
- Cordran 0.05% Ointment
- Cordran tape 4 mcg/sqcm
- CoreMino
- Cortifoam aerosol 90 mg
- Cosela (Rx benefit)
- Cotempla
- Covaryx
- Covaryx HS
- Crysvita (Rx benefit)
- Cyclobenzaprine 7.5 mg tablets
- Cyclophosphamide (auromedics)
- Cycloset
- Cyramza (Rx benefit)
- Dacogen
- Danyelza (Rx benefit)
- Dartisla ODT
- Darzalex (Rx benefit)
- Darzalex Faspro (Rx benefit)
- Daxxify
- Dayvigo
- Denta 5000 cream
- Dentagel
- Dermasorb AF 3%-0.5% cream
- Dermazene
- Derpixa Gel
- Desonate 0.05% gel
- Desonide 0.05% Lotion
- Dexamethasone/Moxifloxacin Solution 1-5 mg/mL
- Dexamethasone Phosphate Injection 4 mg/mL
- Desoximetasone 0.05% cream
- Desoximetasone 0.05% ointment
- Dexcom Stelo
- Dexilant
- Dextenza
- Dexycu
- Diazepam Tablets 2 mg (NDC: 62135-0786-90)
- Diazepam Tablets 5 mg (NDC: 62135-0787-90)
- Diazepam Tablets 10 mg (NDC: 62135-0788-90)
- Diclegis
- Diclopr
- Differin 0.1% cream
- Differin 0.1% gel
- Differin 0.1% lotion
- Differin 0.3% gel with pump
- Diflorasone 0.05% emollient cream
- Diflorasone diacetate 0.05% Cream
- Diflorasone diacetate 0.05% Ointment
- Dimethyl fumarate (NDCs: 00378-0399-91, 00378-0399-18, 43598-0430-60, 00378-0396-14, 43598-0429-52)
- Disalcid
- Dojolvi
- Donnatal
- Doryx
- Doxycycline monohydrate 75 mg capsules/tablets
- Doxycycline monohydrate 150 mg tablets
- Dritho-Creme HP
- Drizalma
- Dsuvia (Rx and medical benefits)
- Duac
- Duaklir Pressair
- Duexis
- Duloxetine 40 mg capsules
- Duobrii
- Duopa (Rx benefit)
- Durlaza
- Durolane
- Durysta (Rx benefit)
- Dutoprol
- Duvyzat
- Dyanavel XR
- Dymista
- Dysport (Rx benefit)
- EC-Naprosyn
- EC-Naproxen
- ED BRON GP Liquid
- Edecrin
- Edluar
- EEMT
- EEMT HS
- Elahere (Rx benefit)
- Elaprase (Rx benefit)
- Elelyso (Rx benefit)
- Elepsia XR
- Eleton
- Eleton Twinpack
- Elevation
- Elfabrio (Rx benefit)
- Elrexfio (Rx benefit)
- Elyxyb
- Elzonris (Rx benefit)
- Emflaza (both Rx and medical benefits)
- Emla 2.5% — 2.5% cream
- Emulsion SB
- Enbrel (only for the diagnosis of Psoriasis)
- Endari
- Enhertu (Rx benefit)
- Enjaymo (Rx benefit)
- Entadfi
- Entty
- Entyvio (Rx benefit)
- Eohilia
- Epaned

## Brand and Generic Versions (continued)

- EpiCeram Skin Barrier
- Epiduo Gel with Pump
- Epiduo Forte Gel with Pump
- Epinephrine Solution 8 mg/250 mL
- Epkinly (Rx benefit)
- Epsolay
- Eprontia
- Ermeza
- Erwinaze (Rx benefit)
- Erythromycin-benzoyl peroxide 3-5% gel
- Eskata
- Esterified Estrogens/ Methyltestosterone
- Ethacrynic acid
- Ethacrynate Sodium
- Etonogestrel/ethinyl estradiol vaginal ring
- Euflexxa
- Evekeo
- Evkeeza (Rx benefit)
- Evoclin 1% Foam
- Exondys 51 (both Rx and medical benefits)
- Extavia (medical benefit)
- Eylea, Eylea HD (Rx benefit)
- Eysuvis
- Ezallor
- Fabior
- Fabrazyme (Rx benefit)
- Fenopropfen
- Fenovar
- Fentanyl Citrate Solution 2500 mcg/50 mL
- Feonyx Tablets
- Feraheme (Rx benefit)
- Filsuvez Gel 10%
- Finacea foam
- Fleqsuvy (members ≥ 12 years of age)
- Flolipid
- Flonase
- Fluocinonide gel
- Fluocinonide ointment
- Fluocinonide-E Cream
- Fluocinonide 0.1% Cream
- Fluoridex
- Fluoroplex 1% cream
- Flurandrenolide 0.05% Cream
- Flurandrenolide 0.05% lotion
- Focinvez (Rx benefit)
- Focinvez Injection 150 mg/50 mL
- Folutyn (Rx benefit)
- Forfivo XL
- Fortamet
- Fosamax Oral Solution
- Fosamax Plus D
- Freestyle Libre diabetic test strips
- Freestyle Libre Lingo
- Freestyle Libre Rio
- Furoscix
- Fusilev (Rx benefit)
- Fyarro (Rx benefit)
- Galafold
- Gamifant (Rx benefit)
- Ganirelix
- Gazyva (Rx benefit)
- Gel-One
- Gel-Syn
- Gemtesa
- GenVisc 850
- Genadur
- Generlac Solution 10 mg/15 mL (NDC: 62135-0892-47)
- Gimoti
- Givlaari (Rx benefit)
- Gloperba
- Glassia (Rx benefit)
- Glumetza
- Glycopyrrolate injectable sol
- Glycopyrrolate Injection 0. mg/3 mL
- Glyset
- Gocovri
- GoNitro
- Gralise
- Guaifenesin-codeine liquid
- Guaifenesin DAC
- Guaifenesin DAC syrup
- Halog (halcinonide) 0.1% Cream
- Halog 0.1% ointment
- Hемangeol
- Hemgenix (Rx benefit)
- Hemmorex-HC suppositories
- Hepzato (Rx benefit)
- Herceptin
- Herceptin Hycela
- Homatropine Hydrobromide
- Horizant
- HPR Plus
- Hulio
- Humalog Tempo Pens
- Hyalgan
- Hyaluronate Sodium Gel
- Hydrocortisone Acetate
- Hydrocortisone Acetate/ Pramoxine
- Hydrocortisone butyrate (Locoid) 0.1% Lotion
- Hydrocortisone butyrate 0.1% cream (Locoid Lipo)
- Hydrocortisone Lotion 2% (NDC: 71297-0010-02)
- Hydrocortisone Lotion 2% (NDC: 71297-0010-01)
- Hydroquinone
- Hydroquinone Time Release
- Hydroxychloroquine Tablets 200 mg (NDC: 62135-0752-90)
- Hydroxyprogesterone pens/ vials
- Hygel
- Hylafem
- Hylatopic Plus
- Hymovis
- Hyophen
- Hypochlorous Acid Solution
- Hyrimoz
- Hyronan Kit
- Idacio
- Igalmi
- Iluvien (Rx benefit)
- Imbruvica 140 mg tablets
- Imbruvica 280 mg tablets
- Imcivree
- Imfinzi (Rx benefit)
- Imjudo (Rx benefit)
- Imlygic (Rx benefit)
- Impoyz
- Inbrija
- Indocin suppositories
- Inderal XL
- Inflectra (Rx benefit)
- Infiximab (Rx benefit)
- Injectafer (Rx benefit)
- InnoPran XL
- Inpefa
- InPen
- Insulin Aspart
- Iodoquinol-Hydrocortisone Cream
- Iodoquinol-Hydrocortisone Gel
- Iqirvo Tablets 80 mg
- Irenka
- Isometheptene/ Acetaminophen/ Dichloralphenazone
- Isopto Homatropine
- Isosorbide Dinitrate 40 mg tablets
- Isotretinoin capsules
- Ixifi
- Iyuzeh
- Izervay (Rx benefit)
- Jatenzo
- Jemlyto
- Jemperli (Rx benefit)
- Jeuveau
- Jornay PM
- Jylamvo
- Kadcycla (Rx benefit)
- Kanjinti
- Kanuma (Rx benefit)
- Karbinal ER
- Kapspargo Sprinkles ER
- Katerzia
- Keragel
- Ketamine (Rx benefit)
- Ketamine/Sodium Chloride Injection
- Ketamine Hydrochloride Injection 50 mg/5 mL
- Ketamine Hydrochloride/ Sodium Chloride Injection 50 mg/5 mL
- Ketoconazole 2% foam
- Ketodan
- Keveyis
- Keytruda (Rx benefit)
- Khapzory (Rx benefit)
- Kimmtrak (Rx benefit)
- Kloxxado
- Konvomep
- Korsuva (Rx benefit)
- Kristalose
- Krystexxa (Rx benefit)
- Kybella
- Kyleena (Rx benefit)
- Kymriah (Rx benefit)
- Kynmobi
- Lacrisert
- Lamzede (Rx benefit)
- Lanoxin 187.5 mcg
- Lanoxin 62.5 mcg
- Lartruvo
- Leqembi
- Lemtrada (Rx benefit)
- Leqvio (Rx benefit)
- Leuprolide acetate/ bupivacaine hydrochloride
- Levothyroxine injectable solution
- Lexette
- Libervant
- Lidotral + Hydrocortisone Cream
- Librax (except NDCs: 67877-0731-01, 60219-1677-01)
- Libtayo (Rx benefit)
- Licart
- Lidocaine 3% gel
- Lidocaine 10%
- Lidocaine cream
- Lidocaine-Hydrocortisone Cream
- Lidocaine-Hydrocortisone Gel
- Lidocaine lotion
- Lidocaine/menthol
- Lidocaine ointment
- Lidocaine/prilocaine cream
- Lidocaine Solution 2%
- Lidotral Solution 5%
- Liletta (Rx benefit)
- Linezolid oral suspension (members ≥ 12 years of age)
- Liptruzet
- Liquical Liquid Plus
- Lodine extended-release 300 mg capsules
- Lofena
- Lopressor HCT
- Loqtorzi (Rx benefit)
- Loreev XR tablets
- Lorzone
- Loyon



## Brand and Generic Versions (continued)

- Lucentis (Rx benefit)
- Lumizyme (Rx benefit)
- Lumoxiti (Rx benefit)
- Lumryz
- Lunsumio (Rx benefit)
- Luradox
- Lutathera (Rx benefit)
- Lutrate (Rx benefit)
- Luvox extended-release
- Luxturna (Rx benefit)
- Lybalvi
- Lyrica CR
- Lyumjev
- Lyvispah
- Macugen (Rx benefit)
- Makena
- Margenza (Rx benefit)
- ME/NaPhos/MB/Hyo1
- Meclofenamate
- Mefenamic Acid
- Megestrol acetate 625 milligrams/ 5 milliliters suspension
- Mepsevii (Rx benefit)
- Metaxalone tablets
- Metformin 625 mg tablets
- Methocarbamol 1000 mg tablets
- Methylphenidate ER 72 mg tablets
- Micafungin Sodium Chloride Injection
- Midrin
- Minocycline immediate release tablets
- Minolira
- Miralax
- Mirena (Rx benefit)
- Monjuvi (Rx benefit)
- Monodox
- Monoferric (Rx benefit)
- Morphine Sulfate Solution 20 mg/5 mL
- Moxifloxacin-Bromfenac Solution
- Mvasi
- Mydayis
- Myhibbin Suspension 200 mg/mL
- Mylotarg (Rx benefit)
- Mimyx Cream
- Myobloc (Rx benefit)
- Naglazyme (Rx benefit)
- Naloxone Hydrochloride Solution 0.4 mg/mL
- Naltrexone Tablets 50 mg (NDC: 62135-0242-60)
- Naproxen controlled-release
- Naproxen delayed-release
- Naproxen EQ
- Naproxen extended-release
- Naproxen suspension
- Narcosoft Herbal Laxative
- Nasacort
- Nasacort AQ
- Nascobal
- Nasonex
- Neosalus
- Neosalus CP
- Neotuss Plus Liquid
- Nerivio device
- Neuac
- Neuriva
- Nexiclon XR
- Nexium
- Nexplanon (Rx benefit)
- Nexvzyme (Rx benefit)
- Ngenla
- Nitrofurantoin 25 mg macrocrystals capsules (for members 12 years of age or older)
- Nitrofurantoin Suspension
- Nitrolingual
- Norepinephrine/Sodium Chloride Injection 4 mg/ 250 mL
- Norepinephrine/Sodium Chloride Injection 8 mg/ 250 mL
- Norepinephrine Injection 32 mg/250 mL
- Norgesic
- Norgesic Forte
- Noritate
- Norliqva
- Novacort External gel 2-1-1%
- Nucynta extended-release
- Nucynta immediate-release
- Nulojix (Rx benefit)
- Nuvail
- Ocrevus (Rx benefit)
- Ofirmev
- Ogivri
- Ohtuvayre Suspension 3 mg/2.5 mL
- Ojemda
- Omidria
- Omnaris
- Oncaspar (Rx benefit)
- Ondansetron 16 mg ODT
- Onivyde (Rx benefit)
- Onmel
- Onpattro (Rx benefit)
- Ontruzant Injection 150 mg
- Ontruzant Injection 420 mg
- Onzetra Xsail
- Opdivo (Rx benefit)
- Opdualag (Rx benefit)
- Opill
- Oracea
- Oramagicrx Suspension
- Orladeyo
- Orphengestic forte tablets
- Orthovisc
- Osmolex ER
- Ovace plus cream (sulfacetamide 10%)
- Ovace plus foam (sulfacetamide 9.8%)
- Ovace plus gel (sulfacetamide 10%)
- Ovace plus lotion (sulfacetamide 9.8%)
- Ovace plus shampoo (sulfacetamide 10%)
- Ovace plus wash liquid (sulfacetamide 10%)
- Oxistat
- Oxlumo (Rx benefit)
- Oxytrol
- Ozobax liquid
- Ozurdex (Rx benefit)
- Padcev (Rx benefit)
- Pandel 0.1% Cream
- Paragard (Rx benefit)
- Parlodel 5 mg capsules
- Pataday
- Patanese
- Patanol
- Paxil CR
- Pazeo
- Pedmark (Rx benefit)
- Pennsaid 2%
- Pepaxto (Rx benefit)
- Pepcid
- Perjeta (Rx benefit)
- Perphenazine/Amitriptyline
- Pexeva
- Phenazopyridine Hydrochloride
- Phenohydro
- Phenylephrine/Sodium Chloride Injection 0.4 mg/ 5 mL
- Phenylephrine/Sodium Chloride Injection 10 mg/250 mL
- Phenylephrine/Sodium Chloride Injection 20 mg/ 250 mL
- Phenylephrine/Sodium Chloride Injection 80 mg/250 mL
- Phenylephrine/Sodium Chloride Solution
- Phosphasal
- Pizensy
- Plenity
- Plexion cleanser (sulfacetamide/sulfur 9.8-4.8%)
- Plexion cloths (sulfacetamide/sulfur 9.8-4.8%)
- Plexion cream (sulfacetamide/sulfur 9.8-4.8%)
- Plexion lotion (sulfacetamide/sulfur 9.8-4.8%)
- Pluvicto (Rx benefit)
- Polivy (Rx benefit)
- Polocaine Injection 1%
- Polocaine Injection 2%
- Pombiliti (Rx benefit)
- Portrazza (Rx benefit)
- Posimir
- Posluma
- Poteligeo (Rx benefit)
- Prascion cleanser
- Praxbind
- Pradaxa
- Prednisolone/Bromfenac Solution 1-0.075%
- Prednisolone/Moxifloxacin/Bromfenac Solution
- Prednisolone/Moxifloxacin/Ketorolac Solution
- Prednisolone Orally Disintegrating Tablets
- Prena 1 Chewable Tablets
- Prena 1 Pearl
- Prena 1 True
- Prestalia
- Prevacid
- Prevident
- Prilosec
- Primlev
- ProAir Digihaler
- ProAir RespiClick inhaler
- Procentra
- Proctocort suppositories
- Proctofoam-HC
- Proctosol-HC cream
- Prodrin
- Prolastin-C (Rx benefit)
- Promiseb
- Propranolol/ hydrochlorothiazide
- Propel
- Propel Contour
- Propel Mini
- Protonix
- Provenge (Rx benefit)
- Prozac Weekly
- Pyridium
- Qalsody
- Qdolo
- Qnasl
- Quillichew
- Quillivant XR oral solution
- Quviviq
- Qwo
- Rapivab (sulfacetamide/ sulfur 9-4%)
- Rayos
- Rebif (medical benefit)
- Reblozyl (Rx benefit)
- Rebyota
- Recedo
- Reclast (Rx benefit)
- Refissa
- Rejoyn
- Relexxii
- Reltone
- Reltone capsules
- Relyvrio
- Remicade (Rx benefit)
- Renal Caps
- Renflexis (Rx benefit)
- Renovo Pads

## Brand and Generic Versions (continued)

- Restasis multidose formulations
- Retin-A Micro Gel
- Retin-A Micro Gel Pump
- Retisert (Rx benefit)
- Rextovy Spray 4 mg/0.25 mL
- Rezvoglar
- Rezzayo (Rx benefit)
- Rhinocort Aqua
- Riabni
- Riomet
- Risperdal orally disintegrating tablets
- Rituxan (Rx benefit)
- Rituxan Hycela (Rx benefit)
- Rivfloza (Rx benefit)
- Roctavian (Rx benefit)
- Rocuronium Bromide Injection 50 mg/5 mL
- Rolvedon
- Rosadan
- Rosanil
- Rosula (sulfacetamide/sulfur 5%)
- Rosula liquid (sulfacetamide/sulfur 10-4.5%)
- Roszet
- Ruxience (Rx benefit)
- Ryaltris
- Rybrevant (Rx benefit)
- Rylaze (Rx benefit)
- Ryplazim (Rx benefit)
- Rystiggo (Rx benefit)
- Rytelo
- Salicylic Acid
- Salicylic Acid ER
- Salicylic Acid Wart Remover
- Salsalate 500 mg tablets
- Salsalate 750 mg tablets
- Saphnelo (Rx benefit)
- Sarafem tablets
- Sarclisa (Rx benefit)
- Savaysa
- Saxenda
- Scenesse (Rx benefit)
- Seglentis
- Selegiline 5 milligram tablets
- Sernivo
- Semglee
- Sertraline capsules
- Seysara
- SF 5000 Plus Cream
- Siklos
- Silenor
- Silvasorb
- Simlandi
- Simponi Aria
- Singulair 4 mg packets
- Sinuva
- Sitagliptin/Metformin Tablets 50 mg-500 mg
- Sitagliptin/Metformin Tablets 50 mg-1000 mg
- Skytrofa
- Sleep Calm Sublingual Tablets
- Slynd
- Skyla (Rx benefit)
- Sodium Bicarbonate
- Sodium Fluoride Gel
- Sodium Sulfacetamide/Sulfur
- Sofdra Gel 12.45%
- Sogroya
- Solesta (Rx benefit)
- Soliris (Rx benefit)
- Solodyn
- Solosec
- Somatrem
- Somatropin (medical benefit)
- Sonafine
- Soaanz
- Sotradecol
- Sotrovimab
- Spevigo (Rx benefit)
- Spinraza (Rx benefit)
- Spiriva Handihaler
- Spiriva Respimat 1.25 mcg/actuation
- Sporanox 10 milligrams/milliliter solution
- Sprix
- SSS cream, foam
- Strata Gel
- Succinylcholine Injection 100 mg/5 mL
- Sugammadex Injection 200 mg/2 mL
- Sulfacleanse 8/4
- Sumaxin Pad (sulfacetamide/sulfur 10-4%)
- Sumaxin skin cleanser kit (sulfacetamide/sulfur 10-4%)
- Sumaxin wash liquid
- Supartz
- Supprelin LA (Rx benefit)
- Sustol
- Susvimo
- Sutab tablets
- Syfovre (Rx benefit)
- Sylvant (Rx benefit)
- Sympazan
- Synagis (Rx benefit)
- Synerderm
- Synjoynt
- Synvisc
- Synvisc-One
- Tacrolimus ointment (only NDCs: 00093-3428-10, 00093-3428-30, 00093-3428-92, 16729-0421-01, 16729-0421-10, 16729-0421-12)
- Tagamet
- Talicia
- Talvey (Rx benefit)
- Tarka
- Tarpeyo
- Tascenso ODT
- Taytulla
- Tazorac (for members ≥ 35 years of age)
- Tecartus (Rx benefit)
- Tecentriq (Rx benefit)
- Tecvayli (Rx benefit)
- Temodar vials (Rx benefit)
- Tempo Smart Button
- Tempo Welcome Kit
- Tepezza (Rx benefit)
- Terlivaz
- Testopel (Rx benefit)
- Testosterone Cypionate (medical benefit)
- Testosterone Enanthate (medical benefit)
- Testosterone 37.5 mg
- Testosterone 87.5 mg
- Tetracaine
- Texacort 2.5% Solution
- Thalitone
- Therapevo
- Thiamine Hydrochloride/Sodium Chloride Solution
- Thyquidity
- Ticovac
- Timolol/Brimonidine/Dorzolamide
- Timolol/Brimonidine/Dorzolamide/Bimatoprost
- Timolol/Dorzolamide/Bimatoprost
- Tirosint
- Tivdak (Rx benefit)
- Tivorbex (effective date 01/01/19)
- Tolak 4% cream
- Tolectin
- Tolsura
- Torsemide 20 mg tablets (except NDCs: 65862-0127-01, 68084-0539-01, 50111-0917-03, 00054-0077-29, 00054-0077-25, 31722-0531-01)
- Tosymra
- Treanda
- Trelstar Mixject (Rx benefit)
- Tretin-X
- Treximet (effective date 01/01/19)
- Triamcinolone (Kenalog) Spray
- Trianex (triamcinolone) 0.05% ointment
- Triluma
- Triluron
- Triptodur (Rx benefit)
- Trivisc (sodium hyaluronate)
- Trodelvy (Rx benefit)
- Trogarzo (Rx benefit)
- Tropicamide/Phenylephrine Solution 1-2.5%
- Trudhesa
- Tyruko (Rx benefit)
- Tysabri (Rx benefit)
- Tzielid (Rx benefit)
- Uceris Foam
- Ultomiris (Rx benefit)
- Ultravate Lotion
- Unithroid
- Uplizna (Rx benefit)
- Urea
- Urelle
- Uretron D/S
- Uribel
- Urimar-T
- Urin DS
- Uro-458
- URO-MP
- UroAv-81
- UroAv-B
- Ustell
- Uticap
- Utira-C
- Utrona-C
- Utopic
- Uzedy
- Vabysmo (Rx benefit)
- Vanatol LQ
- Vanatol S
- Vanoxide HC
- Varophen
- Vectibix (Rx benefit)
- Vezgelma (Rx benefit)
- Veklury
- Veltin
- Venelex Ointment
- Venexa Tablets
- Veopoz (Rx benefit)
- Veramyst
- Verdeso 0.05% Foam
- Veveye
- Velumit MB
- Vilevev MB
- Viltepsa
- Vimovo
- Virtussin
- Virtussin DAC
- Visco-3
- Vitamedmd Redichew Rx tablets
- Vitapearl
- Vitatrua
- Vivimusta (Rx benefit)
- Vivjoa
- Voltaren 1% gel
- Voquezna tablets
- VTOL liquid
- Vuity
- Vusion 0.25%-0.15% ointment
- Vyepiti (Rx benefit)
- Vyleesi
- Vyondys 53
- Vytone 1.9%-1% cream
- Vyvanse
- Vyvgart (Rx benefit)
- Wegovy
- Weight Control Products
- Winlevi
- Woundgelha Matrix Gel
- Xaciatu
- Xalix
- Xaracoll
- Ycanth (Rx benefit)
- Xelpros

## Brand and Generic Versions (continued)

- Xelstrym
- Xenpozyme (Rx benefit)
- Xeomin (Rx benefit)
- Xeroform Gauze
- Xeroform Pads
- Xhance
- Ximino
- Xofigo (Rx benefit)
- Xolair vials
- Xolegel 2% gel
- Xyosted
- Xyzmune capsules
- Yervoy (Rx benefit)
- Yescarta (Rx benefit)
- Yondelis (Rx benefit)
- Yonsa
- Yosprala
- Yuflyma
- Yusimry
- Yutiq (Rx benefit)
- Yuvaferm
- Zalvit
- Zantac
- Zegerid
- Zelapar
- Zembrace
- Zencia wash liquid (sulfacetamide/sulfur 9-4%)
- Zenzedi (effective date 01/01/19)
- Zepbound
- Zepzelca (Rx benefit)
- Zerviate
- Zetonna
- Ziana
- Ziclocin PAK
- Zilretta
- Zilxi Foam
- Zimhi (medical benefit)
- Zinplava (Rx benefit)
- Zioptan
- Zirabev (Rx benefit)
- Zirgan
- Zituvimet
- Zituvio
- Zoladex (Rx benefit)
- Zolgensma (Rx benefit)
- Zolofit oral solution/concentrate (members  $\geq 12$  years of age)
- Zolpidem 7.5 mg capsules
- Zometa (Rx benefit)
- Zonisade (members  $\geq 12$  years of age)
- Zovirax oral suspension
- Ztlido
- Zulresso (Rx benefit)
- Zylfo continuous-release/extended-release
- Zylfo immediate-release
- Zynlonta (Rx benefit)
- Zynrelef
- Zynteglo (Rx benefit)
- Zynyz (Rx benefit)

## Quantity Level Limits

Quantity level limits are applied to medications for various reasons. For example, to prevent medication misuse or abuse, to promote adherence to an appropriate course of therapy for reasons of efficacy and safety, and to prevent the stockpiling of medication. The Cleveland Clinic Health Benefit Program will continue to monitor drug utilization to possibly expand quantity level limits for other medications.

- Abilify: 1 tablet per day
- Abrysvo: 0.5 mL per lifetime
- Abstral: 4 tablets per day; restricted to 30-day supply
- Actemra ACTPen: 4 auto-injector pens per 28 days
- Actemra prefilled syringes: 4 prefilled syringes per 28 days
- Acthar gel: two 5 milliliter vials per prescription
- Actiq: 4 lozenges per day; restricted to 30-day supply
- Actonel 35 mg: 4 tablets per 28 days
- Actos 15 mg: 1 tablet per day
- Adbry: 52 prefilled syringes per 365 days
- Adcirca: 2 tablets per day
- Adempas: 90 tablets per 30 days
- Adlarity: 4 patches per 28 days
- Aemcolo: 12 tablets per 30 days
- Afinitor: limit based on instructions for use; included in split fill program
- Aimovig: 1 auto-injector/prefilled syringe per 30 days
- AirDuo: 1 inhaler per 30 days
- Ajovy: 3 prefilled syringes (225 mg ea) per 90 days
- Akynzeo: 1 capsule per day
- Albenza: 120 tablets per 30 days
- Aldara cream 5%: 24 packets every 30 days
- Alecensa: 240 capsules per 30 days
- Alunbrig: 180 tablets per 30 days
- Alyq: 2 tablets per day
- Ambien controlled-release: 1 tablet per day
- Ambien immediate-release: 1 tablet per day
- Amblify: 1 tablet per day
- Amerge tablets: 9 tablets per 30 days
- Amitiza: 2 capsules per day
- Ampyra: 60 tablets per 30 days
- Angeliq: 1 tablet per day
- Anzemet: 6 tablets per 30 days
- Apretude: 3 milliliters every 60 days
- Aptensio XR: 30 capsules per 30 days
- Aptiom 200 mg, 400 mg: 1 tablet per day
- Aptiom 600 mg, 800 mg: 2 tablets per day
- Aralen: 30 tablets per 30 days
- Arexvy: 0.5 mL per lifetime
- Arikayce: 235.2 mL per 28 days
- Asmanex: 1 inhaler per 30 days
- ArmonAir Digihaler: 1 inhaler per 30 days
- Arnuity Ellipta: 1 inhaler (30 blisters) per 30 days
- Augtyro: 240 capsules per 30 days
- Austedo 6 mg: 720 tablets per 90 days
- Austedo 9 mg: 450 tablets per 90 days
- Austedo 12 mg: 360 tablets per 90 days
- Auvelity: 60 tablets per 30 days
- Avalide: 1 tablet per day
- Avapro: 1 tablet per day
- Avita Cream 0.025%: 45 grams every 30 days
- Avita Gel 0.025%: 45 grams every 30 days
- Axert tablets: 12 tablets per 30 days
- Ayvakit: 1 tablet per day
- Azor: 1 tablet per day
- Bafiertam: 4 capsules per day
- Balversa 3mg: 84 tablets per 28 days
- Balversa 4mg: 56 tablets per 28 days
- Balversa 5mg: 28 tablets per 28 days
- Baqsimi: 6 units per 365 days
- Baxdela: 28 tablets per 14 days; 28 vials per 14 days
- Belbuca: 2 films per day
- Benicar: 1 tablet per day
- Benicar HCT: 1 tablet per day
- Besremi: 2 milliliters per 28 days
- Bevespi Aerosphere: 1 inhaler per 30 days
- Bijuva: 1 capsule per day
- Biktarvy: 1 tablet per day
- Bimzelx: 2 prefilled syringes/auto-injectors (2 mL) every 56 days
- Boniva 150 mg: 1 tablet per 30 days
- Bosulif: limit based on instructions for use; included in split fill program
- Braftovi: 6 capsules per day
- Breo Ellipta: 1 inhaler per 30 days
- Brexafemme: 4 tablets per 30 days
- Brisdelle: 1 tablet per day
- Briviact oral solution: 20 mL per day
- Briviact tablets: 2 tablets per day
- Bronchitol: 560 capsules per 28 days
- Brukinsa: 4 capsules per day; included in split fill program
- Butrans: 4 patches per 28 days
- Bydureon BCise pens: 4 pens per 30 days
- Bydureon BCise vials: 4 vials per 30 days
- Byetta: 2.4 mL (1 pen) per 30 days
- Bylvay 200 mcg: 1 capsule per day
- Bylvay 400 mcg: 2 capsules per day
- Bylvay 600 mcg: 1 capsule per day
- Bylvay 1200 mcg: 5 capsules per day
- Bystolic: 2 tablets per day
- Cabenuva: 6 milliliters (mL) per 28 days
- Cablivi: 1 kit per day
- Cabometyx: 1 tablet per day
- Calquence: 60 capsules per 30 days
- Camzyos: 30 capsules per 30 days
- Caplyta: 1 capsule per day
- Cerdelga: 2 capsules daily
- Cibirgo: one tablet per day
- Cimzia starter kit: 6 syringes per lifetime
- Cimzia maintenance kit: 2 syringes per 28 days
- ClimaraPro: 4 patches per 28 days
- Clindamycin gel 1%: 75 grams every 30 days
- Clindamycin solution 1%: 60 mL every 30 days
- Clotrimazole 1% solution: 30 mL every 30 days
- CombiPatch: 8 patches per 28 days
- Cometriq: limited based on instructions for use

## Quantity Level Limits (continued)

- Copaxone 20 mg/mL: 1 prefilled syringe per day
- Copaxone 40 mg/mL: 12 prefilled syringes per 28 days
- Copiktra: 2 capsules per day
- Corlanor: 60 tablets per 30 days
- Cosentyx 125 mg/5 mL vials: one vial per 28 days
- Cosentyx: 1 syringe/pen per 28 days
- Cosentyx intravenous: 15 mL per 28 days
- Cotellic: 21 tablets per 28 days
- Cresemba: 1 vial per day; 2 capsules per day
- Crestor: 1 tablet per day
- Cuprimine: 8 capsules per day
- Cymbalta 20 mg: 60 capsules per 30 days
- Cymbalta 30 mg: 60 capsules per 30 days
- Cymbalta 60 mg: 60 capsules per 30 days
- Daklinza: 1 tablet per day
- Daurismo 100 mg: 30 tablets per 30 days
- Daurismo 25 mg: 60 tablets per 30 days
- Daybue: 3600 mL per 30 days
- Depen Titratabs: 8 tablets per day
- Descovy: 1 tablet per day
- Detrol LA 2 mg: 1 capsule per day
- Dexcom G6 reader: 1 reader per 365 days
- Dexcom G6 transmitter: 4 transmitters per 365 days
- Dexcom G7 reader: 1 reader per 365 days
- Dexcom G6 sensor: 3 sensors per 30 days
- Dexcom G7 sensor: 3 sensors per 30 days
- Diacomit 250 mg: 12 capsules/packets per day
- Diacomit 500 mg: 6 capsules/packets per day
- Dihydroergotamine mesylate injections-60 vials/ampules (1 mL per vial) per 90 days
- Dihydroergotamine mesylate nasal spray-24 vials (3 kits) per 90 days
- Dipentum: 4 capsules per day
- Doptelet: 15 tablets per 365 days
- Dovato: 1 tablet per day
- Dovonex Cream 0.005%: 120 grams every 30 days
- Dovonex Ointment 0.005%: 120 grams every 30 days
- Dovonex Solution 0.005%: 120 mL every 30 days
- Duavee: 1 tablet per day
- Dulera: 1 inhaler per 30 days
- Dupixent: 26 syringes per 365 days
- Edarbi: 1 tablet per day
- Edarbyclor: 1 tablet per day
- Effexor XR 37.5 mg: 1 capsule/tablet per day
- Effexor XR 75 mg: 1 capsule/tablet per day
- Elidel cream: 60 grams per 30 days
- Eliquis Starter Pack: 74 tabs every 30 days
- Eliquis 2.5 mg: 60 tabs every 30 days
- Eliquis 5 mg: 74 tabs every 30 days
- Elmiron: 3 capsules per day
- Emcyt: 30-day supply; limit based on instructions for use
- Emend: limit based on instructions for use
- Emgality 100 mg syringes: 3 syringes per 30 days
- Emgality 120 mg pens/syringes: 6 prefilled pens/syringes per 180 days
- Empaveli: 200 milliliters per 30 days
- Emverm: 12 tablets per 30 days
- Enbrel 50 mg/mL pens: 4 pens per 28 days
- Enbrel 50 mg/mL syringes: 4 syringes per 28 days
- Enbrel 25 mg/mL syringes: 8 syringes per 28 days
- Enbrel 25 mg/mL vials: 8 vials per 28 days
- Enspryng: 1 prefilled syringe per 28 days
- Enstilar Foam: 120 grams per 30 days
- Entocort: 3 capsules per day
- Entresto: 2 tablets per day
- Entyvio 108 mg subcutaneous pens: 1.36 mL per 28 days
- Entyvio 300 mg intravenous vials: 1 vial per 56 days
- Envarsus XR: 1 tablet per day
- Eplclusa: 1 tablet per day
- Epipen (generic only): 4 pens per 30 days; 24 pens per 365 days
- Epipen Jr. (generic only): 4 pens per 30 days; 24 pens per 365 days
- Erivedge: limit based on instructions for use; included in split fill program
- Erleada: 4 tablets per day
- Erycette: 60 pads per 30 days
- Eryderm: 60 mL per 30 days
- Erygel: 60 grams per 30 days
- Esbriet: 9 capsules per day
- Estradiol vaginal tablets: 18 tablets per 30 days
- Eucrisa ointment: 60 grams per 30 days
- Evenity: 2 prefilled syringes per 30 days
- Evrysdi: 3 bottles (60 milligrams per bottle) per 30 days
- Exforge: 1 tablet per day
- Exforge HCT: 1 tablet per day
- Exkivity: 120 capsules per 30 days
- Exxua: 30 tablets per 30 days
- Eylea: One 0.05 mL injection every 4 weeks
- Fabhalta: 60 capsules per 30 days
- Famvir: 30 tablets per 365 days
- Fanapt: 2 tablets per day
- Fanapt titration pak: 8 tablets per 365 days
- Farxiga: 1 tablet per day
- Farydak: 6 capsules per 21 days
- Fasenra pens: 3 pens per 180 days
- Fasenra prefilled syringes: 3 syringes per 180 days
- Fensolvi: 1 kit per 157 days
- Fentora: 4 tablets per day; restricted to 30-day supply
- Fetzima: 30 capsules per 30 days
- Fintepla: 360 milliliters per 30 days
- Firdapse: 240 tablets per 30 days
- Flector: 2 patches per day; restricted to 30-day supply
- Fleqsuvy: 480 mL per 30 days
- Fluocinonide 0.01% solution: 90 mL every 30 days
- Fluocinonide 0.05% solution: 60 mL every 30 days
- Fluorouracil 5% cream: 40 grams every 30 days
- Fluorouracil 2% solution: 10 mL every 30 days
- Fluorouracil 5% solution: 10 mL every 30 days
- Forteo: One pen (2.4 milliliters) per 30 days
- Fosamax 35 mg: 4 tablets per 28 days
- Fosamax 70 mg: 4 tablets per 28 days
- Fotivda: 21 capsules per 28 days

## Quantity Level Limits (continued)

- FreeStyle Libre 2 reader: 1 reader per 365 days
- FreeStyle Libre 2 sensor: 2 sensors per 28 days
- FreeStyle Libre 3 reader: 1 reader per 365 days
- FreeStyle Libre 14 day reader: 1 reader per 365 days
- FreeStyle Libre 14 day sensor: 2 sensors per 28 days
- FreeStyle Libre 3 sensor: 2 sensors per 28 days
- Frova tablets: 9 tablets per 30 days
- Fruzaqla: 21 capsules per 28 days
- Fycompa: 1 tablet per day
- Fycompa oral suspension: 680 milliliters per 28 days
- Gardasil 9: 3 doses per lifetime
- Gattex: 30 vials per 30 days
- Gavreto: four capsules per day
- Genvoya: 1 tablet per day
- Giazio: 6 tablets per day
- Gilenya: 1 tablet per day
- Gilotrif: 1 tablet per day
- Glatopa 20 mg/mL: 1 prefilled syringe per day
- Glaptopa 40 mg/mL: 12 prefilled syringes per 28 days
- Gleevec: limit based on instructions for use; included in split fill program
- Glucagen HypoKit: 6 kits per 365 days
- Glucagon Emergency Kit: 6 kits per 365 days
- Glyxambi: 1 tablet per day
- Gvoke: 6 syringes/auto-injectors (1.2 milliliters) per 365 days
- Hadlima Prefilled Syringe 40 mg/0.4 mL: 2 syringes per 28 days
- Hadlima PushTouch Auto-injector 40 mg/0.4 mL: 2 pens per 28 days
- Hadlima Prefilled Syringe 40 mg/0.8 mL: 2 syringes per 28 days
- Hadlima PushTouch Auto-injector 40 mg/0.8 mL: 2 pens per 28 days
- Harvoni: 1 tablet per day
- Hetlioz: 1 capsule per day
- Humira prefilled syringe kit 40 mg/0.8 mL: 2 syringes per 28 days
- Humira prefilled syringe kit 10 mg/0.2 mL: 2 syringes per 28 days
- Humira prefilled syringe kit 20 mg/0.4 mL: 2 syringes per 28 days
- Humira pediatric crohns disease starter pack: 3 syringes per lifetime
- Humira adult crohns disease starter pack: 6 pens per lifetime
- Humira pen-injector kit 40 mg/0.8 mL: 2 pens per 28 days
- Humira psoriasis starter pack: 4 pens per lifetime
- Hycamtin: 30-day supply; limit based on instructions for use
- Hydrocortisone Butyrate 0.1% cream: 45 grams every 30 days
- Hydrocortisone Butyrate 0.1% ointment: 45 grams every 30 days
- Hyftor: 30 grams per 30 days
- Ibrance: 21 tablets per 28 days
- Ibsrela: 60 tablets per 30 days
- Idhifa: 1 tablet per day
- Ilumya: 5 syringes per 12 months
- Imbruvica 70 mg capsules: one capsule per day
- Imbruvica 140 mg capsules: 3 capsules per day
- Imbruvica 420 mg tablets: one tablet per day
- Imbruvica 560 mg tablets: one tablet per day
- Imbruvica oral suspension: 216 milliliters per 30 days
- Imitrex tablets: 9 tablets per 30 days
- Imitrex nasal spray: 9 sprays per 30 days
- Imitrex injection: 4 kits per 30 days
- Impavido: 3 capsules per day
- Incruse Ellipta: 30 blisters per 30 days
- Inflectra: limit based on instruction for use
- Ingrezza: 60 capsules per 30 days
- Inlyta 1 mg tablets: 180 tablets per 30 days; included in split fill program
- Inlyta 5 mg tablets: 120 tablets per 30 days; included in split fill program
- Inqovi: 5 tablets per 28 days
- Intermezzo: 1 tablet per day
- Invokamet/Invokamet XR: 2 tablets per day
- Invokana: 1 tablet per day
- Inrebic: 4 capsules per day
- Iressa: 1 tablet per day
- Iressa: 30-day supply; limit based on instructions for use
- Isotretinoin: 60 capsules per 30 days
- Isturisa 1 mg tablets: 8 tablets per day
- Isturisa 5 mg tablets: 2 tablets per day
- Isturisa 10 mg tablets: 6 tablets per day
- Jakafi: limit based on instructions for use; included in split fill program
- Janumet/Janumet XR: 2 tablets per day
- Januvia: 1 tablet per day
- Jardiance: 1 tablet per day
- Jaypirca 50 mg: 30 tablets per 30 days
- Jaypirca 100 mg: 60 tablets per 30 days
- Jentadueto/Jentadueto XR: 2 tablets per day
- Jesduvroq 1 mg: 30 tablets per 30 days
- Jesduvroq 2 mg: 30 tablets per 30 days
- Jesduvroq 4 mg: 30 tablets per 30 days
- Jesduvroq 6 mg: 30 tablets per 30 days
- Jesduvroq 8 mg: 90 tablets per 30 days
- Jynarque: 2 tablets per day
- Kalydeco: 60 tablets per 30 days
- Kazano: 2 tablets per day
- Kerendia: 1 tablet per day
- Kesimpta: 0.4 mL (one pen/syringe) per 28 days
- Ketoconazole Cream 2%: 60 grams every 30 days
- Kevzara: 2.28 milliliters (2 syringes) per 30 days
- Kineret: 240 vials per 30 days
- Kineret prefilled syringes: 18.76 mL (28 prefilled syringes) per 28 days
- Kisqali 200 dose: 21 tablets per 30 days
- Kisqali 400 dose: 42 tablets per 30 days
- Kisqali 600 dose: 63 tablets per 30 days
- KISQALI Femara 200 dose: 49 tablets per 30 days
- KISQALI Femara 400 dose: 70 tablets per 30 days
- KISQALI Femara 600 dose: 91 tablets per 30 days

## Quantity Level Limits (continued)

- Klisyri: 5 packets per 30 days
- Kombiglyze XR: 2 tablets per day
- Koselugo: 4 capsules per day
- Krazati: 180 tablets per 30 days
- Kytril: 12 tablets per 30 days
- Lagevrio: 40 capsules every 180 days
- Lampit 30 mg: 270 tablets per 30 days
- Lampit 120 mg: 225 tablets per 30 days
- Latuda: 1 tablet per day
- Lazanda: 30 bottles per month; restricted to 30-day supply
- Lenvima 4mg: 30 capsules every 30 days; included in split fill program
- Lenvima 8mg: 60 capsules every 30 days; included in split fill program
- Lenvima 10mg: 30 capsules every 30 days; included in split fill program
- Lenvima 12mg: 90 capsules every 30 days; included in split fill program
- Lenvima 14mg: 60 capsules every 30 days; included in split fill program
- Lenvima 18mg: 90 capsules every 30 days; included in split fill program
- Lenvima 20mg: 60 capsules every 30 days; included in split fill program
- Lenvima 24mg: 90 capsules every 30 days; included in split fill program
- Lescol/Lescol XL: 1 tablet per day
- Letairis: 1 tablet per day
- Lexapro: 2 tablets per day
- Lialda: 4 tablets per day
- Librax: 240 capsules per 30 days
- Lidocaine 2% gel: 30 grams per 25 days
- Lidoderm patches: 90 patches per 30 days
- Linzess: 30 capsules per 30 days
- Lipitor: 1 tablet per day
- Litfulo: 30 capsules per 30 days
- Livmarli: 90 milliliters per 30 days
- Livtency: 120 tablets per 30 days
- Lokelma: 30 packets per 30 days
- Lonhala Magnair: 2 vials per day
- Lonsurf: limit based on instructions for use
- Lorbrena 100 mg: 30 tablets per 30 days
- Lorbrena 25 mg: 90 tablets per 30 days
- Lovaza: 4 capsules per day
- Lucentis: 2 injections per 28 days
- Lucemyra: 224 tablets per 6 months
- Lumakras 120 mg tablets: 120 tablets per 30 days
- Lumakras 320 mg tablets: 90 tablets per 30 days
- Lunesta: 1 tablet per day
- Lupkynis: 6 tablets per day
- Lynparza: 16 capsules per day
- Lysteda: 30 tablets per 30 days
- Lytgobi: 150 tablets per 30 days
- Mavenclad: 20 tablets per 365 days
- Mavyret: 84 tablets per 28 days
- Maxalt tablets: 9 tablets per 30 days
- Mayzent 2 mg tablets: 30 tablets per 30 days
- Mayzent 0.25 mg tablets: 120 tablets per 30 days
- Mekinist: 1 tablet per day
- Mektovi: 6 tablets per day
- Mesalamine tablets: 6 tablets per day
- Micardis: 1 tablet per day
- Micardis HCT: 1 tablet per day
- Miebo: 3 mL per 30 days
- Motegrity: 30 tablets per 30 days
- Mounjaro: 2 mL (4 single-dose pens) per 28 days
- Movantik: 1 tablet per day
- Mulpleta: 7 tablets per 365 days
- Mupirocin cream: 60 grams per prescription fill
- Mupirocin ointment 2%: 220 grams every 30 days
- Mycapssa: 4 capsules per day
- Myfembree: 30 tablets per 30 days
- Myrbetriq: 1 tablet per day
- Myrbetriq oral suspension: 300 milliliters per 30 days
- Namenda XR: 1 capsule per day
- Natpara: 2 cartridges per 28 days
- Nayzilam: 8 spray bottles per 30 days
- Nerlynx: 6 tablets per day
- Nesina: 1 tablet per day
- Neupro: 1 patch per day
- Nexavar: limit based on instructions for use; included in split fill program
- Nexletol: 1 tablet per day
- Nexlizet: 1 tablet per day
- Nextstellis: 1 tablet per day
- Nikita: 1 tablet per day
- Nimodipine: 252 capsules per 21 days
- Ninlaro: 3 capsules per 28 days
- Northera 100 mg: 3 capsules per day
- Northera 200 mg: 6 capsules per day
- Northera 300 mg: 6 capsules per day
- Nouriaz: 1 tablet per day
- Nubeqa: 4 tablets per day
- Nucala: 1 vial, auto-injector, or prefilled syringe per 28 days
- Nulibry: 300 vials per 30 days (9.5 mg per vial)
- Nuplazid: 30 capsules or tablets per 30 days
- Nurtec Orally Disintegrating Tablets : 8 tablets per 30 days
- Nuvaring: 1 ring per 28 days
- Nuzyra tablets: 30 tablets per 30 days
- Nuzyra vials: 15 vials per 30 days
- NYAMYC powder 100,000 units: 60 grams every 30 days
- Nymalize oral solution: 126 prefilled oral syringes per 21 days
- Nystatin powder 100,000 units: 60 grams every 30 days
- Nystop powder 100,000 units: 60 grams every 30 days
- Ocaliva: 1 tablet per day
- Ocrevus: 4 vials (40 milliliters) per 365 days
- Odactra: 1 tablet per day
- Odefsey: 1 tablet per day
- Odomzo: 30 capsules per 30 days
- Ofev: 2 capsules per day
- Ojjaara: 30 tablets per 30 days

## Quantity Level Limits (continued)

- Omvoh 100 mg pens: 2 auto-injectors (2 mL) every 28 days
- Omvoh 300 mg vials: 45 mL per 365 days
- Ongentys: 30 capsules per 30 days
- Olumiant: 30 tablets per 30 days
- Olysio: 1 capsule per day
- Omeclamox: 80 capsules/tablets per 180 days
- Omnipod Dash kit: 1 kit per 365 days
- Omnipod Dash pods: 15 pods per 30 days
- Omnipod 5 G6 insulin pump kit: 1 kit per 365 days
- Omnipod 5 G6 insulin pump pods: 15 pods per 30 days
- Onglyza: 1 tablet per day
- Opfolda: 8 capsules per 28 days
- Opsumit: 1 tablet per day
- Opzelura: 60 grams per 30 days
- Orenzia syringes: 4 syringes per 28 days
- Orenitram: 3 tablets per day
- Orenzia auto-injector 125 mg/mL: 4 autoinjectors per 28 days
- Orenzia vials: 4 vials per 28 days
- Orgovyx: 30 tablets per 30 days
- Oriahnn: 60 capsules per 30 days
- Orilissa 150 mg tablets: 30 tablets per 30 days
- Orilissa 200 mg tablets: 60 tablets per 30 days
- Orkambi: 4 tablets per day
- Orserdu: 30 tablets per 30 days
- Oseni: 1 tablet per day
- Otezla: 2 tablets per day
- Otrexup: 4 auto-injector pens per 30 days
- Oxbryta: 3 tablets per day
- Oxervate: 56 milliliters per lifetime
- Oxtellar XR 150 mg: one tablet per day
- Oxtellar XR 300 mg: one tablet per day
- Oxtellar XR 600 mg: 4 tablets per day
- Ozempic: 3 milliliters per 30 days
- Palforzia 300 mg maintenance kit: 30 sachets per 30 days
- Palforzia initial dose escalation kit – two kits per year
- Palforzia up-dosing kits – one kit per year per dosing level
- Palynziq 2.5 mg/0.5 mL: 6 syringes/cartons per 30 days
- Palynziq 10 mg/0.5 mL: 30 syringes/cartons per 30 days
- Palynziq 20 mg/mL: 90 syringes/cartons per 30 days
- Panretin 0.1% gel: 60 grams every 30 days
- Paxlovid 150/100 mg: 20 tablets every 180 days
- Paxlovid 300/100 mg: 30 tablets every 180 days
- Pemazyre: 14 tablets per 21 days
- Penbraya: 2 injections per lifetime
- Phospholine Eye Drops: 5 mL per 30 days
- Piqray 200 mg pack: 28 tablets per 28 days
- Piqray 250 mg pack: 56 tablets per 28 days
- Piqray 300 mg pack: 56 tablets per 28 days
- Plaquenil: 90 tablets per 30 days
- Pliaglis 7%: 7% cream-30 grams per 25 days
- Pneumovax-23: 3 doses per lifetime
- Pomalyst: 1 capsule per day
- Ponvory: 1 tablet per day
- Praluent: 2 syringes/pens per 28 days
- Prefest: 1 tablet per day
- Premphase: 1 tablet per day
- Prempro: 1 tablet per day
- Prevnar-13: 4 doses per lifetime
- Prevnar 20: 0.5 mL per lifetime
- Prevpac: 112 capsules/tablets per 180 days
- Prevymis solution: 24 milliliters per day
- Prevymis tablets: 1 tablet per day
- Pristiq: 1 tablet per day
- Progesterone capsules: 2 capsules per day
- Prudoxin: 60 grams per 90 days
- Purified Cortrophin Gel: two 5 milliliter vials per prescription
- Pyrukynd: 60 tablets per 30 days
- Qbrexza: 30 cloths per 30 days
- Qelbree: 2 capsules per day
- Qinlock: 90 tablets per 30 days
- Qtern: 1 tablet per day
- Qulipta: 30 tablets per 30 days
- Radicava ORS oral suspension: 50 milliliters per 28 days
- Ranexa: 2 tablets per day
- Rasuvo: 4 auto-injector pens per 30 days
- Recorlev: 240 tablets per 30 days
- Rectiv 0.4% ointment: 30 grams every 30 days
- Regranex 0.01% gel: 30 grams every 30 days
- Relistor tablets: 90 tablets per 30 days
- Relistor syringes/vials: 30 prefilled syringes or 30 vials per 30 days
- Relpax tablets: 12 tablets per 30 days
- Remicade: limit based on instructions for use
- Renflexis: limit based on instructions for use
- Repatha 140 mg/mL: 2 syringes/pens per 28 days
- Repatha 420 mg/mL: 1 cartridge per 28 days
- Restasis: 60 single-use vials per 30 days
- Retevmo 40 mg capsules: 2 capsules per day
- Retevmo 80 mg capsules: 4 capsules per day
- Revatio injectable vials: 1,125 milliliters per 30 days
- Revatio oral suspension: 112 milliliters per 30 days
- Revatio tablets: 90 tablets per 30 days
- Revlimid: 30-day supply; limit based on instructions for use
- Rexulti: 1 tablet per day
- Reyvow 50 mg: 4 tablets per 30 days
- Reyvow 100 mg: 8 tablets per 30 days
- Rezdiffra: 30 tablets per 30 days
- Rezurock: 30 tablets per 30 days
- Rhopressa: 5 milliliters per 30 days
- Rinvoq: 1 tablet per day
- Rocklatan: 5 mL per 30 days
- Roctavian: 1 infusion per lifetime
- Rozerem: 1 tablet per day
- Rozlytrek: 3 capsules per day
- Rubraca: 120 tablets per 30 days; included in split fill program
- Ruconest: 4 vials per 30 days
- Rukobia: 60 tablets per 30 days
- Ruzurgi: 150 tablets per 30 days
- Rybelsus: 1 tablet per day
- Rydapt: 240 capsules per 30 days
- Rytary: 300 capsules per 30 days
- Samsca: 2 tablets per day



## Quantity Level Limits (continued)

- Saphris: 2 sublingual tablets per day
- Savella: 2 tablets per day
- Scemblix: 2 tablets per day
- Secuado: 1 patch per day
- Seebri Neohaler: 60 capsules per 30 days
- Segluromet: 2 tablets per day
- Seroquel XR: 2 tablets per day
- Shingrix: 1 dose per 28 days; 2 doses per lifetime
- Siliq: 2 syringes (3 milliliters) per 28 days
- Simponi 50 mg syringes: 1 syringe per 28 days
- Simponi 50 mg auto-injector: 1 auto-injector per 28 days
- Simponi 100 mg syringes: 1 syringe per 28 days
- Simponi 100 mg auto-injectors: 1 auto-injector per 28 days
- Sivextro tablets: 6 tablets per 30 days
- Sivextro injection: 6 vials per 30 days
- Skyclarys: 90 capsules per 30 days
- Skyrizi 150 milligram subcutaneous injection: 2 prefilled syringes/auto-injectors per 84 days
- Skyrizi 180 mg cartridges: 2.4 mL per 56 days
- Skyrizi 360 milligram subcutaneous injection: 1 prefilled cartridge per 56 days
- Skyrizi 600 milligram intravenous injection: 3 vials per 365 days
- Sohonos 1mg: 112 capsules for 28 days
- Sohonos 1.5mg: 56 capsules for 28 days
- Sohonos 2.5mg: 28 capsules for 28 days
- Sohonos 5mg: 28 capsules for 28 days
- Sohonos 10mg: 56 capsules for 28 days
- Soliqua: 15 mL (5 pens) per 30 days
- Sonata: 1 capsule per day
- Sorilux Foam: 120 grams per 30 days
- Sotyktu: 30 tablets per 30 days
- Sovaldi: 30 tablets per 30 days
- Spravato: 12 boxes/units per 28 days
- Spritam: 60 tablets per 30 days
- Sprycel: limit based on instructions for use; included in split fill program
- Steglatro: 1 tablet per day
- Steglujan: 1 tablet per day
- Stelara 45 mg/0.5 mL injection: 1 vial per 12 weeks
- Stelara 90 mg/mL prefilled syringe: 1 syringe per 12 weeks
- Stelara intravenous injection: 4 vials (104 milliliters) per 365 days
- Strattera: 2 capsules per day
- Suboxone sublingual tablets: 45 tablets per 365 days (without prior authorization)
- Subsys: 4 spray units per day; restricted to 30-day supply
- Sucraid: 300 mL per 30 days
- Sunlenca: 3 mL per 26 weeks; 5 tablets per 365 days
- Sunosi: 1 tablet per day
- Sustiva capsules: 2 capsules per day
- Sustiva tablets: 1 tablet per day
- Sutent: limit based on instructions for use; included in split fill program
- Symdeko: 60 tablets per 30 days
- Symproic: 1 tablet per day
- Synera 70-70 mg patch: 2 patches per 25 days
- Synjardy/Synjardy XR: 2 tablets per day
- Tabloid: 30-day supply; limit based on instructions for use
- Taclonex Ointment: 60 grams per 30 days
- Taclonex Topical Suspension: 60 grams per 30 days
- Tacrolimus 0.03% ointment: 100 grams every 30 days
- Tacrolimus 0.1% ointment: 100 grams every 30 days
- Tafinlar: 4 capsules per day
- Tagrisso: 1 tablet per day
- Takhzyro: 2 syringes per day
- Taltz: 1 syringe/auto-injector per 28 days
- Talzenna 1 mg: 30 capsules per 30 days
- Talzenna 0.25 mg: 90 capsules per 30 days
- Tamiflu capsules: 10 capsules per 180 days
- Tamiflu suspension: 120 mL per 180 days
- Tarceva 25 mg tablets: 60 tablets per 30 days
- Tarceva 100 mg tablets: 30 tablets per 30 days
- Tarceva 150 mg tablets: 30 tablets per 30 days
- Targretin capsules: limit based on instructions for use; included in split fill program
- Targretin 1% gel: 60 grams every 30 days
- Tassigna: limit based on instructions for use; included in split fill program
- Tavalisse: 2 tablets per day
- Tavneos: 6 capsules per day
- Tazverik: 8 tablets per day
- Tecfidera 120 mg capsules: 14 capsules per 6 months
- Tecfidera 240 mg capsules: 60 capsules per 30 days
- Tecfidera starter pack: 60 capsules per 6 months
- Technivie: 2 tablets per day
- Tecvayli: 6.8 mL per 28 days
- Tegsedi: 6 mL (4 prefilled syringes) per 28 days
- Tekturna: 1 tablet per day
- Temazepam: 1 tablet per day
- Tepmetko: 2 tablets per day
- Teriparatide: One pen (2.4 milliliters) per 30 days
- Teslac: 30-day supply; limit based on instructions for use
- Tezspire: 1 prefilled syringe/auto-injector per 28 days
- Tibsovo: 60 tablets per 30 days
- Tiglutik: 600 mL per 30 days
- Tofidence prefilled syringes/auto-injectors: 4 prefilled syringes/pens per 28 days
- Toradol 10 mg: 20 tablets per 30 days
- Tracleer: 60 tablets per 30 days
- Tradjenta: 1 tablet per day
- Tremfya: 2 syringes per 84 days
- Tretinoin 0.025% cream: 45 grams every 30 days
- Tretinoin 0.05% cream: 45 grams every 30 days
- Tretinoin 0.1% cream: 45 grams every 30 days
- Tretinoin 0.01% gel: 45 grams every 30 days
- Tretinoin 0.025% gel: 45 grams every 30 days
- Triamcinolone 0.1% cream: 454 grams every 30 days
- Triazolam: 1 tablet per day
- Tribenzor: 1 tablet per day
- Trijardy XR: 2 tablets per day
- Trikafta: 84 tablets per 28 days
- Trintellix: 30 tablets per 30 days
- Truqap: 64 tablets per 28 days

## Quantity Level Limits (continued)

- Trulance: 30 tablets per 30 days
- Trulicity: 4 pens (2 mL) per 30 days
- Truvada: 30 tablets per 365 days
- Tryvio: 30 tablets per 30 days
- Tyruko: one vial (300 mg/15 mL) per 30 days
- Tukysa: 4 tablets per day
- Turalio: 4 capsules per day
- Twirla patches: 3 patches per 28 days
- Twynsta: 1 tablet per day
- Tyenne prefilled syringes/auto-injectors: 4 prefilled syringes/pens per 28 days
- Tykerb: 30-day supply; limit based on instructions for use
- Tymlos: One pen (1.56 milliliters) per 30 days
- Tyrvaya: 8.4 milliliters per 30 days
- Tysabri: one vial (300 mg/15 mL) per 30 days
- Ubrelvy: 16 tablets per 30 days
- Uceris: 1 tablet per day
- Uloric: 30 tablets per 30 days
- Upneeq: 30 single-use containers per 30 days
- Utibron: 60 capsules per 30 days
- Valchlor 0.016% gel: 60 grams every 30 days
- Valtoco: 10 doses per 30 days
- Valtrex 500 mg: 10 tablets per 30 days
- Valtrex 1000 mg: 30 tablets per 365 days
- Vanflyta: 56 tablets per 28 days
- Various acetaminophen containing products: 4 grams a day
- Varubi: 4 tablets per 28 days; restricted to 28-day supply
- Vascepa 1 gram: 4 capsules per day
- Vascepa 0.5 grams: 8 capsules per day
- Vaxneuvance: 1 dose per lifetime
- Velsipity: 30 tablets per 30 days
- Vectical Ointment: 100 grams per 30 days
- Veltassa: limited based on instructions for use
- Vemlidy: 1 tablet per day
- Venclexta: limited based on instructions for use
- Veozah: 30 tablets per 30 days
- Verkazia: 120 vials per 30 days
- Verquvo: 1 tablet per day
- Verzenio: 60 tablets per 30 days; included in split fill program
- Viberzi: 2 tablets per day
- Victoza: 3 pens (9 mL) per 30 days
- Viekira: 4 tablets per day
- Viibryd: 30 tablets per 30 days
- Vijoice: 60 tablets per 30 days
- Vitrakvi 100 mg: 60 capsules per 30 days
- Vitrakvi 25 mg: 180 capsules per 30 days
- Vitrakvi 20 mg/mL oral solution: 300 mL per 30 days
- Vivitrol: 1 vial per 28 days
- Vocabria: 28 tablets per 365 days
- Vonjo: 120 capsules per 30 days
- Voquezna Dual Pak: 112 tablets/capsules per 30 days
- Voquezna Triple Pak: 112 tablets/capsules per 30 days
- Vosevi: 1 tablet per day
- Votrient: 800 mg per day; included in split fill program
- Voxzogo: 30 vials per 30 days
- Vraylar: One capsule per day
- Vtama: 60 grams per 30 days
- Vumerity: 4 capsules per day
- Vyjuvek: 10 mL per 28 days
- Vyndamax: 1 capsule per day
- Vyndaqel: 4 capsules per day
- Vytarin: 1 tablet per day
- Vyvanse: 30 capsules per 30 days
- Wainua: one single-dose auto-injector (45 mg) per 30 days
- Wakix: 2 tablets per day
- Welireg: 90 tablets per 30 days
- Wellbutrin XL: 1 tablet per day
- Xadago: 1 tablet per day
- Xarelto Stater Pack: 51 tabs every 30 days
- Xarelto Suspension: 620 mL every 30 days
- Xarelto 2.5 mg: 60 tabs every 30 days
- Xarelto 10 mg: 30 tabs every 30 days
- Xarelto 15 mg: 30 tabs every 30 days
- Xarelto 20 mg: 30 tabs every 30 days
- Xcopri: 2 tablets per day
- Xeljanz 5 mg: 2 tablets per day
- Xeljanz 10 mg: 2 tablets per day
- Xeljanz XR 11 mg: 1 tablet per day
- Xeljanz XR 22 mg: 1 tablet per day
- Xeljanz oral solution: 240 milliliters per 30 days
- Xepi: One tube per 30 days
- Xermelo: 84 tablets per 28 days
- Xiaflex: limit based on instructions for use
- Xigduo XR: 2 tablets per day
- Xiidra: 60 single-use vials per 30 days
- Xolair 75 milligram auto-injector pens/prefilled syringes: 2 auto-injector pens/prefilled syringes per 28 days
- Xolair 150 milligram auto-injector pens/prefilled syringes: 4 auto-injector pens/prefilled syringes per 28 days
- Xolair 300 milligram auto-injector pens/prefilled syringes: 4 auto-injector pens/prefilled syringes per 28 days
- Xospata: 90 tablets per 30 days
- Xphozah: 60 tablets per 30 days
- Xtandi 40 mg: 120 capsules/tablets per 30 days
- Xtandi 80 mg: 60 capsules/tablets per 30 days
- Xulane: 9 patches per 84 days
- Xultophy: 5 pens (15 mL) per 30 days
- Xuriden: 4 packets per day
- Xywav: 540 mL per 30 days
- Xyrem: 540 mL per 30 days
- Yondelis: limited based on instructions for use
- Yupelri: 90 mL (30 vials) per 30 days
- Zavesca: 3 capsules per day
- Zavzpret: 8 units per 30 days
- Zegalogue: 6 kits (3.6 milliliters) per 365 days
- Zejula: 90 capsules per 30 days
- Zelboraf: 8 tablets per day; included in the split fill program
- Zepatier: 1 tablet per day
- Zeposia: 30 capsules per 30 days
- Zetia: 1 tablet per day
- Zilbrysq: 22.68 mL per 28 days
- Zofran: 30 tablets per 30 days

## Quantity Level Limits (continued)

- Zokinvy: 8 capsules per day
- Zolinza: limit based on instructions for use; included in split fill program
- Zolpimist: 7.7 milliliters per 30 days
- Zomig nasal spray: 12 sprays per 30 days
- Zomig tablets: 12 tablets per 30 days
- Zonalon: 60 grams per 90 days
- Zonisade: 750 mL per 30 days
- Zoryve 0.15% cream: 60 grams per 30 days
- Zoryve 0.3% foam: 60 grams per 30 days
- Zurzuvae 20 mg capsules: 28 capsules per 180 days
- Zurzuvae 25 mg capsules: 28 capsules per 180 days
- Zurzuvae 30 mg capsules: 14 capsules per 180 days
- Zykadia: 5 capsules per day
- Zypitamag: 1 tablet per day
- Ztalmy: 1100 mL per 30 days
- Zytiga: 4 tablets per day; included in split fill program
- Zyvox oral suspension: 12 bottles (1800 mL) per 30 days
- Zyvox tablets: 2 tablets per day

## Split Fill Program

HBP members **beginning** therapy with any of the medications listed below will be limited to a 15-day supply for the initial two months of therapy to ensure the member tolerates the medication:

- Afinitor
- Bosulif
- Erivedge
- Gleevec
- Imbruvica
- Inlyta
- Jakafi
- Nexavar
- Rubraca
- Sprycel
- Sutent
- Tarceva
- Targretin
- Tassigna
- Verzenio
- Votrient
- Xtandi
- Zelboraf
- Zolanza
- Zytiga

## Step Therapy Program

The Step Therapy Program promotes the first-line use of effective, value-based medications over higher cost alternatives. Prescriptions for equally effective – but less expensive – generic (or in some cases brand) medications for covered conditions will be approved with preferred rates. The Step Therapy Program stops payment of prescription claims for higher cost alternative medications that have not received prior authorization. The following medications are included in the Step Therapy Program:

Medication(s) Requiring Step Therapy <sup>3</sup>	Formulary Alternatives(s)
<b>Acne</b> Myorisan                      Zenatane	Claravis
<b>Antidepressants</b> Pristiq	Venlafaxine capsules, venlafaxine ER capsules
<b>Blood Pressure Medication</b> Atacand              Benicar              Edarbyclor              Tekturna Atacand HCT              Benicar HCT              Exforge              Tribenzor Avalide              Diovan              Exforge HCT              Twynsta Avapro              Diovan HCT              Micardis Azor              Edarbi              Micardis HCT	Lisinopril Lisinopril/HCTZ Losartan Losartan HCT
<b>Cholesterol Lowering Medications</b> Lescol extended-release              Livalo                              Zypitamag Lescol immediate-release              Nikita	Atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
<b>Diabetes<sup>4</sup></b> Alogliptin                      Januvia                              Kombiglyze XR Alogliptin/metformin              Glyxambi                              Nesina Alogliptin/pioglitazone              Jentadueto                              Onglyza Janumet                      Jentadueto XR                              Oseni Janumet XR                      Kazano                              Tradjenta	Metformin
<b>Gastrointestinal Medications</b> Delzicol                      Giazio                              Pentasa Dipentum                      Lialda	Balsalazide, mesalamine ER 0.375 mg capsules, mesalamine 800 mg tablets, sulfasalazine
<b>Growth Hormone</b> Humatrope                      Omnitrope                              Zomacton Nutropin                      Saizen Nutropin AQ                      Tev-Tropin	Genotropin, Norditropin
<b>Immune Modulators</b> Avsola                      Inflectra                              Skyrizi intravenous              Stelara Bimzelx                      Infliximab                              injection                              subcutaneous Cimzia                      Kineret                              Skyrizi                              injection Cosentyx                      Omvoh                              subcutaneous                      Taltz Enbrel                      Orencia                              injection                              Xeljanz Erelzi                      Remicade                              Simponi                              Xeljanz XR (subcutaneous) Humira                      Rinvoq                              Stelara intravenous Ilumya                      Siliq                              injection	Hadlima Renflexis
<b>Stimulants</b> Nuvigil	Modafinil

3. During the benefit year, new medications may be added to this list. Members will be notified before these changes take effect.

4. Alogliptin and alogliptin/metformin are the preferred DPP-IV inhibitor products under the EHP prescription drug benefit.

# Specialty Drug Benefit

The below list of Specialty brand and generic drugs can be obtained from any Cleveland Clinic Outpatient Pharmacy including the Specialty Pharmacy, or from the CVS/specialty Pharmacy. Members enjoy lower out-of-pocket expenses by using a Cleveland Clinic Outpatient Pharmacy to obtain their specialty drugs. Specialty drugs are limited to a 30-day supply. Please refer to your Summary Plan Description for more details about this program.

- Actemra
- Acthar gel
- Actimmune
- Adempas
- Adcetris
- Adbry
- Adcirca
- Advate
- Adynovate
- Afinitor
- Aimovig
- Ajovy
- Alecensa
- Alkeran
- Alyq
- Alunbrig
- Altuviiio
- Ampyra
- Apretude
- Aptivus
- Aralast NP
- Aranesp
- Arava
- Arcalyst
- Arikayce
- Arimidex
- Aristada
- Aristada Initio
- Aromasin
- Atripila
- Aubagio
- Augtyro
- Austedo
- Avonex
- Ayvakit
- Bafiertam
- Balversa
- Banzel
- Baraclude
- Benlysta
- Berinert
- Besremi
- Betaseron
- Bethkis
- Bethkis
- Biktarvy
- Bimzelx<sup>5</sup>
- Bosulif
- Braftovi
- Bronchitol
- Brukinsa
- Buphenyl
- Bylvay
- Cabenuva
- Cablivi
- Cabometyx
- Camzyos
- Caprelsa
- Cayston
- Cellcept
- Cerdelga
- Cerezyme
- Cibinqo
- Cimzia<sup>5</sup>
- Cinqair<sup>6</sup>
- Cinryze
- Combivir
- Cometriq
- Complera
- Copaxone
- Copegus
- Copiktra
- Costenyx<sup>5</sup>
- Cotellic
- Cresemba
- Crixivan
- Cuprimine
- Cyclophosphamide
- Cystagon
- Cytovene
- Daklinza
- Daurismo
- Daybue
- Depen Titratabs
- Descovy
- Desferal
- Diacomit
- Doptelet
- Dupixent
- Edurant
- Egrifta
- Eligard
- Emcyt
- Emgality
- Empaveli
- Emtriva
- Enbrel<sup>5</sup>
- Enspryng
- Epcclusa
- Epidiolex
- Epivir
- Epivir HBV
- Epogen
- Epoprostenol
- Epzicom
- Ergamisol
- Erivedge
- Erleada
- Esbriet
- Evenity
- Evrysdi
- Exjade
- Exkivity
- Extavia
- Fabhalta
- Fareston
- Farydak
- Fasentra pens<sup>6</sup>
- Fasentra prefilled syringes<sup>6</sup>
- Femara
- Fensolvi
- Ferriprox
- Fintepla
- Firazyr
- Firdapse
- Firmagon
- Flolan
- Forteo
- Fotivda
- Fruzaqla
- Fulphila
- Fuzeon
- Fycompa
- Fylnetra
- Gattex
- Gavreto
- Gengraf
- Genotropin
- Genvoya
- Gilenya
- Gilotrif
- Glassia
- Gleevec
- Gleostine
- Granix
- Haegarda
- Harvoni
- Hecoria
- Hepsera
- Hetlioz
- Humatrope<sup>7</sup>
- Humira<sup>5</sup>
- Hycamtin
- Hyftor
- Ibrance
- Ilaris
- Ilumya
- Iluvien
- Imbruvica
- Impavido
- Incivek
- Increlex
- Infergen
- Ingrezza
- Inlyta
- Inqovi
- Inrebic
- Intelence
- Intron-A
- Invirase
- Iressa
- Isentress
- Isturisa
- Jadenu
- Jakafi
- Jaypirca
- Jesduvroq
- Juxtapid
- Jynarque
- Kalbitor
- Kaletra
- Kalydeco
- Kevzara
- Kesimpta
- Kineret
- Kitabis Pak
- Kisqali
- Klisyri
- Korlym
- Koselugo
- Kovaltry
- Krazati
- Kuvan
- Kyprolis
- Lampit
- Lenvima
- Letairis
- Leukeran
- Leukine
- Leuprolide
- Lexiva
- Litfulo
- Livmarli
- Livtensity
- Lokelma
- Lonsurf
- Lorbrenea
- Lumakras
- Lupkynis
- Lupron
- Lynparza
- Lysodren
- Lytgobi
- Matulane
- Mavenclad
- Mavyret
- Mayzent
- Mekinist
- Mektovi
- Miebo
- Mozobil
- Mulpleta
- Mycapssa
- Myfembree
- Myfortic
- Myleran
- Natpara
- Nayzilam
- Neoral
- Nerlynx
- Neulasta
- Neumega
- Neupogen
- Nexavar
- Nexletol
- Nexlizet
- Ninlaro
- Norditropin
- Northera
- Norvir
- Nourianz
- Noxafil
- Nplate
- Nubeqa
- Nucala<sup>6</sup>
- Nuedexta
- Nulibry
- Nuplazid
- Nurtec Orally Disintegrating Tablets
- Nutropin<sup>7</sup>
- Nutropin AQ<sup>7</sup>
- Nuzyra

5. Not covered as first line therapy. Use Hadlima.

6. Covered under the prescription benefit and delivered by specialty pharmacy to member's health care provider.

7. Not covered as first line therapy. Use Genotropin or Norditropin.

8. Not covered as first line therapy. Use Repatha.

## Specialty Drug Benefit (continued)

- Nymalize oral solution
- Nyvepria
- Ocaliva
- Octreotide
- Odefsey
- Odomzo
- Ofev
- Ojjaara
- Olumiant
- Olysio
- Omnitrope<sup>7</sup>
- Omontys
- Omvoh<sup>5</sup>
- Onfi
- Ongentys
- Opfolda
- Opsumit
- Opzelura
- Orenicia<sup>5</sup>
- Orenitram
- Orfadin
- Orgovyx
- Oriahnn
- Orilissa
- Orkambi
- Orserdu
- Otezla
- Oxbryta
- Oxervate
- Oxsoralen
- Oxtellar XR
- Palforzia
- Palynziq
- Panretin
- Peg Intron
- Pegasys
- Pemazyre
- Piqray
- Plegridy
- Pomalyst
- Ponvory
- Praluent<sup>8</sup>
- Prevymis
- Prezista
- Probuphine
- Procrit
- Prograf
- Prolastin-C
- Prolia
- Promacta
- Pulmozyme
- Purified Cortrophin Gel
- Purinethol
- Purixan
- Pyrukynd
- Qbrexza
- Qinlock
- Qulipta
- Rapamune
- Rasuvo
- Ravicti
- Rebetol
- Rebif
- Recorlev
- Regranex
- Remodulin
- Repatha
- Rescriptor
- Restasis
- Retevmo
- Retrovir
- Revatio
- Revlimid
- Reyataz
- Reyvow
- Rezdiffra
- Rezurrock
- Ribapak/Ribavirin Ribasphere
- Rilutek
- Rinvoq<sup>5</sup>
- Rituxan
- Rozlytrek
- Rubraca
- Ruconest
- Rukobia
- Ruzurgi
- Rybelsus
- Rydapt
- Sabril
- Saizen<sup>7</sup>
- Samsca
- Sandimmune
- Sandostatin
- Scemblix
- Selzentry
- Sensipar
- Sermorelin
- Serostim<sup>7</sup>
- Simponi<sup>5</sup>
- Sivextro
- Skyclarys
- Skyrizi intravenous injection<sup>5</sup>
- Skyrizi subcutaneous injection<sup>5,6</sup>
- Sohonos
- Somavert
- Soriatane
- Sotyktu
- Sovaldi
- Spravato
- Spritam
- Sprycel
- Stelara intravenous injection<sup>5,6</sup>
- Stelara subcutaneous injection<sup>5,6</sup>
- Stimote
- Stimufend
- Stivarga
- Strensiq
- Stribild
- Sucraid
- Sulfamylon
- Sunlenca
- Sunosi
- Sustiva
- Sutent
- Sylatron
- Symdeko
- Synarel
- Syprine
- Tabloid
- Tafinlar
- Tagrisso
- Takhzyro
- Taltz
- Talzenna
- Tarceva
- Targretin
- Tassigna
- Tavalisse
- Tavneos
- Tazverik
- Tecfidera
- Technivie
- Tegsedi
- Temodar
- Teriparatide
- Tepmetko
- Tev-Tropin<sup>7</sup>
- Thalomid
- Thioguanine
- Tibsovo
- Tiglutik
- Tivicay
- TOBI
- TOBI Podhaler
- Tofidence
- Tracleer
- Trelstar
- Triumeq
- Trizivir
- Truqap
- Truvada
- Tyrvaya
- Tryvio
- Tukysa
- Turalio
- Tyenne
- Tykerb
- Tymlos
- Tyvaso
- Tyzeka
- Ubrelvy
- Udenyca
- Upneeq
- Upravi
- Valcyte
- Valtoco
- Vanflyta
- Veletri
- Velsipity
- Veltassa
- Vemlidy
- Venclexta
- Ventavis
- VePesid
- Verkazia
- Verquvo
- Vesanoid
- Videx
- Videx EC
- Viekira
- Vioice
- Viracept
- Viramune
- Viread
- Vitekta
- Vitrakvi
- Vivitrol
- Vocabria
- Vonjo
- Vosevi
- Votrient
- Voxzogo
- Vtama
- Vyjuvek
- Vumerity
- Vyndamax
- Vyndaqel
- Wainua
- Wakix
- Welireg
- Xalkori
- Xeljanz<sup>5</sup>
- Xeljanz XR<sup>5</sup>
- Xeloda
- Xenazine
- Xermelo
- Xgeva
- Xiaflex
- Xolair<sup>6</sup>
- Xospata
- Xphozah
- Xtandi
- Xywav
- Xyrem
- Zarxio
- Zavesca
- Zavzpret
- Zejula
- Zelboraf
- Zemaira
- Zepatier
- Zeposia
- Zerit
- Ziagen
- Zilbrysq
- Ziextenzo
- Xiidra
- Xcopri
- Xphozah
- Zokinvy
- Zoladex
- Zolinza
- Zomacton<sup>7</sup>
- Zorbitive<sup>7</sup>
- Zortress
- Zoryve
- Ztalmly
- Zurzuvae
- Zykadia
- Zytiga

Specialty drugs CANNOT be obtained through the CVS/caremark Retail Pharmacy Network. There are two options for obtaining these medications:

1. Cleveland Clinic Specialty Pharmacy or Cleveland Clinic Outpatient Pharmacies in Ohio and Florida
2. CVS/specialty Pharmacy – toll-free at 800.237.2767

5. Not covered as first line therapy. Use Hadlima.

6. Covered under the prescription benefit and delivered by specialty pharmacy to member's health care provider.

7. Not covered as first line therapy. Use Genotropin or Norditropin.

8. Not covered as first line therapy. Use Repatha.

# Specialty Drug Copay Card Assistance Program

As outlined in your Summary Plan Description, certain specialty medications listed below require the use of the manufacturer's copay assistance card. For these specialty medications, the member's copay will be adjusted upward to maximize the financial benefit offered by the pharmaceutical manufacturer, but this adjustment will be completely offset by the copay card, such that members will have no additional out-of-pocket expense above and beyond what they are currently paying for their specialty medication. Please refer to your Summary Plan Description for more details about this program.

The specialty medications included in the Copay Card Assistance Program include:

- |            |                                   |               |                      |            |
|------------|-----------------------------------|---------------|----------------------|------------|
| • Aimovig  | • Fycompa                         | Tablets       | • Repatha            | • Sivextro |
| • Ajovy    | • Nourianz                        | • Orilissa    | • Restasis           | • Spritam  |
| • Banzel   | • Nurtec Orally<br>Disintegrating | • Oxtellar XR | • Restasis Multidose | • Ubrelvy  |
| • Emgality |                                   | • Praluent    | • Reyvow             | • Xiidra   |

## Prescription Drug Benefit Exclusions<sup>9</sup>

1. The replacement of lost or damaged prescriptions.<sup>10</sup> Stolen medications will be covered at the benefit program rate when accompanied by a police report.
2. Drugs prescribed for the treatment of sexual dysfunction.
3. Drugs to enhance libido function.
4. Enteral feedings, food supplements, lactose-free foods, specialized formulas, vitamins and/or minerals that do not require a prescription are not covered, even if they are required to maintain weight or strength and regardless of whether these are prescribed by a physician.
5. Drugs used for experimental or investigational purposes.
6. Drugs used for cosmetic purposes.
7. Drugs not included in the Patient Protection and Affordable Care Act that can be purchased without a prescription.
8. Medicinal foods (regardless of whether they require a prescription or not).
9. Insulin pumps and insulin pump supplies except Omnipod - covered under the pharmacy benefit with prior authorization.
10. Prescriptions ordered or provided by a member of your immediate family.
11. Histamine H2 Receptor Antagonist (H2RA) drugs for members one year of age or older.
12. Proton Pump Inhibitor (PPI) drugs for members one year of age or older.
13. Nasal corticosteroid drugs.
14. Medical devices approved via the FDA 510(k) Premarket Notification review process.
15. Unapproved prescription drugs that do not have FDA approval, such as drugs classified as grandfathered, DESI, or GRAS/E.
16. Viscosupplementation and intra-articular hyaluronate products.
17. Aduhelm
18. Amondys 45
19. Emflaza
20. Exondys 51
21. Makena
22. Vyondys 53
23. Autologous serum eye drops (ASED)
24. Nasal antihistamine drugs
25. Elevidys

Refer to pages 24-28 to see the Non-Covered Drugs & Items for additional exclusions.

9. These Benefit Exclusions also apply to the EHP Medical Benefit with the exception of insulin pumps and insulin pump supplies.

10. Members may contact Pharmacy Management at 216.986.1050, option 4 or toll-free at 888.246.6648, option 4 between the hours of 8 a.m. and 4:30 p.m., Monday through Friday to request an override so that they are able to purchase a replacement supply at their expense. The member will be responsible for 100% of the discounted price.



