

Cleveland Clinic Employee Health Plan Prescription Drug Formulary



Table of Contents

CLEVELAND CLINIC HBP PRESCRIPTION DRUG FORMULARY

Prescription Drug Coverage	1
Important Points About the <i>HBP Prescription Drug Formulary</i>	2
Notice	2
Drug Formulary Medications by Category	3
Drug Formulary Medications Alphabetically	13
Pharmacy Management Program Medications	20
Pharmaceuticals Requiring Prior Authorization	20
Non-Preferred Generic Medications	24
Lifestyle Medications	24
Non-Covered Medications	25
Brand Name	25
Brand and Generic Versions	25
Quantity Level Limits	29
Split Fill Program	35
Step Therapy Program	35
Specialty Drug Benefit	36
Specialty Drug Copay Card Assistance Program	38
Prescription Drug Benefit Exclusions	39

Cleveland Clinic Health Benefit Program

Drug Formulary

January 2023

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, promotion of fertility, and sexual dysfunction.

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

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2021. All rights reserved.

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 (mometasone) inhaler

Flovent 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)

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)*

Beta Agonists, Oral

Alupent (metaproterenol) syrup*, tablet*

Brethine (terbutaline) tablet*

ALLERGY/COUGH & COLD/ RESPIRATORY (cont.)

Beta Agonists, Oral (cont.)

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

Berinert (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)

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) (prefilled syringes only)

(PA) (QL) (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)

Humira (adalimumab) (PA) (SP)

Imuran (azathioprine)*

Kevzara (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)

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)

Ajovy (fremanezumab-vfrm) (CC) (PA) (QL) (SP)

Amerge (naratriptan)* (QL)

Cafergot (ergotamine/cafeine)*

D.H.E. (dihydroergotamine)* (PA) (QL)

Emgality (galcanezumab-gnlm) (CC) (PA) (QL) (SP)

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)

Zomig (zolmitriptan)* (QL)

Muscle Relaxants

Equanil (meprobamate)*

Flexeril (cyclobenzaprine)* (except 7.5 mg tablets)

Lioresal (baclofen)* (except 5 mg tablets)

Norflex (orphenadrine)*

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.

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

(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)

ANALGESICS (cont.)

Muscle Relaxants (cont.)

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)*
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)
Tolectin (tolmetin)*
Toradol (ketorolac)* (QL)
Voltaren (diclofenac)*

Opioid Analgesics

Avinza (morphine extended release)
Codeine (codeine sulfate) 30 mg tablets*
Demerol (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)*
Easprin (aspirin)* (PA)
Trilisate (choline magnesium trisalicylate)*

ANALGESICS (cont.)

Systemic Lupus Erythematosus

Benlysta (belimumab) (SP) (PA)

Miscellaneous Analgesics

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*
Mycelex 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)
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)
Eplclusa (sofosbuvir/velpatasvir) (PA) (QL) (SP) (generic only)*

ANTI-INFECTIVES (cont.)

(Antibiotics/Antifungals/Antivirals)

Antivirals, Oral (cont.)

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)
Lexiva (fosamprenavir) (SP)
Livtensity (maribavir) (PA) (QL) (SP)
Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)
Norvir (ritonavir) (SP)
Odefsey (emtricitabine/rilpivirine/tenofovir) (QL) (SP)
Olysio (simeprevir) (PA) (QL) (SP)
Prevymis (letermovir) (PA) (QL) (SP)
Prezista (darunavir) (SP)*
Rebetol (ribavirin)* (SP)
Rescriptor (delavirdine) (SP)
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)
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)* (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)

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.

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

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

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

4 (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.)*

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

Erythromycins/Macrolides

Biaxin (clarithromycin)* (extended-release
tablets excluded)
Dificid (fidaxomicin) (ST)
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)

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

Miscellaneous

Aemcolo (rifamycin delayed-release) (PA) (QL)
Albenza (albendazole) (PA) (QL)
Alinia (nitazoxanide)* (tablets only)
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)

Antibiotics, Topical

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

Antimalarials

Aralen (chloroquine phosphate)* (QL)
Lariam (mefloquine)*
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)*

Vaccines (coverage at in-network pharmacies, but not CVS MinuteClinics)

Adacel (diphtheria/tetanus toxoids/acellular
pertussis) (\$0 copay; for members ≥7 years
of age)
Boostrix (tetanus toxoids/diphtheria/acellular
pertussis) (\$0 copay; for members ≥10 years
of age)
Engerix-B 20 mcg/mL [hepatitis B vaccine
(recombinant)] (\$0 copay)
Gardasil 9 [human papillomavirus vaccine
(9-valent)] (\$0 copay; for members 9-45 years
of age)

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

Vaccines *(cont.)*

Menactra [meningococcal (groups A / C / Y and
W-135) conjugate vaccine] (\$0 copay)
MenQuadFi [meningococcal (groups A / C / Y and
W-135) conjugate vaccine] (\$0 copay)
Menveo [meningococcal (groups A / C / Y and
W-135) conjugate vaccine] (\$0 copay; for
members ≤2 years of age)
Pneumovax-23 (pneumococcal polysaccharide)
(\$0 copay; for members ≥65 years of age) (QL)
Prennar-13 (pneumococcal conjugate) (\$0 copay;
for members ≥2 months-18 years of age) (QL)
Prennar-20 (pneumococcal conjugate) (\$0 copay;
for members ≥65 years of age) (QL)
Shingrix (zoster vaccine recombinant, adjuvanted)
(\$0 copay; for members ≥50 years of age) (QL)
Tenivac (diphtheria/tetanus toxoids) (\$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)
Entresto (sacubitril/valsartan) (PA) (QL)
Hyzaar (losartan/hydrochlorothiazide)*
Micardis (telmisartan)* (ST)

Antiarrhythmic Agents

Betapace (sotalol)*
Cordarone (amiodarone)*
Mexitil (mexiletine)*

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.

****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)*

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

Antiarrhythmic Agents *(cont.)*

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)*
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

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

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

Cholesterol-Lowering Agents *(cont.)*

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 (antithrombin factor) (SP)
Adynovate (recombinant pegylated
antithrombin factor) (PA) (QL) (SP)
Aggrenox (dipyridamole extended release/
aspirin)* (generic only)
Agrylin (anagrelide)*
Arixtra (fondaparinux)*
Cablivi (caplacizumab) (PA) (QL) (SP)
Coumadin (warfarin)**
Eliquis (apixaban) (QL)
Lovenox (enoxaparin)*
Persantine (dipyridamole)*
Plavix (clopidogrel)*
Pletal (cilostazol)*
Ticlid (ticlopidine)*
Trental (pentoxifylline)*
Xarelto (rivaroxaban) (QL)

Diuretics

Aldactazide (spironolactone/ hydrochlorothiazide)*
Aldactone (spironolactone)*
Bumex (bumetanide)*
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*

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

Nitrates *(cont.)*

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

CENTRAL NERVOUS SYSTEM

Alzheimer's

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

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.*

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

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

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

6 (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)*

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

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)*
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)*
Topamax (topiramate)*
Trileptal (oxcarbazepine) tablets*, suspension*
Valium (diazepam)*
Valtoco (diazepam) (PA) (QL) (SP)
Vimpat (lacosamide)*
Xcopri (cenobamate) (PA) (QL) (SP)
Zarontin (ethosuximide)*
Zonegran (zonisamide)*
Zalmy (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)*

Tricyclics *(cont.)*

Pamelor (nortriptyline)*
Sinequan (doxepin)*
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)
Ludiomil (maprotiline)*
Parnate (tranlycypromine)*
Remeron (mirtazapine)*
Savella (milnacipran) (PA) (QL)
Spravato (esketamine) (PA) (QL) (SP)
Trintellix (vortioxetine) (PA) (QL)
Viiibryd (vilazodone)* (PA) (QL)
Wellbutrin (bupropion)*
Wellbutrin SR (bupropion extended release)*
Wellbutrin XL (bupropion extended release)* (QL)

Antiparkinson's

Artane (trihexyphenidyl)*
Azilect (rasagiline)*
Benadryl (diphenhydramine)* (50 mg only)
Cogentin (benztropine)*
Comtan (entacapone)*
Eldepryl (selegiline) capsules*
Mirapex (pramipexole)*
Mirapex ER (pramipexole extended release)*
Nourianz (istradefylline) (CC) (PA) (QL) (SP)
Nuplazid (pimavanserin) (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)*
Klonopin (clonazepam)*
Librium (chlordiazepoxide)*
Lunesta (eszopiclone)* (QL)
Restoril (temazepam)* (PA except 15 mg and
30 mg strengths) (QL)

Anxiolytics/Sedatives/Hypnotics *(cont.)*

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)*
Dexedrine (dextroamphetamine)*
Focalin (dexmethylphenidate)*
Intuniv (guanfacine extended release)
Metadate CD (methylphenidate extended release)*
Nuvigil (armodafinil) (ST)
Provigil (modafinil)*
Qelbree (viloxazine) (PA) (QL)
Ritalin (methylphenidate)*
Ritalin LA (methylphenidate extended release)*
Ritalin-SR (methylphenidate extended release)*
Strattera (atomoxetine)* (QL)
Sunosi (solriamfetol) (PA) (QL) (SP)

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) (PA) (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)

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.*

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

(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)

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

Multiple Sclerosis Agents (cont.)

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) (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;
\$0 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)

Miscellaneous

Antabuse (disulfiram)*
Austedo (deutetrabenazine) (PA) (QL) (SP)
Evrydi (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)*
Nuedexta (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)
Suboxone (buprenorphine/naloxone sublingual
tablets)* (PA) (QL)
Subutex (buprenorphine)* (PA)
Tiglutik (riluzole) (PA) (QL) (SP)
Vivitrol (naltrexone) (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) cream*, gel* (PA)
Erycette (erythromycin) pads* (QL)
Eryderm (erythromycin) topical solution* (QL)
Erygel (erythromycin) topical gel* (QL)

Acne Therapy (cont.)

Erythromycin 5 mg/g ointment*
Klaron (sulfacetamide)*
Retin-A (tretinoin) gel* (QL)
Antipsoriatic/Antiseborrheic
Cosentyx (secukinumab) (PA) (QL) (SP)
(excluded for Psoriasis)
Dovonex (calcipotriene)* (QL)
Ilumya (tildrakizumab) (PA) (QL) (SP)
Oxsoralen-Ultra (methoxsalen) (PA) (SP)
Skyrizi (risankizumab-rzaa) (PA) (QL) (SP)
Vtama (tapinarof) (PA) (QL) (SP)
Zoryve (roflumilast) (PA) (QL) (SP)
Soriatane (acitretin)* (SP)
Stelara (ustekinumab) (PA) (QL) (SP)
Taltz (ixekizumab) (PA) (QL) (SP)

Immunomodulator

Elidel (pimecrolimus)* (PA)
Protopic (tacrolimus)* (QL)

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 (fluocinonide)* 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)
Cibinzo (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)

DERMATOLOGICAL (cont.)

Miscellaneous (cont.)

Kwell (lindane) lotion*, shampoo*
Opzelura (ruxolitinib) (PA) (QL) (SP)
Panretin (alitretinoin) (SP) (QL)
Qbrexza (glycopyrronium) (PA) (QL) (SP)
Sulfamylon (mafenide) cream, lotion (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)

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.

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

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

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

8 (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)*

ENDOCRINE/DIABETES *(cont.)*

Hypoglycemic Agents

Actos (pioglitazone)* (QL)
Actoplus Met (pioglitazone/metformin) tablets*
Adlyxin (lixisenatide) (PA) (QL)
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)
Micronase (glyburide)*
Mounjaro (tirzepatide) (PA) (QL)
Nesina (alogliptin)* (QL) (ST)
Onglyza (saxagliptin) (Alogliptin preferred) (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)
Steglujan (ertugliflozin/sitagliptin) (PA) (QL)
(Farxiga or Jardiance preferred)
SymlinPen (pramlintide)

ENDOCRINE/DIABETES *(cont.)*

Hypoglycemic Agents *(cont.)*

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)
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)
Semglee (insulin human glargine-yfgn)*
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)
Prolia (denosumab) (PA) (SP)
Teriparatide (PA) (QL) (SP)
Tymlos (abaloparatide) (PA) (QL) (SP)
Xgeva (denosumab) (PA) (SP)

ENDOCRINE/DIABETES *(cont.)*

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)
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)
Recorlev (levoketoconazole) (PA) (QL) (SP)
Regranex (becaplermin) (SP) (QL)
Renagel (sevelamer)*
Renvela (sevelamer) tablets*, powder
Samsca (tolvaptan) (PA) (QL) (SP)
Sensipar (cinacalcet)* (PA) (SP) (generic only)
Sermorelin Acetate (PA) (SP)
Stimate (desmopressin) (SP)
Sucraid (sacrosidase) (SP)
Synarel (nafarelin) (PA) (SP)
Xiaflex (collagenase clostridium histolyticum)
(PA) (QL) (SP)
Zavesca (miglustat) (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)
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)

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.*

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

(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)*

GASTROINTESTINAL *(cont.)*

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)*

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)
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)
Livmarli (maralixibat) (PA) (QL) (SP)
Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)
Lotronex (alosetron)* (PA)
MoviPrep (polyethylene glycol)
Ocaliva (obeticholic acid) (PA) (QL) (SP)
Rowasa (mesalamine)*
Strensiq (asfotase alfa) (PA) (SP)
Symproic (naldemedine) (PA) (QL)

GASTROINTESTINAL *(cont.)*

Miscellaneous *(cont.)*

Syprine (trientine) (PA) (SP)
Uceris (budesonide extended release)* (PA) (QL)
Urso (ursodiol)*
Veltassa (patiromer) (PA) (QL) (SP)

GENTOURINARY

BPH

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

Urinary Anesthetic

Elmiron (pentosan polysulfate sodium) (PA) (QL)

Urinary Antispasmodics

Detrol (tolterodine)*
Detrol LA (tolterodine)* (QL) (ST) (only 2 mg capsules)
Ditropan (oxybutynin)*
Ditropan XL (oxybutynin extended release)*
Enablex (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)

Miscellaneous

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

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC

Adjunctive Agents

Actimmune (interferon gamma-1b) (SP)
Aranesp (darbepoetin alfa) (SP)
Doptelet (avatrombopag) (PA) (QL) (SP)
Epogen (epoetin alfa) (SP)
Fulphila (pegfilgrastim-jmdb) (SP)
Fylnetra (pegfilgrastim-pbbk) (SP)
Granix (filgrastim) (SP)
Leucovorin (leucovorin)*
Leukine (sargramostim) (SP)
Mircera (methoxy peg-epoetin beta) (SP)
Mullepleta (lusutrombopag) (PA) (QL) (SP)
Neulasta (pegfilgrastim) (SP)
Neumega (oprelvekin) (SP)

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Adjunctive Agents *(cont.)*

Neupogen (filgrastim) (SP)
Nyvepria (pegfilgrastim-apgf) (SP)
Procrit (epoetin alfa) (SP)
Promacta (eltrombopag) (PA) (SP)
Stimufend (pegfilgrastim-fpgk) (SP)
Udenyca (pegfilgrastim-cbqv) (SP)
Zarxio (filgrastim) (SP)
Ziextenzo (pegfilgrastim-bmez) (SP)

Alkylating Agents

Alkeran (melphalan) (SP)
Cyclophosphamide capsules*, tablets (SP)
Gleostine (lomustine) (SP)
Leukeran (chlorambucil) (SP)

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC

Alkylating Agents *(cont.)*

Myleran (busulfan) (SP)
Temodar (temozolomide)* (SP)

Antiandrogens

Erleada (apalutamide) (PA) (QL) (SP)
Nubeqa (darolutamide) (PA) (QL) (SP)
Zytiga (abiraterone acetate)* (generic only; S0 copay) (PA) (QL) (SP)

Antiestrogens

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

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Antimetabolites

Hydrea (hydroxyurea)*
Purinethol (mercaptopurine)** (SP)
Purixan (mercaptopurine) (SP)
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)
Gengraf (cyclosporine)* (SP)
Hyftor (sirolimus) (PA) (QL) (SP)
Ilaris (canakinumab) (PA) (SP)
Imuran (azathioprine)*
Lupkynis (voclosporin) (PA) (QL) (SP)
Myfortic (mycophenolic acid)* (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.

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

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

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

10 (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)*

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Immunosuppressant Therapies *(cont.)*

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)
Zortress (everolimus) (SP)*

Miscellaneous Antineoplastics

Adcetris (brentuximab vedotin) (PA) (SP)
Afinitor (everolimus) (QL) (SP)* (generic only; 10 mg tablets excluded)
Alecensa (alectinib) (PA) (QL) (SP)
Alunbrig (brigatinib) (PA) (QL) (SP)
Arimidex (anastrozole)* (SP)
Aromasin (exemestane)* (SP)
Aykakit (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)
Cotellic (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)
Femara (letrozole)* (SP)
Fotivda (tivozanib) (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, 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)
Kisqali (ribociclib) (PA) (QL) (SP)
Kisqali Femara (ribociclib/letrozole) (PA) (QL) (SP)
Koselugo (selumetinib) (PA) (QL) (SP)
Kyprolis (carfilzomib) (PA) (SP)

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Miscellaneous Antineoplastics *(cont.)*

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)
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)
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)
Sandostatin (octreotide)* (SP)
Scemblix (asciminib) (PA) (QL) (SP)
Sprycel (dasatinib) (QL) (SP)
Stivarga (regorafenib) (PA) (SP)
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)
Tukysa (tucatinib) (PA) (QL) (SP)
Turalio (pexidartinib) (PA) (QL) (SP)
Tykerb (lapatinib) (SP)
Venclexta (venetoclax) (PA) (QL) (SP)
VePesid (etoposide)*
Vesanoid (tretinoin)* (SP) (only generic NDC: 00555-0808-02)
Vijoice (alpelisib) (PA) (QL) (SP)
Vitrakvi (larotrectinib) (PA) (QL) (SP)
Vonjo (pacritinib) (PA) (QL) (SP)
Votrient (pazopanib) (QL) (SP)
Welireg (belzutifan) (PA) (QL) (SP)
Xalkori (crizotinib) (PA) (SP)
Xtandi (enzalutamide) (PA) (QL) (SP)
Zejula (niraparib) (PA) (QL) (SP)
Zelboraf (vemurafenib) (PA) (QL) (SP)
Zokinvy (lonafarnib) (PA) (QL) (SP)

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Miscellaneous Antineoplastics *(cont.)*

Zolanza (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)*
Modicon (ethinyl estradiol/norethindrone)*
Nextstellis (drospirenone/estetrol) (PA) (QL)
NuvaRing (ethinyl estradiol/etonogestrel)* (only generic EluRyng)
Ogestrel (ethinyl estradiol/norgestrel)*
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)*
Phexxi (lactic acid/citric acid/potassium bitartrate)
Seasonale (ethinyl estradiol/levonorgestrel)*
Trivora (ethinyl estradiol/levonorgestrel)*
Twirla (ethinyl estradiol/levonorgestrel) (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)
Duavee (conjugated estrogens/bazedoxifene) (PA) (QL)

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.*

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

(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)*

OBSTETRICS/GYNECOLOGY

(cont.)

Estrogens/Progestins *(cont.)*

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)*
Myfembree (relugolix/estradiol/norethindrone)
(PA) (QL) (SP)
OriaHnn (elagolix/estradiol/norethindrone)
(PA) (QL) (SP)
Orgovyx (relugolix) (PA) (QL) (SP)
Orilissa (elagolix) (CC) (PA) (QL) (SP)

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*
Ocuflox (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)*

OPHTHALMIC *(cont.)*

Anti-Infective/Steroidal Combinations *(cont.)*

TobraDex (tobramycin/dexamethasone)
suspension*, ointment
Vasocidin (sodium sulfacetamide/
prednisolone)*

Anti-Inflammatory, Non-Steroidal

Acular (ketorolac)*
Ocufen (flurbiprofen)*
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)*

Cycloplegic Mydriatics

Cyclogyl (cyclopentolate)*
Isopto Atropine (atropine)*
Mydracil (tropicamide)*

Prostaglandin Agonists

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

Sympathomimetics

Alphagan P (brimonidine)*

Miscellaneous Ophthalmics

Combigan (brimonidine/timolol)*
Cosopt (dorzolamide/timolol)*
Crolom (cromolyn)*
Pilocar (pilocarpine)*
Restasis (cyclosporine) (single-use vials only)*
(CC) (PA) (QL) (SP)
Rhopressa (netarsudil) (PA) (QL)
Tyrvaya (varenicline solution) (PA) (QL) (SP)
Upneeq (oxymetazoline) (PA) (QL) (SP)
Verkazia (cyclosporine) (PA) (QL) (SP)

OPHTHALMIC *(cont.)*

Miscellaneous Ophthalmics *(cont.)*

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*

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.

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

(PA)—Indicates the drug requires prior authorization.

(CC)—Copay Card

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

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

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

Drug Formulary Medications Alphabetically

A

Abilify (aripiprazole) tablets* (QL)
Abilify Maintena (aripiprazole) (PA)
Accolate (zafirlukast)*
Accuneb (albuterol) inhalation solution*
Accupril (quinapril)*
Accuretic (quinapril/hydrochlorothiazide)*
Actemra (tocilizumab) (PA) (QL) (SP)
Acthar (corticotropin) (PA) (QL) (SP)
Actimmune (interferon gamma-1b) (SP)
Actonel (risedronate) (QL)
Actoplus Met (pioglitazone/metformin) tablets*
Actos (pioglitazone)* (QL)
Acular (ketorolac)*
Adacel (diphtheria/tetanus toxoids/acellular pertussis) (S0 copay; for members ≥ 7 years of age)
Adalat CC (nifedipine extended release)*
Adbry (tralokinumab) (PA) (QL) (SP)
Adecetris (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)
Adlyxin (lixisenatide) (PA) (QL)
Admelog (insulin human lispro) (PA) (Humalog 100 units/mL preferred)
Advair Diskus (fluticasone/salmeterol)*
Advair HFA (fluticasone/salmeterol)*
Advate (antihemophilic factor) (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)
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; S0 copay)
Ajovy (fremanezumab-vfrm) (CC) (PA) (QL) (SP)
Akynzeo (netupitant/palonosetron) (PA) (QL)
Aldactazide (spironolactone/hydrochlorothiazide)*
Aldactone (spironolactone)*
Aldara (imiquimod)* (QL)
Aldomet (methyl dopa)*
Aldoril (methyl dopa/hydrochlorothiazide)*
Alecensa (alecetinib) (PA) (QL) (SP)
Alinia (nitazoxanide)* (tablets only)
Alkeran (melphalan) (SP)
Alphagan P (brimonidine)*
Altace (ramipril)*
Alunbrig (brigatinib) (PA) (QL) (SP)
Alupent (metaproterenol) syrup*, tablet*
Alyq (tadalafil)* (PA) (QL) (SP)
Amaryl (glimperide)*
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)*

A (cont.)

Angeliq (estradiol/drospirenone) (PA) (QL)
Ansaïd (flurbiprofen)*
Antabuse (disulfiram)*
Antara (fenofibrate capsules)
Antivert (meclizine)* (50 mg tablets excluded)
Anusol-HC (hydrocortisone) cream*
Anzemet (dolasetron) (QL)
Apidra (insulin human glulisine) (PA) (Humalog 100 units/mL preferred)
Aprestone (hydralazine)*
Apretude (cabotegravir) (PA) (QL) (SP)
Apriso (mesalamine)*
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
Aricept (donepezil)*
Arimidex (anastrozole)* (SP)
Aristada (aripiprazole) (PA) (SP)
Aristocort (triamcinolone) cream*, ointment* (QL)
Arixtra (fondaparinux)*
Arnuity Ellipta (fluticasone) (QL)
Aromasin (exemestane)* (SP)
Artane (trihexphenidyl)*
Arthrotec (diclofenac sodium delayed release/misoprostol)*
Asacol HD (mesalamine)* (QL)
Asmanex (mometasone) inhaler
Astagrag 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)*
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)*
Ayyakit (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)

B (cont.)

Baraclude (entecavir) (SP)
Basaglar (insulin human glargine) (PA) (Lantus preferred)
Baqsimi (glucagon) (QL)
Benadryl (diphenhydramine)* (50 mg only)
Benemid (probenecid)*
Benlysta (belimumab) (SP) (PA)
Bentyl (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)
Biaxin (clarithromycin)* (extended-release tablets excluded)
Bijuva (estradiol/progesterone) (PA) (QL)
Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) (QL) (SP)
Biltricide (praziquantel)*
Bleph-10 (sulfacetamide) solution*
Blocadren (timolol)*
Boostrix (tetanus toxoids/diphtheria/acellular pertussis) (S0 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)
Briqcati (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)
Cafegot (ergotamine/caffeine)*
Calan (verapamil)*
Calan SR (verapamil extended release)*
Campral (acamprosate calcium)*
Camzyos (mavacamten) (PA) (QL) (SP)
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)*

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.

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

(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 Alphabetically (continued)

C (cont.)

Catapres (clonidine) tablet*
 Catapres-TTS (clonidine) patch*
 Cayston (aztreonam) inhalation solution (SP)
 Ceclor (cefaclor)*
 Ceftin (cefuroxime)*
 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)*
 Colcris (colchicine)
 Colestid (colestipol)*
 Colyte (polyethylene glycol/potassium/sodium)*
 Combigan (brimonidine/timolol)*
 CombiPatch (estradiol/norethindrone) (PA) (QL)
 Combivent Respimat (ipratropium/albuterol) inhaler
 Combivir (zidovudine/lamivudine)* (SP)
 Cometriq (cabozantinib) capsules (PA) (QL) (SP)
 Compazine (prochlorperazine) suppository*, tablet*
 Complera (emtricitabine/rilpivirine/tenofovir) (SP)
 Comtan (entacapone)*
 Condylox (podofilox) topical gel
 Condylox (podofilox) topical solution*
 Copaxone (glatiramer acetate)* (PA) (QL) (SP)
 Copegus (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) (excluded for Psoriasis)
 Cosopt (dorzolamide/timolol)*
 Cotellic (cobimetinib) (PA) (QL) (SP)
 Coumadin (warfarin)**
 Cozaar (losartan)*
 Creon (amylase/lipase/protease)
 Crestor (rosuvastatin)* (QL)
 Crixivan (indinavir) (SP)
 Crolom (cromolyn)*

C (cont.)

Cuprime (penicillamine)* (PA) (QL) (SP)
 Cutivate (fluticasone) cream*, lotion*, ointment*
 Cuvposa (glycopyrrolate) (PA)
 Cycllessa (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)
 Daurismo (glasdegib) (PA) (QL) (SP)
 DDAVP (desmopressin acetate)*
 Decadron (dexamethasone)*
 Decadron (dexamethasone) solution*
 Deltasone (prednisone)*
 Delzicol (mesalamine)* (ST)
 Demadex (torsemide)*
 Demerol (meperidine)*
 Depakene (valproic acid)*
 Depakote (divalproex)*
 Depo-Provera (medroxyprogesterone)*
 Depen Titratabs (penicillamine)* (PA) (QL) (SP)
 Derma-smoothe (fluocinonone)* 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) cream*, gel* (PA)
 Difidac (fidaxomicin) (ST)
 Diflucan (fluconazole) tablet*, suspension*
 Dilantin (phenytoin)**
 Dilaudid (hydromorphone)*
 Diovan (valsartan)* (except 320 mg tablets) (ST)
 Diovan HCT (valsartan/hydrochlorothiazide)* (ST)
 Diprolene (augmented betamethasone dipropionate) cream*, gel*, ointment*
 Diprolene AF (augmented betamethasone dipropionate) cream*
 Diprosone (betamethasone dipropionate) cream*
 Ditropan (oxybutynin)*
 Ditropan XL (oxybutynin extended release)*
 Diuril (chlorothiazide)*
 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)
 Drisdol (ergocalciferol)*
 Drysol (aluminum chloride hexahydrate)*
 Drysol Dab-O (aluminum chloride hexahydrate)*
 Duavee (conjugated estrogens/bazedoxifene) (PA) (QL)
 Duetact (pioglitazone/glimepiride) tablets*

D (cont.)

Duoneb (ipratropium/albuterol)*
 Duragesic (fentanyl)*
 Duricef (cefadroxil) capsule*
 Dupixent (dupilumab) (PA) (QL) (SP)
 Dyazide (triamterene/hydrochlorothiazide)*
 Dynapen (dicloxacillin)*
E
 E.E.S. (erythromycin ethylsuccinate)*
 Easprin (aspirin)* (PA)
 Edurant (rilpivirine) (SP)
 Effexor (venlafaxine)*
 Effexor XR (venlafaxine extended-release) capsules*, tablets* (PA) (QL)
 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)
 Enablex (darifenacin)*
 Enbrel (etanercept) (PA) (QL) (SP) (excluded for Psoriasis)
 Engerix-B 20 mcg/mL [hepatitis B vaccine (recombinant)] (S0 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)
 Epanova (omega-3 carboxylic acids) (restricted to Cardiology) (QL)
 Eplclusa (sofosbuvir/velpatasvir)* (PA) (QL) (SP) (generic only)
 Epidiolex (cannabidiol) (PA) (SP)
 Epogen (epoetin alfa) (SP)
 Epzicom (abacavir/lamivudine) (SP)*
 Equanil (meprobamate)*
 Erivedge (vismodegib) (PA) (SP)
 Erleada (apalutamide) (PA) (QL) (SP)
 Erycette (erythromycin) pads* (QL)
 Eryderm (erythromycin) topical solution* (QL)
 Erygel (erythromycin) topical gel* (QL)
 EryPed (erythromycin ethylsuccinate)*
 Ery-Tab (erythromycin)*
 Erythromycin 5 mg/g ointment*
 Esbriet (pirfenidone) (PA) (QL) (SP)*
 Eskalith (lithium carbonate)*
 Estrace (estradiol)*
 Estrace (estradiol) vaginal cream
 Estrostep Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*
 Eulexin (flutamide)*
 Evenity (romosozumab) (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.

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

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

(SP)—Indicates the drug is a specialty product.
 (ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

E (cont.)

Evista (raloxifene)*
Evoxac (cevimeline)*
Evsydi (risdiplam) (PA) (QL) (SP)
Exelon (rivastigmine)*
Exforge (amlodipine/valsartan)*
Exjade (deferasirox)* (PA) (SP)
Exkivity (mobocertinib) (PA) (QL) (SP)
Extavia (interferon beta-1b) (PA) (SP)

F

Famvir (famciclovir)* (QL)
Fanapt (iloperidone) (PA) (QL)
Fareston (toremifene)* (SP)
Farxiga (dapagliflozin) (PA) (QL)
Farydak (panobinostat) (PA) (QL) (SP)
Fasenra (benralizumab) pens, prefilled syringes (PA) (QL) (SP)
Faslodex (fulvestrant)*
Felbatol (felbamate)*
Feldene (piroxicam)*
Femara (letrozole)* (SP)
FemHRT (ethinyl estradiol/norethindrone)*
Fensolvi (leuprolide) (PA) (QL) (SP)
Fiasp (insulin human aspart) (PA) (Humalog 100 units/mL preferred)
Finacea (azelaic acid) gel*
Firazyr (icatibant) (PA) (SP)
Firdapse (amifampridine) (PA) (QL) (SP)
First-Lansoprazole suspension (for members < 1 year of age only)
First-Omeprazole suspension (for members < 1 year of age only)
Flagyl (metronidazole)*
Flector (diclofenac epolamine)* (PA) (QL)
Flexeril (cyclobenzaprine)* (except 7.5 mg tablets)
Flolan (epoprostenol)* (SP)
Flomax (tamsulosin)*
Florinef (fludrocortisone)*
Florinef (fludrocortisone)*
Fluorouracil solution* (QL)
Flovent HFA (fluticasone) inhaler
Floxin Otic (ofloxacin)*
FML (fluorometholone) 0.1% solution*
Focalin (dexamethylphenidate)*
Folic Acid*
Forteo (teriparatide) (PA) (QL) (SP)
Fortical (calcitonin)*
Fosamax (alendronate)* (QL)
Fotivda (tivozanib) (PA) (QL) (SP)
Fulphila (pegfilgrastim-jmdb) (SP)
Fuzeon (enfuvirtide) (SP)
Fycempa (perampanel) (CC) (PA) (QL) (SP)
Fynlentra (pegfilgrastim-pbbk) (SP)

G

Gabitril (tiagabine)*
Garamycin (gentamicin)*
Gardasil 9 [human papillomavirus vaccine (9-valent)] (S0 copay; for members 9-45 years of age)
Gattex (teduglutide) (PA) (QL) (SP)
Gavreto (pralsetinib) (PA) (QL) (SP)
Gengraf (cyclosporine)* (SP)
Genotropin (somatotropin) (PA) (SP)
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) (QL) (SP)
Geodon (ziprasidone)*
Gilenya (fingolimod) (PA) (SP)
Gilotrif (afatinib) (PA) (SP)

G (cont.)

Glatopa* (PA) (QL) (SP)
Gleevec (imatinib)* (PA) (QL) (SP) (generic only)
Gleostine (lomustine) (SP)
Glucagen (glucagon) (QL)
Glucagon Emergency Kit (glucagon)* (QL)
Glucophage (metformin)*
Glucophage XR (metformin extended release)*
Glucotrol (glipizide)*
Glucotrol XL (glipizide extended release)*
Glucovance (glyburide/metformin)*
Glynase (glyburide)*
Glyxambi (empagliflozin/linagliptin) (QL) (ST) (Farxiga or Jardiance preferred)
GoLYTELY (polyethylene glycol-electrolyte solution)*
Granix (filgrastim) (SP)
Grastek (timothy grass pollen allergen extract) (PA) (QL)
Gvoke (glucagon) (QL)

H

Haegarda (C1 inhibitor) (PA) (SP)
Halcion (triazolam)*
Haldol (haloperidol)*
Harvoni (ledipasvir/sofosbuvir)* (PA) (QL) (SP) (generic only)
Hepsera (adefovir)* (SP)
Humalog (insulin human lispro)
Humalog Mix 50/50 (insulin human lispro NPL/lispro)
Humalog Mix 75/25 (insulin human lispro NPL/lispro)
Humatin (paromomycin)*
Humatrope (somatotropin) (PA) (SP) (ST)
Humira (adalimumab) (PA) (SP)
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)
Hycamtin (topotecan) (PA) (QL) (SP)
Hydrea (hydroxyurea)*
HydroDIURIL (hydrochlorothiazide)*
Hygroton (chlorthalidone)*
Hytone (hydrocortisone) cream*, lotion*, ointment* (QL)
Hytrin (terazosin)*
Hyftor (sirolimus) (PA) (QL) (SP)
Hyzaar (losartan/hydrochlorothiazide)*

I

Ibrance (palbociclib) (PA) (QL) (SP)
Ibsrela (tenapanor) (PA) (QL)
Iclusig (ponatinib) tablets (PA) (SP)
Ilaris (canakinumab) (PA) (SP)
Ilumya (tildrakizumab) (PA) (QL) (SP)
Ilotycin (erythromycin)*
Iluvien (fluocinolone) (PA) (SP)
Imbruvica (ibrutinib) capsules, tablets 420 mg, tablets 560 mg (PA) (QL) (SP)
Imdur (isosorbide mononitrate)*
Imitrex (sumatriptan) injection*, nasal spray*, tablet* (QL)
Imodium (loperamide)*
Impavido (miltefosine) (PA) (QL) (SP)
Imuran (azathioprine)*
Imuran (azathioprine)*
Incivek (telaprevir) (SP)
Increlex (mecasermin) (PA) (SP)
Incruse Ellipta (umeclidinium bromide) (QL)
Inderal (propranolol)*
Indocin (indomethacin)*

I (cont.)

Ingrezza (valbenazine) (PA) (QL) (SP)
Inlyta (axitinib) (PA) (QL) (SP)
Inqovi (decitabine/cedazuridine) (PA) (QL) (SP)
Inrebic (fedratinib) (PA) (QL) (SP)
Inspra (eplerenone)*
Intal (cromolyn sodium) inhalation solution*
Intelence (etravirine) (SP)
Intron A (interferon alfa-2b) (SP)
Intuniv (guanfacine extended release)
Invega (paliperidone extended release)
Invirase (saquinavir) (SP)
Invokamet (canagliflozin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)
Invokamet XR (canagliflozin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)
Invokana (canagliflozin) (PA) (QL) (Farxiga or Jardiance preferred)
Iressa (gefitinib) (PA) (QL) (SP)
Isentress (raltegravir) (SP)
Isordil (isosorbide dinitrate)* (except 40 mg tablets)
Isturisa (osilodrostat) (PA) (QL) (SP)

J

Jadenu (deferasirox)*** (PA) (SP)
Jakafi (ruxolitinib) (PA) (SP)
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)
Jentaduetto (linagliptin/metformin) (QL) (ST) (Alogliptin preferred)
Jentaduetto XR (linagliptin/metformin) (QL) (ST) (Alogliptin preferred)
Juxtapid (lomitapide) (PA) (SP)
Jynarque (tolvaptan) (PA) (QL) (SP)

K

Kalbitor (ecallantide) (PA) (SP)
Kaletra (lopinavir/ritonavir)* solution (SP)
K-Dur (potassium chloride)*
Kalydeco (ivacaftor) (PA) (QL) (SP)
Kazano (alogliptin/metformin)* (QL) (ST)
Keflex (cephalexin)*
Kenalog (triamcinolone) lotion*
Keppra (levetiracetam)*
Keppra XR (levetiracetam)*
Kerendia (finerenone) (PA) (QL)
Kevzara (sarilumab) (PA) (QL) (SP)
Kesimpta (ofatumumab) (PA) (QL) (SP)
Kineret (anakinra) (PA) (SP)
Kisqali (ribociclib) (PA) (QL) (SP)
Kisqali Femara (ribociclib/letrozole) (PA) (QL) (SP)
Kitabis Pak (tobramycin) inhalation solution* (PA) (SP)
Klaron (sulfacetamide)*
Klisyri (tirbanibulin) (PA) (QL) (SP)
Klonopin (clonazepam)*
Klor-Con (potassium chloride)*
K-Lyte (potassium bicarbonate/citrate)*
Kombiglyze XR (saxagliptin/metformin) (QL) (ST) (Alogliptin preferred)
Korlym (mifepristone) (PA) (SP)
Koselugo (selumetinib) (PA) (QL) (SP)
Kuvan (sapropterin) (PA) (SP)
Kwell (lindane) lotion*, shampoo*
Kyprolis (carfilzomib) (PA) (SP)
Kytril (granisetron)* (QL)

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.

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

(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 Alphabetically (continued)

L

Lamictal (lamotrigine)*
 Lamictal ODT (lamotrigine orally disintegrating tablets)*
 Lamictal XR (lamotrigine extended release)*
 Lampit (nifurtimox) (PA) (QL) (SP)
 Lanoxin (digoxin) tablet**
 Lantus (insulin human glargine)
 Lariam (mefloquine)*
 Lasix (furosemide)*
 Latuda (lurasidone) (PA) (QL)
 Lenvima (lenvatinib) (PA) (QL) (SP)
 Lescol (fluvastatin immediate release)* (ST)
 Lescol XL (fluvastatin extended release)* (ST)
 Lessina (ethinyl estradiol/levonorgestrel)*
 Letairis (ambrisentan)* (PA) (QL) (SP)
 Leucovorin (leucovorin)*
 Leukeran (chlorambucil) (SP)
 Leukine (sargramostim) (SP)
 Levaquin (levofloxacin)*
 Levid (hyoscyamine)*
 Levemir (insulin human detemir) (PA) (Lantus preferred)
 Levora (ethinyl estradiol/levonorgestrel)*
 Levothyroid (levothyroxine) (only tablets)**
 Levsin (hyoscyamine)*
 Lexapro (escitalopram)* (QL)
 Librax (chlordiazepoxide/clidinium)* (QL) (only generic NDCs: 67877-0731-01, 60219-1677-01)
 Librium (chlordiazepoxide)*
 Lidex (fluocinonide) 0.05% cream*, solution* (QL)
 Lidoderm (lidocaine) patch* (PA)
 Lioresal (baclofen)* (except 5 mg tablets)
 Lipitor (atorvastatin)* (QL)
 (mandatory tablet splitting)
 Lipofen (fenofibrate)*
 Lithobid (lithium carbonate extended release)*
 Lithotabs (lithium carbonate)*
 Livtency (maribavir) (PA) (QL) (SP)
 Livmarli (maralixibat) (PA) (QL) (SP)
 Lo/Ovral (ethinyl estradiol/norgestrel)*
 Lodine immediate-release (etodolac)* (only 200 mg capsules, 400 mg tablets, 500 mg tablets)
 Loestrin (ethinyl estradiol/norethindrone)*
 Loestrin 24 Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*
 Loestrin Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*
 Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)
 Lomotil (diphenoxylate/atropine)*
 Lonhala Magnair (glycopyrrolate) (PA) (QL)
 Loniten (minoxidil) tablet*
 Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)
 Lopid (gemfibrozil)*
 Lopressor (metoprolol)*
 Lorbreina (lorlatinib) (PA) (QL) (SP)
 Lortab (hydrocodone/acetaminophen) elixir*, tablets* (QL)
 Lotemax (loteprednol)*
 Lotensin (benazepril)*
 Lotensin HCT (benazepril/hydrochlorothiazide)*
 Lotrel (amlodipine/benazepril)*
 Lotrisone (clotrimazole/betamethasone) cream*
 Lotronex (alosetron)* (PA)
 Lovaza (omega-3-acid ethyl esters)* (restricted to Cardiology) (QL)
 Lovenox (enoxaparin)*
 Loxitane (loxapine)*

L (cont.)

Lozol (indapamide)*
 Lucemyra (lofexidine) (PA) (QL)
 Ludiomil (maprotiline)*
 Lumakras (sotorasib) (PA) (QL) (SP)
 Lunesta (eszopiclone)* (QL)
 Lupkynis (voclosporin) (PA) (QL) (SP)
 Lupron (leuprolide) (PA) (SP)
 Luride (sodium fluoride) chewable tablets*
 Luvox (fluvoxamine immediate-release) tablets*
 Lynparza (olaparib) (PA) (QL) (SP)
 Lyrica (pregabalin)*
 Lysodren (mitotane) (SP)
 Lysteda (tranexamic acid)* (QL)

M

Macrobid (nitrofurantoin)*
 Macrochantin (nitrofurantoin)* (oral suspension excluded; 25 mg capsules excluded for members 12 years of age and older)
 Marinol (dronabinol)* (PA)
 Mavenclad (cladribine) (PA) (QL) (SP)
 Mavik (trandolapril)*
 Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)
 Maxalt/Maxalt-MLT (rizatriptan)* (QL)
 Maxitrol (dexamethasone/neomycin/polymixin B)*
 Maxzide (triamterene/hydrochlorothiazide)*
 Mayzent (siponimod) (PA) (QL) (SP)
 Medrol (methylprednisolone)*
 Megace (megestrol) (except 625 mg/5 mL solution)*
 Mekinist (trametinib) (PA) (QL) (SP)
 Mektovi (binimetinib) (PA) (QL) (SP)
 Mellaril (thioridazine)*
 Menactra [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay)
 MenQuadFi [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay)
 Menveo [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; for members ≤ 2 years of age)
 Mephyton (phytonadione)
 Metadate CD (methylphenidate extended release)*
 Methergine (methylergonovine)*
 Metrocream (metronidazole)*
 MetroGel (metronidazole)* (PA except 0.75% strength)
 MetroGel Vaginal (metronidazole)*
 Metroliotion (metronidazole)* (PA)
 Mestinon Timespan (pyridostigmine extended-release)*
 Mestinon (pyridostigmine)*
 Mevacor (lovastatin)*
 Mexitil (mexiletine)*
 Micardis (telmisartan)* (ST)
 Micardis HCT (telmisartan/hydrochlorothiazide)* (ST)
 Micronase (glyburide)*
 Micronor (norethindrone)*
 Midamor (amiloride)*
 Migranal (dihydroergotamine)* (PA) (QL)
 Minipress (prazosin)*
 Minitran (nitroglycerin) patches*
 Minivelle (estradiol)*
 Minocin (minocycline) capsule*
 Mirapex (pramipexole)*
 Mirapex ER (pramipexole extended release)*
 Mircera (methoxy peg-epoetin beta) (SP)
 Mircette (ethinyl estradiol/desogestrel)*
 Mobic (meloxicam)*
 Modicon (ethinyl estradiol/norethindrone)*

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)
 MoviPrep (polyethylene glycol)
 MS Contin (morphine extended release)*
 MS IR (morphine) tablets*, solution*
 Multaq (dronedaron) (restricted to Cardiology)
 Mulpleta (lusutrombopag) (PA) (QL) (SP)
 Mycapssa (octreotide) (PA) (QL) (SP)
 Mycelex 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)*
 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/estretrol) (PA) (QL)
 Niaspan (niacin extended release)*
 Nilandron (nilutamide)
 Nimodipine capsules* (PA) (QL)
 Ninlaro (ixazomib) (PA) (QL) (SP)
 Nitro-Bid (nitroglycerin) ointment
 Nitro-Dur (nitroglycerin) patches*
 Nitrolingual (nitroglycerin) spray*
 Nitrostat (nitroglycerin) SL tablets
 Nizoral (ketoconazole)*
 Nizoral (ketoconazole) cream* (QL)
 Nolvadex (tamoxifen)*
 Norco (hydrocodone/acetaminophen)* (QL)
 Norditropin (somatotropin) (PA) (SP)
 Norflex (orphenadrine)*
 Norpace (disopyramide)*
 Norpace CR (disopyramide)

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.

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

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

(SP)—Indicates the drug is a specialty product. (ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

N (cont.)

Norpramin (desipramine)*
Northera (droxidopa)* (PA) (QL) (SP)
Norvasc (amlodipine)*
Norvir (ritonavir) (SP)
Nourianz (istradefylline) (CC) (PA) (QL) (SP)
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)
Nuzya (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)*
Oceflox (ofloxacin)*
Ocupress (carteolol)*
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)*
Olumiant (baricitinib) (PA) (QL) (SP)
Olysio (simeprevir) (PA) (QL) (SP)
Omnicef (cefdirinir)*
Omnitrope (somatropin) (PA) (SP) (ST)
Onfi (clobazam)* (PA) (SP) (generic only)
Onglyza (saxagliptin) (Alogliptin preferred) (ST)
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)
Oriaahn (elagolix/estradiol/norethindrone)
(PA) (QL) (SP)
Orilissa (elagolix) (CC) (PA) (QL) (SP)
Orkambi (lumacaftor/ivacaftor) (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)*

O (cont.)

Oseni (alogliptin/pioglitazone)* (QL) (ST)
Otezla (apremilast) (PA) (QL) (SP)
Otrexup (methotrexate injection) (PA) (QL)(SP)
Oxbryta (voxelotor) (PA) (QL) (SP)
Oxsofalen-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)
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 (tranlycypromine)*
Paxil (paroxetine)*
Pegasys (peginterferon alfa-2a) (PA) (SP)
Pegintron (peginterferon alfa-2b) (PA) (SP)
Pemazyre (pemigatinib) (PA) (QL) (SP)
Pen-Vee K (penicillin VK)*
Pennsaid (diclofenac sodium solution)* (PA)
(only 1.5% solution)
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)
Phenergan (promethazine)*
Phenobarbital (phenobarbital)*
Phexxi (lactic acid/citric acid/potassium bitartrate)
PhosLo (calcium acetate)*
Pilocar (pilocarpine)*
Piqray (alpelisib) (PA) (QL) (SP)
Plan B One Step (levonorgestrel)*
Plaquenil (hydroxychloroquine)* (QL)
Plavix (clopidogrel)*
Plegridy (peginterferon beta-1a) (PA) (SP)
Plendil (felodipine extended release)*
Pletal (cilostazol)*
Pneumovax-23 (pneumococcal polysaccharide)
(S0 copay; for members ≥ 65 years of age) (QL)
Poly-Vi-Flor
Poly-Vi-Flor with Iron
Polysporin (bacitracin/polymyxin B)*
Polytrim (trimethoprim/polymyxin B)*
Pomalyst (pomalidomide) (PA) (QL) (SP)
Ponvory (ponesimod) (PA) (QL) (SP)
Praluent (alirocumab) (CC) (PA) (QL) (SP) (only
NDCs: 72733-5901-02, 72733-5902-02)
Prandin (repaglinide)*
Pravachol (pravastatin)*
Precose (acarbose)*
Pred Forte (prednisolone acetate)*
Prefest (estradiol/norgestimate) (PA) (QL)
Prelone (prednisolone) syrup*
Premarin (conjugated estrogens) tablets,
vaginal cream

P (cont.)

Premphase (conjugated estrogens/
medroxyprogesterone) (PA) (QL)
Prempro (conjugated estrogens/
medroxyprogesterone) (PA) (QL)
Prenatal Plus*
Pevnar-13 (pneumococcal conjugate) (\$0 copay;
for members ≥ 2 months-18 years of age) (QL)
Pevnar-20 (pneumococcal conjugate) (\$0 copay;
for members ≥ 65 years of age) (QL)
Prevpac (lansoprazole, amoxicillin, and
clarithromycin)*
Prevymis (letermovir) (PA)(QL) (SP)
Prezista (darunavir) (SP)*
Priftin (rifapentine)
Principen (ampicillin)*
Prinivil (lisinopril)*
Prinzide (lisinopril/hydrochlorothiazide)*
Pro-Banthine (propantheline)*
ProAir HFA (albuterol) inhaler*
Proamatine (midodrine)*
Pravachol (pravastatin)*
Precose (acarbose)*
Procardia XL (nifedipine extended release)*
Procrit (epoetin alfa) (SP)
Prograf (tacrolimus)* (SP)
Prolia (denosumab) (PA) (SP)
Prolixin (fluphenazine)*
Proloprim (trimethoprim)*
Promacta (eltrombopag) (PA) (SP)
Propylthiouracil (propylthiouracil)*
Proscar (finasteride)*
Protopic (tacrolimus)* (QL)
Proventil (albuterol) inhalation solution*
Proventil (albuterol) tablet*, syrup*
Proventil HFA (albuterol) inhaler*
Provera (medroxyprogesterone)*
Provigil (modafinil)*
Prozac (fluoxetine)*
Pulmicort (budesonide) inhaler
Pulmicort Respules (budesonide)*
Pulmozyme (dornase alfa) inhalation solution (SP)
Purified Cortrophin Gel (corticotropin) (PA)
(QL) (SP)
Purinethol (mercaptapurine)** (SP)
Purixan (mercaptapurine) (SP)
Pyrazinamide (pyrazinamide)*

Q

Qbrexza (glycopyrronium) (PA) (QL) (SP)
Qelbree (viloxazine) (PA) (QL)
Qinlock (ripiretinib) (PA) (QL) (SP)
Questran (cholestyramine)*
Questran Light (cholestyramine)*
Qulipta (atogepant) (PA) (QL) (SP)
Qvar (beclomethasone) inhaler

R

Radicava (edaravone) ORS oral suspension (PA)
(QL) (SP)
Ragwitek (ragweed pollen allergen extract) (PA) (QL)
Ranexa (ranolazine)* (PA) (QL)
Rapaflo (silodosin)*
Rapamune (sirolimus)* (SP)
Rasuvo (methotrexate injection) (PA) (QL) (SP)
Razadyne (galantamine)*
Rebetol (ribavirin)* (SP)
Rebif (interferon beta-1a) (PA) (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.

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

(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 Alphabetically (continued)

R (cont.)

Recorlev (levoketoconazole) (PA) (QL) (SP)
 Reglan (metoclopramide)*
 Regranex (becaplermin) (SP) (QL)
 Relafen (nabumetone)*
 Relpax (eletriptan)* (QL)
 Remeron (mirtazapine)*
 Remodulin (treprostinil)* (PA) (SP) (generic only)
 Renagel (sevelamer)*
 Renvela (sevelamer) tablets*, powder
 Repatha (evolocumab) (CC) (PA) (QL) (SP)
 Requip (ropinirole)*
 Requip XL (ropinirole extended release)*
 Rescriptor (delavirdine) (SP)
 Restasis (cyclosporine) (single-use vials only)*
 (CC) (PA) (QL) (SP)
 Restoril (temazepam)* (PA except 15 mg and 30 mg strengths) (QL)
 Retevmo (selpercatinib) (PA) (QL) (SP)
 Retin-A (tretinoin) gel* (QL)
 Retrovir (zidovudine)* (SP)
 Revatio (sildenafil)* (PA) (SP) (generic only)
 ReVia (naltrexone)*
 Revlimid (lenalidomide) (PA) (QL) (SP)
 Rezurock (belumosudil) (PA) (QL) (SP)
 Reyataz (atazanavir) (SP)
 Reyvow (lasmiditan) (CC) (PA) (QL) (SP)
 Rheumatrex (methotrexate)
 Rifadin (rifampin)*
 Rilutek (riluzole)* (SP)
 Rinvoq (upadacitinib) (PA) (QL) (SP)
 Risperdal (risperidone)*
 Ritalin (methylphenidate)*
 Ritalin LA (methylphenidate extended release)*
 Ritalin-SR (methylphenidate extended release)*
 Robaxin (methocarbamol)*
 Rocaltrol (calcitriol)*
 Rowasa (mesalamine)*
 Rozlytrek (entrectinib) (PA) (QL) (SP)
 Rubraca (rucaparib) (PA) (QL) (SP)
 Ruconest (recombinant C1 inhibitor) (PA) (QL) (SP)
 Rukobia (fostemsavir) (PA) (QL) (SP)
 Ruzurgi (amifampridine) (PA) (QL) (SP)
 Rybelsus (semaglutide) (PA) (QL)
 Rydapt (midostaurin) (PA) (QL) (SP)
 Rythmol (propafenone)*
 Rythmol SR (propafenone extended release)*

S

Sabril (vigabatrin)* (PA) (SP)
 Saizen (somatropin) (PA) (SP) (ST)
 Samsca (tolvaptan) (PA) (QL) (SP)
 Sanctura (trospium)*
 Sanctura XR (trospium extended release)*
 Sandimmune (cyclosporine) capsules*, solution (SP)
 Sandostatin (octreotide)* (SP)
 Saphris (asenapine) (PA) (QL)*
 Savella (milnacipran) (PA) (QL)
 Seasonale (ethinyl estradiol/levonorgestrel)*
 Scemblix (asciminib) (PA) (QL) (SP)
 Sectral (acebutolol)*
 Secuado (asenapine) (PA) (QL)
 Segluromet (ertugliflozin/metformin) (PA) (QL)
 (Farxiga or Jardiance preferred)
 Selsun Rx (selenium sulfide) shampoo*
 Selzentry (maraviroc) (SP)
 Semglee (insulin human glargine-yfgn)*

S (cont.)

Sensipar (cinacalcet)* (PA) (SP) (generic only)
 Serax (oxazepam)*
 Serevent Diskus (salmeterol)
 Sermorelin Acetate (PA) (SP)
 Seroquel (quetiapine)*
 Seroquel XR (quetiapine extended-release)* (QL)
 Serostim (somatropin) (PA) (SP) (ST)
 Serpasil (reserpine)*
 Shingrix (zoster vaccine recombinant, adjuvanted) (\$0 copay; for members ≥ 50 years of age) (QL)
 Silvadene (silver sulfadiazine)*
 Simponi (golimumab) (PA) (SP)
 Sinemet (carbidopa/levodopa)*
 Sinemet CR (carbidopa/levodopa extended release)*
 Sinequan (doxepin)*
 Singulair (montelukast)*
 Sivextro (tedizolid) (CC) (PA) (QL) (SP)
 Skyrizi (risankizumab-rzaa) (PA) (QL) (SP)
 Solaraze (diclofenac gel)* (PA)
 Soliqua (insulin human glargine/lixisenatide) (PA) (QL)
 Soma (carisoprodol)*
 Somavert (pegvisomant) injection (PA) (SP)
 Sonata (zaleplon)* (QL)
 Soriatane (acitretin)* (SP)
 Sovaldi (sofosbuvir) (PA) (QL) (SP)
 Spiriva Respimat (tiotropium) (2.5 mcg/actuation only)
 Spritam (levetiracetam) (CC) (PA) (QL) (SP)
 Spravato (esketamine) (PA) (QL) (SP)
 Sprycel (dasatinib) (QL) (SP)
 Stadol NS (butorphanol)*
 Stalevo (carbidopa/entacapone/levodopa)*
 Steglatro (ertugliflozin) (PA) (QL)
 (Farxiga or Jardiance preferred)
 Steglujan (ertugliflozin/sitagliptin) (PA) (QL)
 (Farxiga or Jardiance preferred)
 Stelara (ustekinumab) (PA) (QL) (SP)
 Stelazine (trifluoperazine)*
 Stimate (desmopressin) (SP)
 Stimufend (pegfilgrastim-fpgk) (SP)
 Stivarga (regorafenib) (PA) (SP)
 Strattera (atomoxetine)* (QL)
 Strensiq (asfotase alfa) (PA) (SP)
 Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (SP)
 Suboxone (buprenorphine/naloxone sublingual tablets)* (PA) (QL)
 Subutex (buprenorphine)* (PA)
 Sucraid (sacrosidase) (SP)
 Sular (nisoldipine extended release)*
 Sulfamylon (mafenide) cream, lotion (SP)
 Sumycin (tetracycline)*
 Sunosi (solriamfetol) (PA) (QL) (SP)
 Suprax (cefixime) capsules*, oral suspension*
 Sustiva (efavirenz)* (SP) (generic only)
 Sutent (sunitinib)* (QL) (SP)
 Sylatron (peginterferon alfa-2b) (SP)
 Symbicort (budesonide/formoterol)*
 Symdeko (tezacaftor/ivacaftor) (PA) (QL) (SP)
 SymlinPen (pramlintide)
 Symmetrel (amantadine)*
 Symproic (naldemedine) (PA) (QL)
 Synarel (nafarelin) (PA) (SP)
 Synjardy (empagliflozin/metformin) (PA) (QL)
 Synjardy XR (empagliflozin/metformin) (PA) (QL)
 Synthroid (levothyroxine) (only tablets)**
 Syprine (trientine) (PA) (SP)

T

Tabloid (thioguanine) (QL) (SP)
 Tafinlar (dabrafenib) (PA) (QL) (SP)
 Tagrisso (osimertinib) (PA) (QL) (SP)
 Takhzyro (lanadelumab-flyo) (PA) (QL) (SP)
 Taltz (ixekizumab) (PA) (QL) (SP)
 Talwin NX (pentazocine/naloxone)*
 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)
 Tavalisse (fostamatinib) (PA) (QL) (SP)
 Tazverik (tazemetostat) (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)
 Tegelrol (carbamazepine)*
 Tegelrol-XR (carbamazepine extended release)*
 Temodar (temozolomide)* (SP)
 Temovate (clobetasol) cream*, gel*, ointment*
 Temovate-E (clobetasol emollient) cream*
 Tepmetko (tepotinib) (PA) (QL) (SP)
 Tenex (guanfacine)*
 Tenivac (diphtheria/tetanus toxoids) (\$0 copay)
 Tenoretic (atenolol/chlorthalidone)*
 Tenormin (atenolol)*
 Teriparatide (PA) (QL) (SP)
 Tessalon (benzonatate)* (only 100 mg & 200 mg)
 Tev-Tropin (somatropin) (PA) (SP) (ST)
 Thalomid (thalidomide) (SP)
 Theo-Dur (theophylline)*
 Thorazine (chlorpromazine)*
 Tibsovo (ivosidenib) (PA) (QL) (SP)
 Tielid (ticlopidine)*
 Tigan (trimethobenzamide)*
 Tiglutik (riluzole) (PA) (QL) (SP)
 Tikosyn (dofetilide)*
 Timoptic (timolol)*
 Timoptic-XE (timolol)*
 Tindamax (tinidazole)*
 Tivicay (Dolutegravir) (SP)
 TOBI (tobramycin) inhalation solution* (PA) (SP)
 TOBI (tobramycin) Podhaler (PA) (SP)
 TobraDex (tobramycin/dexamethasone) suspension*, ointment
 Tobrex (tobramycin) solution*
 Tofranil (imipramine)*
 Tofranil-PM (imipramine pamoate)*
 Tolectin (tolmetin)*
 Topamax (topiramate)*
 Toprol XL (metoprolol extended-release)*
 Toradol (ketorolac)* (QL)
 Toujeo (insulin human glargine) (PA) (Lantus preferred)
 Tracleer (bosentan)* (PA) (QL) (SP)
 Tradjenta (linagliptin) (Alogliptin preferred) (ST)
 Trandate (labetalol)*
 Tranxene (clorazepate)*
 Travatan Z (travoprost)
 Travoprost*
 Trelegy Ellipta (fluticasone/umeclidinium/vilanterol) (PA)

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.

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

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

(SP)—Indicates the drug is a specialty product. (ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

T (cont.)

Trental (pentoxifylline)*
Tresiba (insulin human degludec) (PA) (Lantus preferred)
Tri-Vi-Flor*
Tricor (fenofibrate)*
Trijardy XR (empagliflozin/linagliptin/metformin) (PA) (QL)
Trikafta (elexacaftor/tezacaftor/ivacaftor) (PA) (QL) (SP)
Trilafon (perphenazine)*
Trileptal (oxcarbazepine) tablets*, suspension*
Trilipix (fenofibric acid delayed release)*
Trilisate (choline magnesium trisalicylate)*
Trintellix (vortioxetine) (PA) (QL)
Trivora (ethinyl estradiol/levonorgestrel)*
Trizivir (abacavir/lamivudine/zidovudine)* (SP)
Trulicity (dulaglutide) (PA) (QL)
Trusopt (dorzolamide)*
Truvada (emtricitabine/tenofovir)* (QL) (SP)
Trijardy XR (empagliflozin/linagliptin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)
Tyrvaya (varenicline solution) (PA) (QL) (SP)
Turalio (pexidartinib) (PA) (QL) (SP)
Tudorza Pressair (aclidinium)
Tukysa (tucatinib) (PA) (QL) (SP)
Twirla (ethinyl estradiol/levonorgestrel) (PA) (QL)
Tykerb (lapatinib) (SP)
Tylenol with Codeine (acetaminophen/codeine)* (QL)
Tymlos (abaloparatide) (PA) (QL) (SP)
Tyvaso (treprostinil) (PA) (SP)
Tyzeka (telbivudine) (SP)

U

Ubrelvy (ubrogepant) (CC) (PA) (QL) (SP)
Udenyca (pegfilgrastim-cbqv) (SP)
Uceris (budesonide extended release) (PA) (QL)
Ultracet (tramadol/acetaminophen)* (QL)
Ultram (tramadol)*
Ultram ER (tramadol extended release)*
Ultravate (halobetasol) cream*, ointment*
Univasc (moexipril)*
Upneeq (oxymetazoline) (PA) (QL) (SP)
Upravi (selexipag) (PA) (SP)
Uroxatral (alfuzosin)*
Urso (ursodiol)*

V

Vagifem (estradiol vaginal inserts)* (QL)
Valcyte (valganciclovir) (SP)* (generic only)
Valium (diazepam)*
Valtoco (diazepam) (PA) (QL) (SP)
Valtrex (valacyclovir)* (QL)
Vancocin (vancomycin)*
Varubi (rolapitant) (PA) (QL)
Vascepa (icosapent ethyl) (restricted to Cardiology) 1 gm capsules* (PA) (QL)
Vaseretic (enalapril/hydrochlorothiazide)*
Vasocin (sodium sulfacetamide/prednisolone)*
Vasotec (enalapril)*
Vaxneuvance (pneumococcal conjugate) (\$0 copay; for members ≥ 6 weeks – 18 years of age) (QL)
Veltassa (patiromer) (PA) (QL) (SP)
Vemlidy (tenofovir alafenamide) (PA) (QL) (SP)
Venclexta (venetoclax) (PA) (QL) (SP)
Ventavis (iloprost) (SP)
Ventolin HFA (albuterol) inhaler*

V (cont.)

VePesid (etoposide)*
Verelan PM (verapamil extended release)*
Verkazia (cyclosporine) (PA) (QL) (SP)
Verquvo (vericiguat) (PA) (QL) (SP)
Versed (midazolam)*
Vesanoid (tretinoin)* (SP) (only generic NDC: 00555-0808-02)
VESicare (solifenacin)*
Vfend (voriconazole)* (SP)
Vibramycin (doxycycline hyclate)* (generic 50 mg, 100 mg capsules only)
Victoza (liraglutide) (PA) (QL)
Videx (didanosine) (SP)
Videx EC (didanosine)* (SP)
Viekira (ombitasvir/paritaprevir/ritonavir/dasabuvir) (PA) (QL) (SP)
Viibryd (vilazodone)* (PA) (QL)
Vijoice (alpelisib) (PA) (QL) (SP)
Vimpat (lacosamide)*
Viramune (nevirapine)* (SP)
Viramune XR (nevirapine)* (SP)
Viread (tenofovir) (SP)
Viroptic (trifluridine)*
Visken (pindolol)*
Vistaril (hydroxyzine pamoate)*
Vitekta (elvitegravir) (SP)
Vitakvi (larotrectinib) (PA) (QL) (SP)
Vivitrol (naltrexone) (PA) (QL) (SP)
Vocabria (cabotegravir) (PA) (QL) (SP)
Voltaren (diclofenac)*
Voltaren (diclofenac) solution*
Vonjo (pacritinib) (PA) (QL) (SP)
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (PA) (QL) (SP)
Vosol (acetic acid)*
Vosol HC (acetic acid/hydrocortisone)*
Vospire ER (albuterol extended release) tablet*
Voquezna Dual Pak (vonoprazan/amoxicillin) (PA) (QL)
Voquezna Triple Pak (vonoprazan/amoxicillin/clarithromycin) (PA) (QL)
Votrient (pazopanib) (QL) (SP)
Voxzogo (vosoritide) (PA) (QL) (SP)
Vraylar (cariprazine) (PA) (QL)
Vtama (tapinarof) (PA) (QL) (SP)
Vumerity (diroximel fumarate) (PA) (QL) (SP)
Vyndamax (tafamidis) (PA) (QL) (SP)
Vyndaqel (tafamidis meglumine) (PA) (QL) (SP)

W

Wakix (pitolisant) (PA) (QL) (SP)
Welchol (colesevelam)
Welireg (belzutifan) (PA) (QL) (SP)
Wellbutrin (bupropion)*
Wellbutrin SR (bupropion extended release)*
Wellbutrin XL (bupropion extended release)* (QL)
Westcort (hydrocortisone valerate) ointment*

X

Xadago (safinamide) (PA) (QL)
Xalatan (latanoprost)*
Xalkori (crizotinib) (PA) (SP)
Xanax (alprazolam)*
Xarelto (rivaroxaban) (QL)
Xcopri (cenobamate) (PA) (QL) (SP)
Xeljanz (tofacitinib) (PA) (QL) (SP)

X (cont.)

Xeljanz XR (tofacitinib) (PA) (QL) (SP)
Xeloda (capecitabine)* (PA) (SP)
Xenazine (tetrabenazine)* (SP)
Xgeva (denosumab) (PA) (SP)
Xiaflex (collagenase clostridium histolyticum) (PA) (QL) (SP)
Xifaxan (rifaximin) (PA) (SP)
Xiidra (lifitegrast) (CC) (PA) (QL) (SP)
Xolair (omalizumab) (prefilled syringes only) (PA) (QL) (SP)
Xopenex (levabuterol)*
Xtandi (enzalutamide) (PA) (QL) (SP)
Xulane (ethinyl estradiol/norelgestromin)* (QL)
Xylocaine (lidocaine) 2% gel*
Xyrem (sodium oxybate) (PA) (QL) (SP)
Xywav (calcium, magnesium, potassium, and sodium oxybates) (PA) (QL) (SP)

Y

Yasmin (ethinyl estradiol/drospirenone)*
Yupelri (revefenacin inhalation solution) (PA) (QL)

Z

Zanaflex (tizanidine)*
Zarontin (ethosuximide)*
Zaroxolyn (metolazone)*
Zarxio (filgrastim) (SP)
Zavesca (miglustat) (SP)
Zebeta (bisoprolol)*
Zegalogue (dasiglucagon) (QL)
Zejula (niraparib) (PA) (QL) (SP)
Zelboraf (vemurafenib) (PA) (QL) (SP)
Zepatier (elbasvir/grazoprevir) (PA) (SP)
Zeposia (ozanimod) (PA) (QL) (SP)
Zerit (stavudine)* (SP)
Zestoretic (lisinopril/hydrochlorothiazide)*
Zestril (lisinopril)*
Zetia (ezetimibe)* (QL)
Ziac (bisoprolol/hydrochlorothiazide)*
Ziagen (abacavir)* (SP)
Ziextenzo (pegfilgrastim-bmez) (SP)
Zithromax (azithromycin)*
Zocor (simvastatin)*
Zofran (ondansetron)* (QL)
Zokinvy (lonafarnib) (PA) (QL) (SP)
Zolinza (vorinostat) (QL) (SP)
Zolof (sertraline)*
Zomacton (somatropin) (PA) (SP) (ST)
Zomig (zolmitriptan)* (QL)
Zonegran (zonisamide)*
Zorbtive (somatropin) (PA) (SP) (ST)
Zortress (everolimus) (SP)*
Zoryve (roflumilast) (PA) (QL) (SP)
Zovia (ethinyl estradiol/ethynodiol diacetate)*
Zovirax (acyclovir) capsule*, tablet*
Ztalmy (ganaxolone) (PA) (QL) (SP)
Zykadia (ceritinib) (PA) (QL) (SP)
Zyloprim (allopurinol)*
Zyprexa (olanzapine)*
Zytiga (abiraterone acetate)* (generic only; \$0 copay) (PA) (QL) (SP)
Zyvox (linezolid)* (QL) (generic only; oral suspension for members 0-11 years of age)

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.

***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.

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.

- Abecma (medical benefit; effective date 10/01/21)
- Abilify Maintena
- Absorica LD (effective date 04/01/20)
- Abstral
- Acne Treatments
- Actemra
- Actemra ACTPen
- Acthar gel
- Actiq
- Adacel (under 7 years of age)
- Adakveo (medical benefit; effective date 04/01/20)
- Adcetris
- Adcirca
- Adbry (effective date 07/01/22)
- Adempas
- Adlyxin
- Admelog (effective date 04/01/18)
- Adynovate (effective date 10/01/2022)
- 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)
- Alunbrig
- Alyq
- Amjevita
- Ampyra
- Amvuttra (medical benefit; effective date 10/01/2022)
- Angeliq (effective date 01/01/20)
- Apidra (effective date 03/01/18)
- Apretude (effective date 04/01/22)
- Aptiom
- Aralast NP (medical benefit)
- Arcalyst
- Aristada
- Aristada Initio
- Aspirin
- Astagraf
- Aubagio
- Austedo
- Auvelity (effective date 01/01/2023)
- 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
- 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 01/01/2023)
- Betaseron
- Bethkis
- Bijuva (effective date 01/01/20)
- 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)
- Brisdelle
- Briviact
- Brineura (medical benefit; effective date 07/01/19)
- 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 01/01/2023)
- 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 07/01/2022)
- Celebrex
- Cerdelga (effective date 10/01/21)
- Cerezyme
- Cibirgo (effective date 07/01/22)
- Cinqair¹
- Cinryze
- Cinvanti (effective date 04/01/19)
- Climara Pro (effective date 01/01/20)
- 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 6/01/18)
- 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)
- Depen Titratabs (effective date 07/01/2022)
- Descovy
- Diacomit (effective date 07/01/22)
- Diclofenac gel
- Diclofenac solution
- Differin 0.1% cream
- Differin 0.3% gel
- 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)
- Dupixent¹
- Durysta (medical benefit; effective date 10/01/20)
- Dysport (medical benefit)
- Edular (effective date 01/01/20)
- Egrifta
- Elaprase (medical benefit)
- Elelyso (medical benefit)
- Elidel Cream
- Elmiron (effective date 04/01/19)
- 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)

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)

- 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
- Epclusa
- Epidiolex (effective date 04/01/19)
- Erelzi
- Erivedge
- Erleada (effective date 6/1/2018)
- 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)¹
- Evrysdi (effective date 08/11/20)
- Exjade
- Exkivity (effective date 04/01/22)
- Extavia
- Eylea (medical benefit)
- Fabrazyme (medical benefit; effective date 10/01/18)
- Falessa
- Fanapt (effective date 04/01/20)
- Farxiga
- Farydak
- Fasenra prefilled syringes¹
- Fasenra pens¹
- Fensolvi (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
- Folutyn (medical benefit; effective date 01/01/2023)
- Forteo
- Fotivda (effective date 10/01/21)
- Fusilev (medical benefit; effective date 10/01/2022)
- 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
- Haegarda
- Harvoni
- Hectorol
- Hetlioz
- Hizentra
- Humalog U-200 (effective date 01/01/19)
- Humatrope
- Humira
- Humulin U-500 (effective date 03/01/18)
- Hycamtin
- Hyftor (effective date 10/01/2022)
- Hyqvia
- Ibrance
- Ibsrela (effective date 01/01/2023)
- Idhifa (effective date 04/01/18)
- Ilaris
- Ilumya (effective date 04/01/19)
- Iluvien (medical benefit)
- Imbruvica
- Imfinzi (medical benefit)
- Imlygic (medical benefit)
- Impavido
- Increlex
- Inflectra (medical benefit)
- Infliximab (medical benefit; effective date 07/01/2022)
- 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)
- Jadenu
- Jakafi
- Jardiance
- Jemperli (medical benefit; effective date 10/01/21)
- 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 01/01/2022)
- Kevzara
- Keytruda (medical benefit)
- Khapzory (medical benefit; effective date 10/01/2022)
- Kimmtrak (medical benefit; effective date 07/01/22)
- Kineret
- Kisqali
- Kitabis Pak
- Klarity-C Drops
- Klisryi (effective date 07/01/21)
- Korlym
- Korsuva (medical benefit; effective date 01/01/22)
- Koselugo (effective date 10/01/20)
- Krystexxa (medical benefit)
- Kuvan
- Kymriah (medical benefit)
- Kyprolis
- Lampit (effective date 04/01/21)
- Latuda (effective date 04/01/20)
- Lazanda
- Lemtrada (medical benefit)
- Lenvima
- Leqvio¹ (medical benefit; effective date 04/01/22)
- Letairis
- Levemir (effective date 03/01/18)
- Libtayo (medical benefit; effective date 04/01/19)
- Lidoderm
- Linzess
- 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
- Lorbrena (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)
- Lupkynis (effective date 04/01/21)
- Lupron
- Lutathera (effective date 04/01/19)
- Luxturna (medical benefit; effective date 01/10/18)
- Luzu
- Lynparza
- 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
- Metrolotion
- Mirvaso (effective date 01/01/19)
- Mounjaro (effective date 06/01/22)
- Monjuvi (medical benefit; effective date 01/01/21)
- Monoferic (medical benefit; effective date 07/01/21)
- Motegrity (effective date 07/01/19)
- Movantik
- Mulpleta (effective date 04/01/19)
- Mupirocin cream (effective date 1/1/20)
- 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)

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)

- Namenda XR
- Natazia
- Natpara
- Nayzilam (effective date 04/01/20)
- Nerlynx (effective date 06/01/18)
- Neupro
- Nexletol¹ (effective date 07/01/20)
- Nexlizet¹ (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)
- Nucala⁸
- Nuedexta
- Nulibry (effective date 01/01/2023)
- 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
- Olumiant (effective date 10/01/18)
- Olysio
- Omnipod 5 G6 insulin pump
- Omnipod Dash (effective date 04/01/20)
- Omnitrope
- Oncaspar (medical benefit; effective date 04/01/19)
- Onpatro (medical benefit; effective date 04/01/19)
- Onfi
- Onivyde (medical benefit)
- Opdivo (medical benefit)
- Opdualag (medical benefit; effective date 01/01/2023)
- Opsumit (effective date 04/01/20)
- Opzelura (effective date 04/01/22)
- Oralair
- Orenicia
- Orenitram (effective date 07/01/20)
- Orgovyx (effective date 10/01/2022)
- Oriahnn (effective date 04/01/22)
- Orilissa (effective date 07/01/19)
- Orkambi
- 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)
- Palforza (effective date 04/01/20)
- Pegasys
- Pegintron
- Pemazyre (effective date 10/01/20)
- Pepaxto (medical benefit; effective date 10/01/21)
- Perjeta (medical benefit)
- Picato
- Piqray (effective date 04/01/20)
- Plegridy
- Pluvicto (medical benefit; effective date 01/01/2023)
- Pneumovax-23 (under 65 years of age)
- Polivy (medical benefit; effective date 01/01/20)
- Pomalyst
- Ponvory (effective date 10/01/21)
- Portrazza (medical benefit)
- Poteligeo (medical benefit; effective date 04/01/19)
- Praluent¹
- Prefest (effective date 01/01/20)
- Premphase (effective date 01/01/20)
- PremPro (effective date 01/01/20)
- Prevmar-13 (under 2 months of age)
- Prevmar-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 10/01/2022)
- 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 10/01/2022)
- Relistor
- Remicade (medical benefit)
- Remodulin
- Renflexis (medical benefit)
- Repatha¹
- 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)
- Rezurock (effective date 01/01/22)
- Rheumatoid Arthritis Therapies
- Rhofade (effective date 01/01/19)
- Rhopressa (effective date 10/01/18)
- Rinvoq (effective date 04/01/20)
- Rituxan (medical benefit)
- Rituxan Hycela (medical benefit; effective date 04/01/19)
- 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)
- 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)
- Skyrizi intravenous injection (effective date 07/01/22)
- Skyrizi subcutaneous injection (effective date 01/01/20)
- Solaraze
- Solesta (medical benefit; effective date 01/01/2023)
- Soliqua
- Soliris (medical benefit)
- Somavert
- Soolantra
- Sorilux Foam (effective date 01/01/20)
- Spevigo (medical benefit; effective date 01/01/2023)

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)

- 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
- Suboxone
- Subsys
- Sunosi (effective date 01/01/20)
- Supprelin LA (medical benefit)
- 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)
- Tafenlar
- Tagrisso
- Takhzyro (effective date 10/01/18)
- Taltz
- 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
- Tegsedi (effective date 04/01/19)
- Temazepam 7.5 mg (effective date 01/01/20)
- Temazepam 22.5 mg (effective date 01/01/20)
- Tepezza (medical benefit; effective date 07/01/20)
- Tepmetko (effective date 10/01/21)
- Teriparatide
- Testopel (medical benefit)
- Tev-Tropin
- Tezspire (medical benefit; 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
- Topamax immediate-release sprinkle capsules
- Toujeo
- Tracleer
- Treanda (medical benefit)
- 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
- Truvada (for quantities > 30 tablets per 365 days)
- Tukysa (effective 10/01/20)
- Turalio (effective 04/01/20)
- Twirla patches (effective date 01/01/22)
- Tyblume
- Tymlos
- Tyrvaya (effective date 04/01/22)
- Tysabri (medical benefit)
- Tyvaso
- Ubrelvy (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)
- Varubi
- Vascepa
- Vaxneuvance (≥ 19-64 years of age)
- Vectibix (medical benefit; effective date 07/01/18)
- Vectical Ointment (effective date 01/01/20)
- Veltassa
- Vemlidy (effective date 01/01/21)
- Venclexta
- Venlafaxine ER Tablets
- Verkazia (effective date 04/01/22)
- Verquvo (effective date 07/01/21)
- Verzenio (effective date 04/01/18)
- Viberzi
- Victoza
- Viekira
- Viibryd
- Viojoy (effective date 10/01/2022)
- Vitrakvi (effective date 04/01/19)
- Vivitrol
- Vocabria (effective date 10/01/21)
- Vonjo (effective date 10/01/2022)
- Voquezna Dual Pak (effective date 10/01/2022)
- Voquezna Triple Pak (effective date 10/01/2022)
- Vosevi
- Voxzogo (effective date 04/01/22)
- VPRIV
- Vraylar
- Vtama (effective date 01/01/2023)
- Vumerity (effective date 04/01/20)
- Vyepi (medical benefit; effective date 07/01/20)
- Vyvgart (medical benefit; effective date 07/01/22)
- Vyndamax (effective date 04/01/20)
- Vyndaqel (effective date 04/01/20)
- Vytorin
- Wakix (effective date 04/01/20)
- Welireg (effective date 04/01/22)
- Xadago
- Xalkori
- Xcopri (effective date 10/01/20)
- Xeljanz
- Xeljanz XR
- Xeloda
- Xeomin (medical benefit)
- Xepi (effective 10/01/18)
- Xgeva
- Xifaxan
- Xigduo XR (effective 01/01/19)
- Xiidra
- Xofigo (medical benefit)
- Xolair¹
- 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)
- Zejula
- Zelboraf
- Zemaira (medical benefit)
- Zemplar
- Zepatier
- Zeposia (effective date 07/01/20)
- Zepzelca (medical benefit; effective date 01/01/21)
- Zinplava (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
- Zorbivte
- Zoryve (effective date 01/01/2023)
- Ztalmly (effective date 01/01/2023)
- Zubsolv
- Zulresso (medical benefit; effective date 07/01/19)
- Zuplenz
- Zykadia
- Zynlonta (medical benefit; effective date 10/01/21)
- Zynteglo (medical benefit; effective date 01/01/2023)
- Zytiga

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.

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
- Celebrex
- Concerta²
- Coreg CR
- Corgard
- Daypro
- Detrol LA 4 mg
- Diovan 320 mg
- Ecoza cream
- Edular
- Enstilar Foam
- Exforge HCT
- Fentora
- Focalin XR²
- Frova
- Hecitorol
- Hydrocortisone valerate 0.2% cream
- Inderal LA
- Intermezzo
- Lamisil
- Lialda
- Micardis HCT
- Pristiq
- Qudexy XR
- Retin-A cream
- Rozerem
- Sorilux Foam
- Sporanox capsules
- Taclonex ointment
- Taclonex Topical Suspension
- Tekturna
- Tekturna HCT
- Teveten
- Tribenzor
- Twynsta
- Uloric
- Vectical Ointment
- Vytorin
- Zemplar
- Zolpimist

Lifestyle Medications

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
- Daxxify
- 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
- Oral Allergy Medication
- Oral Androgen Products
- Osphena
- Penlac
- Pregnenolone
- Propecia
- Relenza
- Saxenda
- Stendra
- Targadox
- Testosterone Cypionate
- Testosterone Enanthate
- Topical Androgen Products
- Vaniqa
- Viagra
- VIBRA-TABS
- Vivlodex
- Wegovy
- Weight Control Products
- Xartemus XR
- Xerese
- Xofluza
- 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 prescription 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:

Brand Name

- Absorica
- Actigall
- Adcirca
- Adderall XR
- 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
- Eplclusa
- Epipen
- Epipen Jr.
- Flector
- Focalin XR
- Gleevec
- Harvoni 90/400 mg tablets
- Hecitorol
- Inderal LA
- Kaletra
- Lialda
- Lovaza
- Lyrica
- Nuvaring
- Onfi
- Oral Contraceptives (See Contraceptive Coverage information on page 14)
- ProAir HFA inhaler
- Prometrium
- Protopic
- Proventil HFA inhaler
- Remodulin
- Restasis dropperettes
- Retin-A Cream
- Revatio
- Sensipar
- Seroquel XR
- Stratterra
- Suboxone films
- Sustiva
- Tarceva
- Tecfidera
- Tenormin
- Tracleer 62.5 mg tablets
- Tracleer 125 mg tablets
- Truvada
- Uloric
- Ultravate
- Vagifem
- Valcyte
- Ventolin HFA inhaler
- Vibramycin
- Xopenex
- Zemplar
- Zytiga
- Zyvox

Brand and Generic Versions

- 510(k) medical devices
- Unapproved drugs
- Abecma (Rx benefit)
- Abilify MyCite
- Abilify orally disintegrating tablets
- Abilify oral solution (for members > 12 years of age)
- Acanya
- Aciphex
- Acuvue Theravision
- Acyclovir oral solution
- Aczone Gel
- Aczone Gel with Pump
- Adakveo (Rx benefit)
- Adhansia XR
- Adrenaclick
- Aduhelm
- Adzenys XR-Orally Disintegrating Tablets
- Afinitor 10 mg tablets
- AirDuo Digihaler
- Akene-mycin 2% ointment
- Aklief
- Alcortin A 1-2-1% gel
- Alcortin A 1-2-1% gel packets
- Aldurazyme (Rx benefit)
- Aliqopa (Rx benefit)
- Alkindi Sprinkle Capsules
- Allzital
- Altprev
- Altreno
- Alymsys
- Amcinonide 0.1% Cream
- Amcinonide 0.1% lotion
- Amcinonide 0.1% ointment
- Amrix
- Amondys 45
- Amvuttra (Rx benefit)
- Amzeeq
- Ana-Lex cream
- Anaprox DS
- Annovera
- Antivert 50 mg tablets
- Anucort-HC
- Anusol-HC suppositories
- Apadaz
- Aplenzin
- Apokyn
- Aptensio XR
- Aralast NP (Rx benefit)
- Arazlo
- Arestin
- ArmonAir Digihaler
- Astepro
- Atenolol+SyrSpend SF PH4 oral suspension
- Atridox
- Atrantil
- Atropine Sulfate Ophthalmic Ointment
- Autologous Cultured Chondrocytes
- 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%)
- 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
- Baclofen 5 mg tablets
- Bavencio (Rx benefit)
- Beconase AQ
- Beleodaq (Rx benefit)
- Belrapzo (Rx benefit)
- Belsomra

Brand and Generic Versions (continued)

- Bendeka (Rx benefit)
- BenzaClin
- Benzonatate 150 mg capsules
- Benzoyl Peroxide Agents
- Beovu (Rx benefit)
- Besponsa (Rx benefit)
- Betamethasone valerate 0.12% (Luxiq)
- Betaseron
- Biaxin XL
- Binosto
- Bionect
- Blincyto (Rx benefit)
- Boniva IV (Rx benefit)
- Bonjesta
- Botox (Rx benefit)
- Breyanzi (Rx benefit)
- Breztri
- Brineura (Rx benefit)
- Bryhali
- Butalbital/acetaminophen
- Butalbital/acetaminophen/caffeine
- Butalbital/acetaminophen/caffeine/codeine
- Butalbital/aspirin/caffeine
- Butalbital/aspirin/caffeine/codeine
- Byooviz (Rx benefit)
- Caduet
- Camcevi (Rx benefit)
- Capex 0.01% shampoo
- Carac 0.5% cream
- Carospir
- Carisoprodol/Aspirin/Codeine tablets
- Carticel
- Carvykti (Rx benefit)
- Casirivimab/imdevimab
- Cenovia
- Centany
- Centany AT
- Cequa
- Ceracade
- Ceramax Cream
- Chlorzoxazone 250 mg tablets
- 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 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
- Clocortolone 0.1% Cream
- 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)
- Cosentyx (only for the diagnosis of Psoriasis)
- 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)
- Dayvigo
- Denta 5000 cream
- Dentagel
- Dermasorb AF 3%-0.5% cream
- Dermazene
- Derpixa Gel
- Desonate 0.05% gel
- Desonide 0.05% Lotion
- Desoximetasone 0.05% cream
- Desoximetasone 0.05% ointment
- Dexilant
- Dextenza
- Dexycu
- Diclegis
- Diclopr
- 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
- Dulera
- Duobrii
- Duopa (Rx benefit)
- Durlaza
- Durolane
- Durysta (Rx benefit)
- Dutoprol
- Dyanavel XR
- Dymista
- Dysport (Rx benefit)
- EC-Naprosyn
- EC-Naproxen
- ED BRON GP Liquid
- Edecrin
- EEMT
- EEMT HS
- Elaprase (Rx benefit)
- Elelyso (Rx benefit)
- Eleton
- Eleton Twinpack
- 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)
- Epaned
- Epiceram
- Epiduo Gel with Pump
- Epiduo Forte Gel with Pump
- 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 (Rx benefit)
- Eysuvis
- Ezallor
- Fabior
- Fabrazyme (Rx benefit)
- Fenoprofen
- Feonyx Tablets
- Feraheme (Rx benefit)
- Finacea foam
- Fleqsuvy
- 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
- Folutyn (Rx benefit)
- Forfivo XL
- Fortamet
- Fosamax Oral Solution
- Fosamax Plus D
- Freestyle Libre diabetic test strips
- Fusilev (Rx benefit)
- Fyarro (Rx benefit)
- Galafold
- Gamifant (Rx benefit)
- Ganirelix
- Gazyva (Rx benefit)
- Gel-One
- Gel-Syn
- Gemtesa
- GenVisc 850
- Genadur
- Gimoti
- Givlaari (Rx benefit)
- Gloperba
- Glassia (Rx benefit)
- Glumetza
- Glycopyrrolate injectable sol
- Glyset
- Gocovri
- GoNitro
- Gralise
- Guaifenesin-codeine liquid
- Guaifenesin DAC
- Guaifenesin DAC syrup
- Halog (halcinonide) 0.1% Cream
- Halog 0.1% ointment
- Hemangeol
- Hemmorex-HC suppositories
- Herceptin
- Herceptin Hycela
- Homatropine Hydrobromide
- Horizant
- HPR Plus
- Hyalgan
- Hyaluronate Sodium Gel
- Hydrocortisone Acetate
- Hydrocortisone Acetate/ Pramoxine
- Hydrocortisone butyrate (Locoid) 0.1% Lotion
- Hydrocortisone butyrate 0.1% cream (Locoid Lipo)
- Hydroquinone
- Hydroquinone Time Release
- Hydroxyprogesterone pens/vials
- Hygel

Brand and Generic Versions (continued)

- Hylafem
- Hylatopic Plus
- Hymovis
- Hyophen
- Hypochlorous Acid Solution
- Hyronan Kit
- Iluvien (Rx benefit)
- Imbruvica 140 mg tablets
- Imbruvica 280 mg tablets
- Imcivree
- Imfinzi (Rx benefit)
- Imlygic (Rx benefit)
- Impoysz
- Inbrija
- Indocin suppositories
- Inderal XL
- Inflectra (Rx benefit)
- Infliximab (Rx benefit)
- Injectafer (Rx benefit)
- InnoPran XL
- Insulin Aspart
- Insulin Lispro
- Iodoquinol-Hydrocortisone Cream
- Iodoquinol-Hydrocortisone Gel
- Irenka
- Isometheptene/Acetaminophen/Dichloralphenazone
- Isopto Homatropine
- Isosorbide Dinitrate 40 mg tablets
- Ixifi
- Jatenzo
- Jemperli (Rx benefit)
- Jevity
- Jornay PM
- Kadcyla (Rx benefit)
- Kanjinti
- Kanuma (Rx benefit)
- Karbinal ER
- Kapsargo Sprinkles ER
- Katerzia
- Keragel
- Ketamine (Rx benefit)
- 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
- Lanoxin 187.5 mcg
- Lanoxin 62.5 mcg
- Lartruvo
- Lemtrada (Rx benefit)
- Leqvio (Rx benefit)
- Levothyroxine injectable solution
- Lexette
- 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
- Liletta (Rx benefit)
- Linezolid oral suspension (members \geq 12 years of age)
- Liptruzet
- Lodine extended-release
- Lodine immediate-release 300 mg capsules
- Lopressor HCT
- Loreev XR tablets
- Lorzone
- Loyon
- Lucentis (Rx benefit)
- Lumizyme (Rx benefit)
- Lumoxiti (Rx benefit)
- Luradox
- Lutathera (Rx benefit)
- Luvox extended-release
- Luxturna (Rx benefit)
- Lybalvi
- Lyrica CR
- Lyumjev
- Lyvispah
- Maci
- 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
- Methylphenidate ER 72 mg tablets
- Midrin
- Minocycline immediate release tablets
- Minolira
- Miralax
- Mirena (Rx benefit)
- Monjuvi (Rx benefit)
- Monodox
- Monoferic (Rx benefit)
- Mvasi
- Mydayis
- Mylotarg (Rx benefit)
- Mimyx Cream
- Myobloc (Rx benefit)
- Naglazyme (Rx benefit)
- Naproxen controlled-release
- Naproxen delayed-release
- Naproxen EQ
- Naproxen extended-release
- Naproxen suspension
- Narcosoft Herbal Laxative
- Nasacort
- Nasacort AQ
- Nasonex
- Neosalus
- Neosalus CP
- Neuac
- Neuriva
- Nexium
- Nexplanon (Rx benefit)
- Nexvzyme (Rx benefit)
- Nitrofurantoin 25 mg macrocrystals capsules (for members 12 years of age or older)
- Nitrofurantoin Suspension
- Nitrolingual
- 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
- Omidria
- Omnaris
- Oncaspar (Rx benefit)
- Ongentys
- Onivyde (Rx benefit)
- Onmel
- Onpattro (Rx benefit)
- Onzetra Xsail
- Opdivo (Rx benefit)
- Opdualag (Rx benefit)
- Oracea
- Oramagicrx Suspension
- Orladeyo
- Orphengesic 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
- Patanol
- Paxil CR
- Pazeo
- Pennsaid 2%
- Pepaxto (Rx benefit)
- Pepcid
- Perjeta (Rx benefit)
- Perphenazine/Amitriptyline
- Pexeva
- Phenazopyridine Hydrochloride
- Phenohydro
- 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)
- Portrazza (Rx benefit)
- Posimir
- Poteligeo (Rx benefit)
- Prascion cleanser
- Praxbind
- Pradaxa
- 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
- Proctofoam 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
- Qdolo
- Qnasl
- Quillichew
- Quillivant XR oral solution

Brand and Generic Versions (continued)

- Quiviviq
- Qwo
- Rapivab (sulfacetamide/sulfur 9-4%)
- Rayos
- Rebif (medical benefit)
- Reblozyl (Rx benefit)
- Recedo
- Reclast (Rx benefit)
- Refissa
- Relexxii
- Reltone
- Reltone capsules
- Remicade (Rx benefit)
- Renal Caps
- Renflexis (Rx benefit)
- Renovo Pads
- Restasis multidose formulations
- Retin-A Micro Gel
- Retin-A Micro Gel Pump
- Retisert (Rx benefit)
- Rhinocort Aqua
- Riabni
- Riomet
- Risperdal orally disintegrating tablets
- Rituxan (Rx benefit)
- Rituxan Hycela (Rx benefit)
- 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)
- Rytary
- 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
- Scenesse (Rx benefit)
- Seglentis
- Selegiline 5 milligram tablets
- Sernivo
- Sertraline capsules
- Seysara
- SF 5000 Plus Cream
- Siklos
- Silenor
- Silvasorb
- Simponi Aria
- Singulair 4 mg packets
- Sinuva
- Skytrofa
- Sleep Calm Sublingual Tablets
- Slynd
- Skyla (Rx benefit)
- Sodium Bicarbonate
- Sodium Fluoride Gel
- Sodium Sulfacetamide/Sulfur
- Sogroya
- Solesta (Rx benefit)
- Soliris (Rx benefit)
- Solodyn
- Solosec
- 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
- Sublocade
- 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
- Sylvant (Rx benefit)
- Sympazan
- Synagis (Rx benefit)
- Synerderm
- Synojoynt
- Synvisc
- Synvisc-One
- Tagamet
- Talicia
- Tarka
- Tarpeyo
- Taytulla
- Tazorac (for members ≥ 35 years of age)
- Tecartus (Rx benefit)
- Tecentriq (Rx benefit)
- Tepezza (Rx benefit)
- Testopel (Rx benefit)
- Tetracaine
- Texacort 2.5% Solution
- Tezspire (Rx benefit)
- Thalitone
- Therapevo
- Thyquidity
- Ticovac
- Tirosint
- Tivdak (Rx benefit)
- Tivorbex (effective date 01/01/19)
- Tolak 4% cream
- 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)
- Trudhesa
- Tysabri (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
- Vabysmo (Rx benefit)
- Vanatol LQ
- Vanatol S
- Vanoxide HC
- Vectibix (Rx benefit)
- Veltin
- Venelex Ointment
- Venexa Tablets
- Veramyst
- Verdeso 0.05% Foam
- Vilamit MB
- Vilevev MB
- Viltepso
- Vimovo
- Virtussin
- Virtussin DAC
- Visco-3
- Vitamedmd Redichew Rx tablets
- Vitapearl
- Vitatruue
- Vivjoa
- Voltaren 1% gel
- VTOL liquid
- Vuity
- Vusion 0.25%-0.15% ointment
- Vyepti (Rx benefit)
- Vyleesi
- Vyondys 53
- Vytone 1.9%-1% cream
- Vyvanse
- Vyvgart (Rx benefit)
- Winlevi
- Woundgelha Matrix Gel
- Xaciato
- Xalix
- Xaracoll
- Xelstrym
- 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
- Yutiq (Rx benefit)
- Yuvaferm
- Zalvit
- Zantac
- Zegerid
- Zelapar
- Zemaira (Rx benefit)
- Zembrace
- Zencia wash liquid (sulfacetamide/sulfur 9-4%)
- Zenzedi (effective date 01/01/19)
- Zepzelca (Rx benefit)
- Zerviate
- Zetonna
- Ziana
- Zilretta
- Zilxi Foam
- Zinplava (Rx benefit)
- Zirgan
- Zoladex (Rx benefit)
- Zolgensma (Rx benefit)
- Zometa (Rx benefit)
- Zonisade
- Zovirax oral suspension
- Ztlido
- Zulresso (Rx benefit)
- Zylflo continuous-release/extended-release
- Zylflo immediate-release
- Zynlonta (Rx benefit)
- Zynteglo (Rx benefit)
- Zynrelef

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
- Absorica LD: 2 capsules per day
- 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
- Adlyxin: 6 mL (2 pens) per 30 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
- Aptiom 200 mg, 400 mg: 1 tablet per day
- Aptiom 600 mg, 800 mg: 2 tablets per day
- Aralen: 30 tablets per 30 days
- Arnuity Ellipta: 1 inhaler (30 blisters) 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
- 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
- Cibinco: 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
- 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: 30-day supply; limit based on instructions for use
- Cosentyx: 1 syringe/pen 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

Quantity Level Limits (continued)

- Cymbalta: 2 capsules per day
- Daklinza: 1 tablet per day
- Daurismo 100 mg: 30 tablets per 30 days
- Daurismo 25 mg: 60 tablets per 30 days
- Depen Titratabs: 8 tablets per day
- Descovy: 1 tablet per day
- Detrol LA 2 mg: 1 capsule per day
- 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
- Dupixent: 26 syringes per 365 days
- Edarbi: 1 tablet per day
- Edarbyclor: 1 tablet per day
- Edular: 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: 8 vials per 365 days
- Envarsus XR: 1 tablet per day
- Epclusa: 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
- Eylea: One 0.05 mL injection every 4 weeks
- 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
- 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
- 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
- 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
- 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

Quantity Level Limits (continued)

- 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
- 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
- Jentadueto/Jentadueto XR: 2 tablets per day
- 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
- Klisyri: 5 packets per 30 days
- Kombiglyze XR: 2 tablets per day
- Koselugo: 4 capsules per day
- Kytril: 12 tablets per 30 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: limit based on instructions for use; 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
- Livmarli: 90 milliliters per 30 days
- Livtencity: 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: 8 tablets per day
- Lunesta: 1 tablet per day
- Lupkynis: 6 tablets per day
- Lynparza: 16 capsules per day
- Lysteda: 30 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
- 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

Quantity Level Limits (continued)

- 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
- Nourianz: 1 tablet per day
- Nubeqa: 4 tablets per day
- Nucala: 1 vial, auto-injector, or prefilled syringe per 28 days
- 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
- Olumiant: 1 tablet per day
- Olysio: 1 capsule per day
- Omeclamox: 80 capsules/tablets per 180 days
- Omnipod Dash kit: 1 kit per 365 days
- Omnipod Dash pods: 10 pods per 30 days
- Omnipod 5 G6 insulin pump kit: 1 kit per 365 days
- Omnipod 5 G6 insulin pump pods: 10 pods per 30 days
- Onglyza: 1 tablet per day
- Opsumit: 1 tablet per day
- Opzelura: 60 grams per 30 days
- Orenia syringes: 4 syringes per 28 days
- Orenitram: 3 tablets per day
- Orenia auto-injector 125 mg/mL: 4 autoinjectors per 28 days
- Orenia 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
- 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
- Panretin 0.1% gel: 60 grams every 30 days
- Pemazyre: 14 tablets per 21 days
- Picato 0.015% gel: 3 tubes every 30 days
- Picato 0.05% gel: 2 tubes every 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
- Prevmar-13: 4 doses per lifetime
- Prevmar-20: 1 dose 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

Quantity Level Limits (continued)

- 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
- Rezurock: 30 tablets per 30 days
- Rhopressa: 5 milliliters per 30 days
- Rinvoq: 1 tablet per day
- 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
- Samsca: 2 tablets per day
- 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
- Skyrizi 150 milligram subcutaneous injection: 2 prefilled syringes/auto-injectors per 84 days
- Skyrizi 360 milligram subcutaneous injection: 1 prefilled cartridge per 56 days
- Skyrizi 600 milligram intravenous injection: 3 vials per 365 days
- Soliqua: 15 mL (5 pens) per 30 days
- Sonata: 1 capsule per day
- Sorilux Foam: 120 grams per 30 days
- Sovaldi: 30 tablets per 30 days
- Spravato: 4 kits 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
- 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
- Tafenlar: 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
- Tegsedi: 6 mL (4 prefilled syringes) per 28 days
- Tekturna: 1 tablet per day
- Tekturna HCT: 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
- Teveten: 1 tablet per day
- Tibsovo: 60 tablets per 30 days
- Tiglutik: 600 mL per 30 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

Quantity Level Limits (continued)

- 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
- Trulance: 30 tablets per 30 days
- Trulicity: 4 pens (2 mL) per 30 days
- Truvada: 30 tablets per 365 days
- Tukysa: 4 tablets per day
- Turalio: 4 capsules per day
- Twirla patches: 3 patches per 28 days
- Twynsta: 1 tablet per day
- 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
- Ubrelyvy: 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
- 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
- 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
- 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
- Vyndamax: 1 capsule per day
- Vyndaqel: 4 capsules per day
- Vytarin: 1 tablet per day
- 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 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
- Xiaflex: limit based on instructions for use
- Xigduo XR: 2 tablets per day
- Xiidra: 60 single-use vials per 30 days
- Xolair 75 milligram syringes: 2 prefilled syringes per 28 days
- Xolair 150 milligram syringes: 4 prefilled syringes per 28 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
- 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
- Zofran: 30 tablets per 30 days
- Zokinvy: 8 capsules per day
- Zolinza: limit based on instructions for use; included in split fill program
- Zolpimist: 7.7 milliliters per 30 days
- Zonalon: 60 grams per 90 days
- Zomig nasal spray: 12 sprays per 30 days
- Zomig tablets: 12 tablets per 30 days
- Zoryve: 60 grams per 30 days
- Zykadia: 5 capsules per day
- Zypitomag: 1 tablet per day
- Ztalmy: 1,080 milliliters 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
- Zolinza
- 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 ³	Formulary Alternatives(s)
Acne Myorisan Zenatane	Claravis
Antidepressants Pristiq	Venlafaxine capsules, venlafaxine ER capsules
Blood Pressure Medication Atacand Benicar HCT Micardis Atacand HCT Diovan Micardis HCT Avalide Diovan HCT Tekturna Avapro Edarbi Tekturna HCT Benicar Edarbyclor Teveten	Lisinopril Lisinopril/HCTZ Losartan Losartan HCT
Cholesterol Lowering Medications Lescol extended-release Livalo Zypitamag Lescol immediate-release Nikita	Atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Diabetes⁴ Alogliptin Januvia Kombiglyze XR Alogliptin/metformin Glyxambi Nesina Alogliptin/pioglitazone Jentadueto Onglyza Janumet Jentadueto XR Oseni Janumet XR Kazano Tradjenta	Metformin
Gastrointestinal Medications Delzicol Giazio Pentasa Dipentum Lialda	Balsalazide, mesalamine ER 0.375 mg capsules, mesalamine 800 mg tablets, sulfasalazine
Growth Hormone Humatrope Omnitrope Zomacton Nutropin Saizen Nutropin AQ Tev-Tropin	Genotropin, Norditropin
Immune Modulators Amjevita Kineret Simponi (subcutaneous) Avsola Orencia Stelara intravenous injection Cimzia Remicade Stelara subcutaneous Enbrel Siliq injection Erelzi Skyrizi intravenous Xeljanz Ilumya injection Xeljanz XR Inflectra Skyrizi subcutaneous Taltz Infliximab injection	Humira Renflexis
Stimulants 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. 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
- Ampyra
- Apretude
- Aptivus
- Aralast NP
- Aranesp
- Arava
- Arcalyst
- Arimidex
- Aristada
- Aristada Initio
- Aromasin
- Atripla
- Aubagio
- Austedo
- Avonex
- Ayvakit
- Bafiertam
- Balversa
- Banzel
- Baraclude
- Benlysta
- Berinert
- Besremi
- Betaseron
- Bethkis
- Bethkis
- Biktarvy
- Bosulif
- Braftovi
- Bronchitol
- Brukinsa
- Buphenyl
- Bylvay
- Cabenuva
- Cablivi
- Cabometyx
- Camzyos
- Caprelsa
- Cayston
- Cellcept
- Cerdelga
- Cerezyme
- Cibirinco
- Cimzia⁵
- Cinqair⁶
- Cinryze
- Combivir
- Cometriq
- Complera
- Copaxone
- Copegus
- Copiktra
- Costenyx
- Cotellic
- Cresemba
- Crixivan
- Cuprimine
- Cyclophosphamide
- Cystagon
- Cytovene
- Daklinza
- Daurismo
- Depen Titratabs
- Descovy
- Desferal
- Diacomit
- Doptelet
- Dupixent
- Edurant
- Egriftra
- Eligard
- Emcyt
- Emgality
- Empaveli
- Emtriva
- Enbrel⁵
- Enspryng
- Eplclusa
- Epidiolex
- Epivir
- Epivir HBV
- Epogen
- Epoprostenol
- Epzicom
- Ergamisol
- Erivedge
- Erleada
- Esbriet
- Evenity
- Evrysdi
- Exjade
- Exkivity
- Extavia
- Fareston
- Farydak
- Fasenna pens⁶
- Fasenna prefilled syringes⁶
- Femara
- Fensolvi
- Ferriprox
- Fintepla
- Firazyr
- Firdapse
- Firmagon
- Flolan
- Forteo
- Fotivda
- Fulphila
- Fuzeon
- Fycompa
- Fylnetra
- Gattex
- Gavreto
- Gengraf
- Genotropin
- Genvoya
- Gilenya
- Gilotrif
- Glassia
- Gleevec
- Gleostine
- Granix
- Haegarda
- Harvoni
- Hecoria
- Hepsera
- Hetlioz
- Humatrope⁷
- Humira
- Hycamtin
- Hyftor
- Ibrance
- Ilaris
- Ilumya
- Iluvien
- Imbruvica
- Impavido
- Incivek
- Increlex
- Infergen
- Ingrezza
- Inlyta
- Inqovi
- Inrebic
- Intelence
- Intron-A
- Invirase
- Iressa
- Isentress
- Isturisa
- Jadenu
- Jakafi
- Juxtapid
- Jynarque
- Kalbitor
- Kaletra
- Kalydeco
- Kevzara
- Kesimpta
- Kineret
- Kitabis Pak
- Kisqali
- Klisyri
- Korlym
- Koselugo
- Kuvan
- Kyprolis
- Lampit
- Lenvima
- Letairis
- Leukeran
- Leukine
- Leuprolide
- Lexiva
- Livmarli
- Livtensity
- Lokelma
- Lonsurf
- Lorbrena
- Lumakras
- Lupkynis
- Lupron
- Lynparza
- Lysodren
- Matulane
- Mavenclad
- Mavyret
- Mayzent
- Mekinist
- Mektovi
- Mozobil
- Mulpleta
- Mycapssa
- Myfembree
- Myfortic
- Myleran
- Natpara
- Nayzilam
- Neoral
- Nerlynx
- Neulasta
- Neumega
- Neupogen
- Nexavar
- Nexletol
- Nexlizet
- Ninlaro
- Norditropin
- Northera
- Norvir
- Nourianz
- Noxafil
- Nplate
- Nubeqa
- Nucala⁶
- Nuedexta
- Nulibry
- Nuplazid
- Nurtec Orally Disintegrating Tablets
- Nutropin⁷
- Nutropin AQ⁷
- Nuzyra
- Nymalize oral solution
- Nyvepria
- Ocaliva
- Octreotide
- Odefsey
- Odomzo
- Ofev
- Olumiant

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

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)

- Olysio
- Omnitrope⁷
- Omontys
- Onfi
- Opsumit
- Opzelura
- Orenicia⁵
- Orenitram
- Orfadin
- Orgovyx
- Oriahnn
- Orilissa
- Orkambi
- Otezla
- Oxbryta
- Oxervate
- Oxsoralen
- Oxtellar XR
- Palforzia
- Panretin
- Peg Intron
- Pegasys
- Pemazyre
- Piqray
- Plegridy
- Pomalyst
- Ponvory
- Praluent⁸
- Previmis
- 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
- Rezurock
- Ribapak/Ribavirin
- Ribasphere
- Rilutek
- Rinvoq
- Rituxan
- Rozlytrek
- Rubraca
- Ruconest
- Rukobia
- Ruzurgi
- Rybelsus
- Rydapt
- Sabril
- Saizen⁷
- Samsca
- Sandimmune
- Sandostatin
- Scemblix
- Selzentry
- Sensipar
- Sermorelin
- Serostim⁷
- Simponi⁵
- Sivextro
- Skyrizi intravenous injection^{5,6}
- Skyrizi subcutaneous injection^{5,6}
- Somavert
- Soriatane
- Sovaldi
- Spravato
- Spritam
- Sprycel
- Stelara intravenous injection^{5,6}
- Stelara subcutaneous injection^{5,6}
- Stimote
- Stimufend
- Stivarga
- Strensiq
- Stribild
- Sucraid
- Sulfamylon
- Sunosi
- Sustiva
- Sutent
- Sylatron
- Symdeko
- Synarel
- Syprine
- Tabloid
- Tafenlar
- Tagrisso
- Takhzyro
- Taltz
- Talzenna
- Tarceva
- Targretin
- Tasigna
- Tavalisse
- Tavneos
- Tazverik
- Tecfidera
- Technivie
- Tegsedi
- Temodar
- Teriparatide
- Tepmetko
- Tev-Tropin⁷
- Thalomid
- Thioguanine
- Tibsovo
- Tiglutik
- Tivicay
- TOBI
- TOBI Podhaler
- Tracleer
- Trelstar
- Triumeq
- Trizivir
- Truvada
- Tyrvaya
- Tukysa
- Turalio
- Tykerb
- Tymlos
- Tyvaso
- Tyzeka
- Ubrelyv
- Udenyca
- Upneeq
- Uptravi
- Valcyte
- Valtoco
- Veletri
- Veltassa
- Vemlidy
- Venclexta
- Ventavis
- VePesid
- Verkazia
- Verquvo
- Vesanoïd
- Videx
- Videx EC
- Viekira
- Vijoïce
- Viracept
- Viramune
- Viread
- Vitekta
- Vitrakvi
- Vivitrol
- Vocabria
- Vonjo
- Vosevi
- Votrient
- Voxzogo
- Vtama
- Vumerity
- Vyndamax
- Vyndaqel
- Wakix
- Welireg
- Xalkori
- Xeljanz
- Xeljanz XR
- Xeloda
- Xenazine
- Xgeva
- Xiaflex
- Xolair⁶
- Xtandi
- Xywav
- Xyrem
- Zaxio
- Zavesca
- Zejula
- Zelnoraf
- Zemaïra
- Zepatier
- Zeposia
- Zerit
- Ziagen
- Ziextenzo
- Xiïdra
- Xcopri
- Zokinvy
- Zoladex
- Zolinza
- Zomacton⁷
- Zorbtive⁷
- Zortress
- Zoryve
- Ztalmïy
- 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 Humira.

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
Disintegrating | • Oxtellar XR | • Restasis Multidose | • Ubrelvy |
| • Emgality | | • Praluent | • Reyvow | • Xiidra |

Prescription Drug Benefit Exclusions⁹

1. The replacement of lost or damaged prescriptions.¹⁰ 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.
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 Cultured Chondrocytes

Refer to pages 24-28 to see the Lifestyle Medications (i.e., Drugs & Items at Discounted Rate) and 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.



Every life deserves world class care.

9500 Euclid Ave., Cleveland, OH 44195

Cleveland Clinic is a nonprofit, multispecialty academic medical center integrating outpatient and hospital care with research and education for better patient outcomes and experience. More than 4,500 staff physicians and researchers provide services through 20 patient-centered institutes. Cleveland Clinic is a 6,026-bed healthcare system with a main campus in Cleveland, 18 hospitals and over 220 outpatient locations. The health system includes five hospitals in Southeast Florida with more than 1,000 beds, a medical center for brain health in Las Vegas, a sports and executive health center in Toronto and a 364-bed hospital in Abu Dhabi. Cleveland Clinic London, a 184-bed hospital, will open in 2022. Cleveland Clinic is currently ranked as one of the nation's top hospitals by *U.S. News & World Report*.
clevelandclinic.org