

# 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 *HBP Prescription Drug Formulary* ..... 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 2022

## 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

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\*

Proventil (albuterol) tablet\*, syrup\*

Vospire ER (albuterol extended release) tablet\*

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

### Cough/Cold

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

### Leukotriene Modulator

Accolate (zafirlukast)\*

Singulair (montelukast)\*

### Miscellaneous Agents

Beriner (C1 inhibitor) (CC) (PA) (SP)

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

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

Cayston (aztreonam) inhalation solution (CC) (SP)

Cinqair (reslizumab) (CC) (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) (CC) (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) (CC) (PA) (QL) (SP)

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

Lysteda (tranexamic acid)\* (QL)

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

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

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

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

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

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

Pulmozyme (dornase alfa) inhalation solution (CC) (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) (CC) (PA)  
(QL) (SP)

Xolair (omalizumab) (prefilled syringes only)

(CC) (PA) (QL) (SP)

## ANALGESICS

### Arthritis

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

Arava (leflunomide)\* (SP)

Astagraf XL (tacrolimus ext-rel) (PA)

Azulfidine (sulfasalazine)\*

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

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

Gengraf (cyclosporine)\* (SP)

Humira (adalimumab) (CC) (PA) (SP)

Imuran (azathioprine)\*

Kevzara (sarilumab) (CC) (PA) (QL) (SP)

Kineret (anakinra) (CC) (PA) (SP)

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

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

Orencia (abatacept) (CC) (PA) (SP)

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

Xeljanz XR (tofacitinib) (CC) (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/caffeine)\*

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)\*

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

### ANALGESICS (cont.)

#### Systemic Lupus Erythematosus

Benlysta (belimumab) (CC) (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

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) (CC) (SP)  
Baraclude (entecavir) (SP)  
Biktary (bictegravir/emtricitabine/tenofovir alafenamide) (CC) (QL) (SP)  
Combivir (zidovudine/lamivudine)\* (SP)  
Complera (emtricitabine/rilpivirine/tenofovir) (CC) (SP)  
Copegus (ribavirin)\* (SP)  
Crixivan (indinavir) (SP)  
Cytovene (ganciclovir) (SP)  
Daklinza (daclatasvir) (PA) (QL) (SP)  
Descovy (emtricitabine/tenofovir) (CC) (PA) (QL) (SP)  
Dovato (dolutegravir/lamivudine) (QL) (SP)  
Edurant (rilpivirine) (SP)  
Emtriva (emtricitabine) (SP)  
Eplclusa (sofosbuvir/velpatasvir) (CC) (PA) (QL) (SP) (generic only)\*  
Epivir (lamivudine)\* (SP)

### ANTI-INFECTIVES (cont.)

#### (Antibiotics/Antifungals/Antivirals)

##### Antivirals, Oral (cont.)

Epivir HBV (lamivudine)\* (SP)  
Epzicom (abacavir/lamivudine) (SP)\*  
Famvir (famciclovir)\* (QL)  
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) (CC) (QL) (SP)  
Harvoni (ledipasvir/sofosbuvir)\* (CC) (PA) (QL) (SP) (generic only)  
Hepsera (adefovir)\* (SP)  
Incivek (telaprevir) (SP)  
Intelence (etravirine) (CC) (SP)  
Invirase (saquinavir) (SP)  
Isentress (raltegravir) (CC) (SP)  
Kaletra (lopinavir/ritonavir)\* solution (SP)  
Lexiva (fosamprenavir) (SP)  
Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)  
Norvir (ritonavir) (CC) (SP)  
Odefsey (emtricitabine/rilpivirine/tenofovir) (CC) (QL) (SP)  
Olysio (simeprevir) (PA) (QL) (SP)  
Prevymis (letermovir) (PA) (QL) (SP)  
Prezista (darunavir) (CC) (SP)  
Rebetol (ribavirin)\* (SP)  
Rescriptor (delavirdine) (SP)  
Retrovir (zidovudine)\* (SP)  
Reyataz (atazanavir) (SP)  
Rukobia (fostemsavir) (PA) (QL) (SP)  
Selzentry (maraviroc) (SP)  
Sovaldi (sofosbuvir) (CC) (PA) (QL) (SP)  
Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (CC) (SP)  
Sustiva (efavirenz)\* (CC) (SP) (generic only)  
Symmetrel (amantadine)\*  
Tamiflu (oseltamivir) capsules\*, suspension\* (QL) (\$0 copay)  
Technivie (ombitasvir/paritaprevir/ritonavir) (PA) (QL) (SP)  
Tivicay (Dolutegravir) (CC) (SP)  
Trizivir (abacavir/lamivudine/zidovudine)\* (SP)  
Truvada (emtricitabine/tenofovir)\* (CC) (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) (CC) (PA) (QL) (SP)  
Viracept (nelfinavir) (SP)  
Viramune (nevirapine)\* (SP)  
Viread (tenofovir) (SP)  
Vitekta (elvitegravir) (SP)  
Viramune XR (nevirapine)\* (SP)  
Vocabria (cabotegravir) (PA) (QL) (SP)

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(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.)*

Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (CC) (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)

### 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

###### *(Only covered at Cleveland Clinic Pharmacies)*

Adacel (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay; for members  $\geq 7$  years of age)  
Pneumovax-23 (pneumococcal polysaccharide) (\$0 copay; for members  $\geq 2$  years of age)  
Prevnar-13 (pneumococcal conjugate) (\$0 copay)  
Shingrix (zoster vaccine recombinant, adjuvanted) (\$0 copay; for members  $\geq 50$  years of age)

##### 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)\*  
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)\*

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

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

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

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

#### 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)  
Niaspan (niacin extended release)\*  
Praluent (alirocumab) (CC) (PA) (QL) (SP) (only  
NDCs: 72733-5901-02, 72733-5902-02)  
Pravachol (pravastatin)\*  
Questran (cholestyramine)\*  
Questran Light (cholestyramine)\*  
Repatha (evolocumab) (CC) (PA) (QL) (SP)  
Tricor (fenofibrate)\*  
Trilipix (fenofibric acid delayed release)\*  
Vascepa (icosapent ethyl) (restricted to  
Cardiology) 1 gm capsules\* (PA) (QL)  
Welchol (colesevelam)\*  
Zetia (ezetimibe)\* (QL)  
Zocor (simvastatin)\*

#### Coagulation Therapy

Advate (antihemophilic factor) (CC) (SP)  
Aggrenox (dipyridamole extended release/  
aspirin)\* (generic only)  
Agrylin (anagrelide)\*  
Arixtra (fondaparinux)\*  
Cabliivi (caplacizumab) (PA) (QL) (SP)  
Coumadin (warfarin)\*\*

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

#### Coagulation Therapy *(cont.)*

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\*  
Nitro-Bid (nitroglycerin) ointment  
Nitro-Dur (nitroglycerin) patches\*  
Nitrolingual (nitroglycerin) spray\*  
Nitrostat (nitroglycerin) SL tablets

#### Orthostatic Hypotension

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

#### Pulmonary Arterial Hypertension

Adcirca (tadalafil)\* (CC) (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) (CC) (PA) (QL) (SP)  
Remodulin (treprostinil)\* (CC) (PA) (SP)  
(generic only)  
Revatio (sildenafil)\* (CC) (PA) (SP) (generic only)  
Tracleer (bosentan)\* (CC) (PA) (QL) (SP)  
Tyvaso (treprostinil) (CC) (PA) (SP)  
Uptravi (selexipag) (CC) (PA) (SP)  
Ventavis (iloprost) (SP)

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

#### Miscellaneous Agents

Aldomet (methyldopa)\*  
Aldoril (methyldopa/hydrochlorothiazide)\*  
Apresoline (hydralazine)\*  
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)\*

### 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)\*  
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)\*

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## Drug Formulary Medications by Category (continued)

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

#### Anticonvulsants (cont.)

Onfi (clobazam)\* (CC) (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)\*

#### Antidepressants

##### Selective Serotonin Reuptake Inhibitors

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

##### Tricyclics

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

##### Miscellaneous Antidepressants

Desyrel (trazodone)\*  
Effexor (venlafaxine)\*  
Effexor XR (venlafaxine extended-release) capsules\*, tablets\* (PA) (QL)  
Emsam (selegiline transdermal) (PA)  
Ludiomil (maprotiline)\*  
Parnate (tranylcypromine)\*  
Remeron (mirtazapine)\*  
Spravato (esketamine) (PA) (QL) (SP)  
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)\*

#### Antiparkinson's (cont.)

Nouriaz (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)  
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)\*

#### Mood Stabilizers (cont.)

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)\*  
Zyprexa (olanzapine)\*

#### Multiple Sclerosis Agents

Ampyra (dalfampridine) (CC) (PA) (SP)(QL)\* (Mylan generic version excluded)  
Aubagio (teriflunomide) (CC) (PA) (SP)  
Avonex (interferon beta-1a)\* (CC) (PA) (SP)  
Bafiertam (monomethyl fumarate) (PA) (QL) (SP)  
Betaseron (interferon beta-1b) (CC) (PA) (SP)  
Copaxone (glatiramer acetate)\* (CC) (PA) (QL) (SP)  
Extavia (interferon beta-1b) (PA) (SP)  
Gilenya (fingolimod) (CC) (PA) (SP)  
Glatopa\* (CC) (PA) (QL) (SP)  
Kesimpta (ofatumumab) (PA) (QL) (SP)  
Mavenclad (cladribine) (PA) (QL) (SP)  
Mayzent (siponimod) (CC) (PA) (QL) (SP)  
Plegridy (peginterferon beta-1a) (PA) (SP)  
Ponvory (ponesimod) (PA) (QL) (SP)  
Rebif (interferon beta-1a) (CC) (PA) (SP)  
Tecfidera (dimethyl fumarate)\* (generic only; S0 copay) (PA) (QL) (SP)  
Vumerity (diroximel fumarate) (PA) (QL) (SP)  
Zeposia (ozanimod) (CC) (PA) (QL) (SP)

#### Miscellaneous

Antabuse (disulfiram)\*  
Austedo (deutetrabenazine) (PA) (QL) (SP)  
Evrysdi (risdiplam) (PA) (QL) (SP)  
Firdapse (amifampridine) (PA) (QL) (SP)  
Hetlioz (tasimelteon) (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)  
ReVia (naltrexone)\*  
Rilutek (riluzole)\* (SP)

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

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

#### Miscellaneous *(cont.)*

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) (CC) (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)  
Erythromycin 5 mg/g ointment\*  
Klaron (sulfacetamide)\*  
Retin-A (tretinoin) gel\* (QL)

#### Antipsoriatic/Antiseborrheic

Cosentyx (secukinumab) (CC) (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)  
Soriatane (acitretin)\* (CC) (SP)  
Stelara (ustekinumab) (CC) (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\*  
Diprolene (augmented betamethasone dipropionate) cream\*, gel\*, ointment\*  
Diprolene AF (augmented betamethasone dipropionate) cream\*  
Diprosone (betamethasone dipropionate) cream\*  
Elocon (mometasone) cream\*, lotion\*, ointment\*

#### Topical Corticosteroids *(cont.)*

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

Drysol (aluminum chloride hexahydrate)\*  
Drysol Dab-O (aluminum chloride hexahydrate)\*  
Dupixent (dupilumab) (CC) (PA) (QL) (SP)  
Efudex (fluorouracil)\* (QL)  
Elimite (permethrin) cream\*  
Fluorouracil solution\* (QL)  
Klisyri (tirbanibulin) (PA) (QL) (SP)  
Kwell (lindane) lotion\*, shampoo\*  
Panretin (alitretinoin) (SP) (QL)  
Qbrexza (glycopyrronium) (PA) (QL) (SP)  
Sulfamylon (mafenide) cream, lotion (SP)  
Xylocaine (lidocaine) 2% gel\*

### ENDOCRINE/DIABETES

#### Adrenal Hormones

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

#### 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)

### ENDOCRINE/DIABETES *(cont.)*

#### Human Growth Hormone Receptor Antagonist

Somavert (pegvisomant) injection (CC) (PA) (SP)

#### Human Growth Hormone

Genotropin (somatropin) (PA) (SP)  
Humatrope (somatropin) (CC) (PA) (SP) (ST)  
Increlex (mecasermin) (PA) (SP)  
Norditropin (somatropin) (CC) (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)  
Zomacton (somatropin) (PA) (SP) (ST)  
Zorbtive (somatropin) (PA) (SP) (ST)

#### 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)\*  
Nesina (alogliptin)\* (QL) (ST)

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

### ENDOCRINE/DIABETES *(cont.)*

#### Hypoglycemic Agents *(cont.)*

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)  
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)

### ENDOCRINE/DIABETES *(cont.)*

#### Insulin Therapy *(cont.)*

NovoLog Mix 70/30 (insulin human aspart  
NPL/aspart) (PA) (Humalog Mix preferred)  
Semglee (insulin human glargine-yfng)\*  
Toujeo (insulin human glargine) (PA) (Lantus  
preferred)  
Tresiba (insulin human degludec) (PA) (Lantus  
preferred)

#### Metabolic Bone Disorders

Actonel (risedronate)\* (QL)  
Evenity (romosozumab) (CC) (PA) (QL) (SP)  
Forteo (teriparatide) (CC) (PA) (QL) (SP)  
Fosamax (alendronate)\* (QL)  
Prolia (denosumab) (CC) (PA) (SP)  
Teriparatide (CC) (PA) (QL) (SP)  
Tymlos (abaloparatide) (CC) (PA) (QL) (SP)  
Xgeva (denosumab) (CC) (PA) (SP)

#### Thyroid Supplement

Levothroid (levothyroxine)\*\*  
Synthroid (levothyroxine)\*\*

#### Miscellaneous

Arcalyst (rilonacept) (PA) (SP)  
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)  
Orfadin (nitisinone)\* (SP) (only 2 mg, 5 mg, 10 mg  
capsules available generically)  
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)  
Zavesca (miglustat) (SP)

### GASTROINTESTINAL

#### Antidiarrheals

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

### GASTROINTESTINAL *(cont.)*

#### 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)

#### 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)\*  
Zantac (Ranitidine) 75mg/5 mL syrup\* (for  
members < 1 year of age only)

#### 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)\*  
Bylvay (odevixibat) (PA) (QL) (SP)  
Canasa (mesalamine)\*  
Cerezyme (imiglucerase) (PA) (SP)  
Chronulac (lactulose)\*  
Colazal (balsalazide)\*  
Colyte (polyethylene glycol/potassium/sodium)\*

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

### GASTROINTESTINAL *(cont.)*

#### Miscellaneous *(cont.)*

Cortenema (hydrocortisone)\*  
Delzicol (mesalamine)\* (ST)  
Entocort (budesonide extended release)\* (PA) (QL)  
Gattex (teduglutide) (PA) (QL) (SP)  
GoLYTELY (polyethylene glycol-electrolyte solution)\*  
Kuvan (sapropterin) (PA) (SP)  
Librax (chlordiazepoxide/clidinium)\* (QL) (only generic NDC: 51293-0607-01)  
Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)  
Lotronex (alosetron)\* (PA)  
MoviPrep (polyethylene glycol)  
Ocaliva (obeticolic acid) (PA) (QL) (SP)  
Rowasa (mesalamine)\*  
Strensiq (asfotase alfa) (PA) (SP)  
Symproic (naldemedine) (PA) (QL)  
Sypriene (trientine) (PA) (SP)  
Uceris (budesonide extended release)\* (PA) (QL)  
Urso (ursodiol)\*  
Veltassa (patiromer) (PA) (QL) (SP)

### GENITOURINARY

#### 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)\* (CC) (PA) (SP)  
Ferriprox (deferiprone) (PA) (SP)  
Jadenu (deferasirox)\*\*\* (CC) (PA) (SP)

#### Miscellaneous

Cuprimine (penicillamine)\* (SP)  
Oxbryta (voxelotor) (CC) (PA) (QL) (SP)

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC

#### Adjunctive Agents

Actimmune (interferon gamma-1b) (SP)  
Aranesp (darbepoetin alfa) (SP)  
Doptelet (avatrombopag) (CC) (PA) (QL) (SP)  
Epogen (epoetin alfa) (SP)  
Fulphila (pegfilgrastim-jmdb) (CC) (SP)  
Granix (filgrastim) (SP)  
Leucovorin (leucovorin)\*  
Leukine (sargramostim) (SP)  
Mircera (methoxy peg-epoetin beta) (SP)  
Mulpleta (lusutrombopag) (PA) (QL) (SP)  
Neulasta (pegfilgrastim) (CC) (SP)  
Neumega (oprelvekin) (SP)  
Neupogen (filgrastim) (SP)  
Procrit (epoetin alfa) (SP)  
Promacta (eltrombopag) (CC) (PA) (SP)  
Udenyca (pegfilgrastim-cbqv) (CC) (SP)  
Zarxio (filgrastim) (CC) (SP)  
Ziextenzo (pegfilgrastim-bmez) (CC) (SP)

#### Alkylating Agents

Alkeran (melphalan) (SP)  
Cyclophosphamide capsules\*, tablets (SP)  
Gleostine (lomustine) (SP)  
Leukeran (chlorambucil) (SP)  
Matulane (procarbazine) (SP)  
Myleran (busulfan) (SP)  
Temodar (temozolomide)\* (SP)

#### Antiandrogens

Erleada (apalutamide) (PA) (QL) (SP)  
Nubeqa (darolutamide) (CC) (PA) (QL) (SP)  
Zytiga (abiraterone acetate)\* (generic only; \$0 copay) (CC) (PA) (QL) (SP)

#### Antiestrogens

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

#### Antimetabolites

Hydrea (hydroxyurea)\*  
Purinethol (mercaptapurine)\*\* (SP)  
Purixan (mercaptapurine) (SP)  
Rheumatrex (methotrexate)\*  
Tabloid (thioguanine) (QL) (SP)  
Xeloda (capecitabine)\* (PA) (SP)

#### Immunosuppressant Therapies

Cellcept (mycophenolate)\* (SP)  
Enspryng (satralizumab) (PA) (QL) (SP)  
Gengraf (cyclosporine)\* (SP)  
Ilaris (canakinumab) (CC) (PA) (SP)  
Imuran (azathioprine)\*  
Lupkynis (voclosporin) (PA) (QL) (SP)  
Myfortic (mycophenolic acid)\* (SP)  
Neoral (cyclosporine) capsules\*, oral solution\* (SP)

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

#### Immunosuppressant Therapies *(cont.)*

Prograf (tacrolimus)\* (SP)  
Rapamune (sirolimus)\* (SP)  
Rezurock (belumosudil) (PA) (QL) (SP)  
Sandimmune (cyclosporine) capsules\*, solution (SP)  
Tegsedi (inotersen) (PA) (QL) (SP)  
Tavalisse (fostamatinib) (CC) (PA) (QL) (SP)  
Tavneos (avacopan) (PA) (QL) (SP)  
Zortress (everolimus) (CC) (SP)\*

#### Miscellaneous Antineoplastics

Adcetris (brentuximab vedotin) (PA) (SP)  
Afinitor (everolimus) (CC) (QL) (SP)\* (generic only; 10 mg tablets excluded)  
Alecensa (alectinib) (PA) (QL) (SP)  
Alunbrig (brigatinib) (CC) (PA) (QL) (SP)  
Arimidex (anastrozole)\* (SP)  
Aromasin (exemestane)\* (SP)  
Ayvakit (avapritinib) (PA) (QL) (SP)  
Balversa (erdafitinib) (PA) (QL) (SP)  
Bosulif (bosutinib) (PA) (QL) (SP)  
Braftovi (encorafenib) (PA) (QL) (SP)  
Brukinsa (zanubrutinib) (CC) (PA) (QL) (SP)  
Cabometyx (cabozantinib) (CC) (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) (CC) (PA) (QL) (SP)  
Eligard (leuprolide) (PA) (SP)  
Emcyt (estramustine) (SP)  
Eriedge (vismodegib) (PA) (SP)  
Farydak (panobinostat) (PA) (QL) (SP)  
Femara (letrozole)\* (SP)  
Fotivda (tivozanib) (PA) (QL) (SP)  
Gilotrif (afatinib) (PA) (SP)  
Gleevec (imatinib)\* (CC) (PA) (QL) (SP) (generic only)  
Gavreto (pralsetinib) (PA) (QL) (SP)  
Hycamtin (topotecan) (PA) (QL) (SP)  
Ibrance (palbociclib) (CC) (PA) (QL) (SP)  
Iclusig (ponatinib) tablets (PA) (SP)  
Imbruvica (ibrutinib) capsules, tablets 420 mg, tablets 560 mg (CC) (PA) (QL) (SP)  
Inlyta (axitinib) (CC) (PA) (QL) (SP)  
Inqovi (decitabine/cedazuridine) (PA) (QL) (SP)  
Inrebic (fedratinib) (CC) (PA) (QL) (SP)  
Iressa (gefitinib) (CC) (PA) (QL) (SP)  
Jakafi (ruxolitinib) (CC) (PA) (SP)  
Kisqali (ribociclib) (CC) (PA) (QL) (SP)  
Kisqali Femara (ribociclib/letrozole) (PA) (QL) (SP)  
Koselugo (selumetinib) (CC) (PA) (QL) (SP)  
Kyprolis (carfilzomib) (PA) (SP)  
Lenvima (lenvatinib) (CC) (PA) (QL) (SP)  
Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)

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

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

#### Miscellaneous Antineoplastics *(cont.)*

Lorbrena (lorlatinib) (CC) (PA) (QL) (SP)  
Lumakras (sotorasib) (PA) (QL) (SP)  
Lupron (leuprolide) (CC) (PA) (SP)  
Lynparza (olaparib) (CC) (PA) (QL) (SP)  
Lysodren (mitotane) (SP)  
Megace (megestrol) (except 625 mg/5 mL solution)\*  
Mekinist (trametinib) (CC) (PA) (QL) (SP)  
Mektovi (binimetinib) (PA) (QL) (SP)  
Nexavar (sorafenib) (QL) (SP)  
Ninlaro (ixazomib) (CC) (PA) (QL) (SP)  
Odomzo (sonidegib) (CC) (PA) (QL) (SP)  
Pemazyre (pemigatinib) (CC) (PA) (QL) (SP)  
Piqray (alpelisib) (PA) (QL) (SP)  
Pomalyst (pomalidomide) (CC) (PA) (QL) (SP)  
Qinlock (ripretinib) (PA) (QL) (SP)  
Retevmo (selpercatinib) (PA) (QL) (SP)  
Revlimid (lenalidomide) (CC) (PA) (QL) (SP)  
Rozlytrek (entrectinib) (CC) (PA) (QL) (SP)  
Rubraca (rucaparib) (CC) (PA) (QL) (SP)  
Rydapt (midostaurin) (CC) (PA) (QL) (SP)  
Sandostat (octreotide)\* (CC) (SP)  
Sprycel (dasatinib) (CC) (QL) (SP)  
Stivarga (regorafenib) (CC) (PA) (SP)  
Sutent (sunitinib) (CC) (QL) (SP)  
Tafinlar (dabrafenib) (CC) (PA) (QL) (SP)  
Tagrisso (osimertinib) (CC) (PA) (QL) (SP)  
Talzenna (talazoparib) (CC) (PA) (QL) (SP)  
Targevea (erlotinib)\*\* (PA) (QL) (SP)  
Targretin (bexarotene)\* (PA) (QL) (SP)  
Tasigna (nilotinib) (CC) (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) (CC) (SP)  
Ukoniq (umbralisib) (PA) (QL) (SP)  
Venclexta (venetoclax) (CC) (PA) (QL) (SP)  
VePesid (etoposide)\*  
Vesanoid (tretinoin)\* (SP) (only generic NDC:  
00555-0808-02)  
Vitrakvi (larotrectinib) (CC) (PA) (QL) (SP)  
Votrient (pazopanib) (CC) (QL) (SP)  
Xalkori (crizotinib) (CC) (PA) (SP)  
Xtandi (enzalutamide) (CC) (PA) (SP)  
Zejula (niraparib) (CC) (PA) (QL) (SP)  
Zelboraf (vemurafenib) (CC) (PA) (QL) (SP)  
Zokinvy (lonafarnib) (PA) (QL) (SP)  
Zolinza (vorinostat) (QL) (SP)  
Zykadia (ceritinib) (CC) (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)\*  
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)  
Estrace (estradiol)\*  
Estrace (estradiol) vaginal cream  
FemHRT (ethinyl estradiol/norethindrone)\*  
Minivelle (estradiol)\*  
Ogen (estropipate)\*  
Prefest (estradiol/norgestimate) (PA) (QL)  
Premarin (conjugated estrogens) tablets,  
vaginal cream

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

#### Estrogens/Progestins *(cont.)*

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

#### Infertility (Consult SPD for Coverage)

Clomid (clomiphene)\* (females only)

#### Miscellaneous

Evista (raloxifene)\*  
Methergine (methylergonovine)\*  
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)\*  
TobraDex (tobramycin/dexamethasone)  
suspension\*, ointment  
Vasocidin (sodium sulfacetamide/  
prednisolone)\*

#### Anti-Inflammatory, Non-Steroidal

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

#### Anti-Inflammatory, Steroidal

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

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

### OPHTHALMIC *(cont.)*

#### 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

Cosopt (dorzolamide/timolol)\*  
Crolom (cromolyn)\*  
Oxervate (cenegermin) (PA) (QL) (SP)  
Pilocar (pilocarpine)\*  
Restasis (cyclosporine) (single-use vials only)  
(CC) (PA) (QL) (SP)  
Rhopressa (netarsudil) (PA) (QL)  
Upneeq (oxymetazoline) (PA) (QL) (SP)  
Viroptic (trifluridine)\*  
Xiidra (lifitegrast) (CC) (PA) (QL) (SP)

### OTIC

#### Otic Agents

Auralgan (antipyrine/benzocaine)\*  
Cortisporin Otic (hydrocortisone/neomycin/  
polymixin 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)\*

#### Miscellaneous Vitamins

Drisdol (ergocalciferol)\*  
Folic Acid\*  
Luride (sodium fluoride) chewable tablets\*  
Mephyton (phytonadione)  
Poly-Vi-Flor  
Poly-Vi-Flor with Iron  
Rocaltrol (calcitriol)\*  
Tri-Vi-Flor\*

#### Prenatal Vitamins

Prenatal Plus\*

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## Drug Formulary Medications Alphabetically

### A

Abilify (aripiprazole) tablets\* (QL)  
Abilify Maintena (aripiprazole) (PA)  
Accolate (zafirlukast)\*  
Accuneb (albuterol) inhalation solution\*  
Accupril (quinapril)\*  
Accutec (quinapril/hydrochlorothiazide)\*  
Actemra (tocilizumab) (CC) (PA) (QL) (SP)  
Acthar (corticotropin) (CC) (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) (\$0 copay; for members ≥ 7 years of age)  
Adalat CC (nifedipine extended release)\*  
Adcetris (brentuximab vedotin) (PA) (SP)  
Adcirca (tadalafil)\* (CC) (PA) (QL) (SP)  
Adderall (dextroamphetamine racemic salts)\*  
Adderall XR (dextroamphetamine racemic salts extended release)\*  
Adempas (riociguat) (PA) (QL) (SP)  
Adlyxin (lixisenatide) (PA) (QL)  
Aldemlog (insulin human lispro) (PA) (Humalog 100 units/mL preferred)  
Advair Diskus (fluticasone/salmeterol)\*  
Advair HFA (fluticasone/salmeterol)  
Advate (antihemophilic factor) (CC) (SP)  
Aemcolo (rifamycin delayed-release) (PA) (QL)  
Afinitor (everolimus) (CC) (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; \$0 copay)  
Ajovy (fremanezumab-vfrm) (CC) (PA) (QL) (SP)  
Akyzreo (netupitant/palonosetron) (PA) (QL)  
Aldactazide (spironolactone/hydrochlorothiazide)\*  
Aldactone (spironolactone)\*  
Aldara (imiquimod)\* (QL)  
Aldomet (methyldopa)\*  
Aldoril (methyldopa/hydrochlorothiazide)\*  
Alecensa (alectinib) (PA) (QL) (SP)  
Alinia (nitazoxanide)\* (tablets only)  
Alkeran (melphalan) (SP)  
Alphagan P (brimonidine)\*  
Alrex (loteprednol)  
Altace (ramipril)\*  
Alunbrig (brigatinib) (CC) (PA) (QL) (SP)  
Alupent (metaproterenol) syrup\*, tablet\*  
Alyq (tadalafil)\* (PA) (QL) (SP)  
Amaryl (glimepiride)\*  
Ambien (zolpidem)\* (QL)  
Ambien CR (zolpidem continuous-release)\* (QL)  
Amerge (naratriptan)\* (QL)  
Amitiza (lubiprostone)\* (QL)  
Amoxil (amoxicillin)\*  
Ampyra (dalfampridine) (CC) (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)  
Apresoline (hydralazine)\*  
Apriso (mesalamine)\*  
Aptiom (eslicarbazepine) (PA) (QL)  
Aptivus (tipranavir) (SP)  
Aralen (chloroquine phosphate)\* (QL)  
Aranesp (darbepoetin alfa) (SP)  
Arava (leflunomide)\* (SP)  
AArcalyst (rilonacept) (PA) (SP)  
Arcapta (indacaterol) Neohaler  
Aricept (donepezil)\*  
Arimidex (anastrozole)\* (SP)  
Aristada (aripiprazole) (PA) (SP)  
Aristocort (triamcinolone) cream\*, ointment\* (QL)  
Arixtra (fondaparinux)\*  
Arnuit Ellipta (fluticasone) (QL)  
Aromasin (exemestane)\* (SP)  
Artane (trihexyphenidyl)\*  
Arthrotec (diclofenac sodium delayed release/misoprostol)\*  
Asacol HD (mesalamine)\* (QL)  
Asmanex (mometasone) inhaler  
Astagraf XL (tacrolimus ext-rel) (PA)  
Atarax (hydroxyzine HCl)\*  
Ativan (lorazepam)\*  
Atripla\* (efavirenz/emtricitabine/tenofovir) (CC) (SP)  
Atrovent (ipratropium) inhalation solution\*  
Atrovent (ipratropium)\*  
Atrovent HFA (ipratropium) inhaler  
Aubagio (teriflunomide) (CC) (PA) (SP)  
Augmentin (amoxicillin/clavulanate)\*  
Augmentin XR (amoxicillin/clavulanate XR)\*  
Auralgan (antipyrine/benzocaine)\*  
Austedo (deutetrabenazine) (PA) (QL) (SP)  
Avalide (irbesartan/hydrochlorothiazide)\* (ST)  
Avapro (irbesartan)\* (ST)  
Avelox (moxifloxacin)\*  
Aviane (ethinyl estradiol/levonorgestrel)\*  
Avinza (morphine extended release)  
Avodart (dutasteride)\*  
Avonex (interferon beta-1a) (CC) (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)

### B (cont.)

Banzel (rufinamide) tablets, oral suspension\* (CC) (PA) (SP)  
Baraclude (entecavir) (SP)  
Basaglar (insulin human glargine) (PA) (Lantus preferred)  
Baqsimi (glucagon) (QL)  
Benadryl (diphenhydramine)\* (50 mg only)  
Benemid (probenecid)\*  
Benlysta (belimumab) (CC) (SP) (PA)  
Bentyl (dicyclomine) capsule\*, tablet\*  
Berinert (C1 inhibitor) (CC) (PA) (SP)  
Betagan (levobunolol)\*  
Betapace (sotalol)\*  
Betaseron (interferon beta-1b) (CC) (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)  
Biktary (bictegavir/emtricitabine/tenofovir alafenamide) (CC) (QL) (SP)  
Biltricide (praziquantel)\*  
Bleph-10 (sulfacetamide) solution\*  
Blocadren (timolol)\*  
Bosulif (bosutinib) (PA) (QL) (SP)  
Braftovi (encorafenib) (PA) (QL) (SP)  
Breo Ellipta (fluticasone/vilanterol) (QL)  
Brethine (terbutaline) tablet\*  
Brevicon (ethinyl estradiol/norethindrone)\*  
Brexafemme (ibrexafungerp) (PA) (QL)  
Briviact (brivaracetam) (PA) (QL)  
Bronchitol (mannitol) (PA) (QL) (SP)  
Brukinsa (zanubrutinib) (CC) (PA) (QL) (SP)  
Bumex (bumetanide)\*  
Buphenyl (sodium phenylbutyrate)\* (SP)  
Buspar (buspirone)\*  
Bydureon BCise (exenatide) (PA) (QL)  
Byetta (exenatide) (PA) (QL)  
Bylvay (odevixibat) (PA) (QL) (SP)  
Bystolic (nebivolol)\* (PA) (QL)

### C

Cablivi (caplacizumab) (PA) (QL) (SP)  
Cabenuva (cabotegravir/rilpivirine) (PA) (QL) (SP)  
Cabometyx (cabozantinib) (CC) (PA) (QL) (SP)  
Cafergot (ergotamine/caffeine)\*  
Calan (verapamil)\*  
Calan SR (verapamil extended release)\*  
Campral (acamprosate calcium)\*  
Caplyta (lumateperone) (PA) (QL)  
Capoten (captopril)\*  
Capozide (captopril/hydrochlorothiazide)\*  
Caprelsa (vandetanib) (PA) (SP)  
Canasa (mesalamine)\*  
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)\*

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## Drug Formulary Medications Alphabetically (continued)

### C (cont.)

Cataflam (diclofenac)\*  
Catapres (clonidine) tablet\*  
Catapres-TTS (clonidine) patch\*  
Cayston (aztreonam) inhalation solution (CC) (SP)  
Ceclor (cefaclor)\*  
Ceftin (cefuroxime)\*  
Celexa (citalopram)\*  
Cellcept (mycophenolate)\*(SP)  
Celontin (methsuximide)  
Cerdelga (eliglustat) (PA) (QL) (SP)  
Cerezyme (imiglucerase) (PA) (SP)  
Chronulac (lactulose)\*  
Ciloxan (ciprofloxacin)\*  
Cimzia (certolizumab) (CC) (PA) (QL) (SP) (excluded for Psoriasis)  
Cinqair (reslizumab) (CC) (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)\*  
Clomid (clomiphene)\* (females only)  
Clozaril (clozapine)\*  
Codeine (codeine sulfate) 30 mg tablets\*  
Cogentin (benztropine)\*  
Colazal (balsalazide)\*  
Colcris (colchicine)  
Colestid (colestipol)\*  
Colyte (polyethylene glycol/potassium/sodium)\*  
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) (CC) (SP)  
Comtan (entacapone)\*  
Condylox (podofilox) topical gel  
Condylox (podofilox) topical solution\*  
Copaxone (glatiramer acetate)\* (CC) (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) (CC) (PA) (QL) (SP) (excluded for Psoriasis)  
Cosopt (dorzolamide/timolol)\*  
Cotellic (cobimetinib) (CC) (PA) (QL) (SP)  
Coumadin (warfarin)\*\*  
Cozaar (losartan)\*  
Creon (amylase/lipase/protease)  
Crestor (rosuvastatin)\* (QL)

### C (cont.)

Crixivan (indinavir) (SP)  
Crolom (cromolyn)\*  
Cuprimine (penicillamine)\* (SP)  
Cutivate (fluticasone) cream\*, lotion\*, ointment\*  
Cuvposa (glycopyrrolate) (PA)  
Cyclessa (ethinyl estradiol/desogestrel)\*  
Cyclogyl (cyclopentolate)\*  
Cyclophosphamide capsules\*, tablets (SP)  
Cyproheptadine tablets\*, syrup\*  
Cytotec (misoprostol)\*  
Cytovene (ganciclovir) (SP)

### D

D.H.E. (dihydroergotamine)\* (PA) (QL)  
Daliresp (roflumilast) (PA)  
Daklinza (daclatasvir) (PA) (QL) (SP)  
Danocrine (danazol)\*  
Dapsone (dapsone)\* (glasdegib) (PA) (QL) (SP)  
Daurismo (glasdegib) (CC) (PA) (QL) (SP)  
DDAVP (desmopressin acetate)\*  
Decadron (dexamethasone)\*  
Decadron (dexamethasone) solution\*  
Deltason (prednisone)\*  
Delzicol (mesalamine)\* (ST)  
Demadex (torsemide)\*  
Demerol (meperidine)\*  
Depakene (valproic acid)\*  
Depakote (divalproex)\*  
Depo-Provera (medroxyprogesterone)\*  
Descovy (emtricitabine/tenofovir) (CC) (PA) (QL) (SP)  
Desyre (trazodone)\*  
Detrol (tolterodine)\*  
Detrol LA (tolterodine)\* (QL) (ST) (only 2 mg capsules)  
Dexedrine (dextroamphetamine)\*  
Diabeta (glyburide)\*  
Diastat (diazepam rectal gel)\*  
Dibenzyline (phenoxybenzamine)  
Differin (adapalene) cream\*, gel\* (PA)  
Dificid (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) (CC) (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)

### D (cont.)

Duetact (pioglitazone/glimepiride) tablets\*  
Duoneb (ipratropium/albuterol)\*  
Duragesic (fentanyl)\*  
Duricef (cefadroxil) capsule\*  
Dupixent (dupilumab) (CC) (PA) (QL) (SP)  
Dyazide (triamterene/hydrochlorothiazide)\*  
Dynapen (dicloxacillin)\*

### E

E.E.S. (erythromycin ethylsuccinate)\*  
Easprin (aspirin)\*  
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)  
Emgality (galcanezumab-gnlm) (CC) (PA) (QL) (SP)  
Emsam (selegiline transdermal) (PA)  
Emtriva (emtricitabine) (SP)  
Enablex (darifenacin)\*  
Enbrel (etanercept) (CC) (PA) (QL) (SP) (excluded for Psoriasis)  
Enspryng (satralizumab) (PA) (QL) (SP)  
Entresto (sacubitril/valsartan) (PA) (QL)  
Epien (epinephrine)\* (generic only) (QL)  
Epien Jr. (epinephrine)\* (generic only) (QL)  
Epivir (lamivudine)\* (SP)  
Epivir HBV (lamivudine)\* (SP)  
Epanova (omega-3 carboxylic acids) (restricted to Cardiology) (QL)  
Eplclusa (sofosbuvir/velpatasvir)\* (CC) (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) (CC) (PA) (QL) (SP)  
Eskalith (lithium carbonate)\*  
Estrace (estradiol)\*  
Estrace (estradiol) vaginal cream  
Estrostep Fe (ethinyl estradiol/norethindrone/ferrous fumarate)\*  
Eulexin (flutamide)\*

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## Drug Formulary Medications Alphabetically (continued)

### E (cont.)

Evenity (romosozumab) (CC) (PA) (QL) (SP)  
Evista (raloxifene)\*  
Evoxac (cevimeline)\*  
Evyrsdi (risdiplam) (PA) (QL) (SP)  
Exelon (rivastigmine)\*  
Exforge (amlodipine/valsartan)\*  
Exjade (deferasirox)\* (CC) (PA) (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)  
Faserna (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)  
Ferriprox (deferiprone) (PA) (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)\*  
Fluorouracil solution\* (QL)  
Flovent HFA (fluticasone) inhaler  
Floxin Otic (ofloxacin)\*  
FML (fluorometholone) 0.1% solution\*  
Focalin (dexmethylphenidate)\*  
Folic Acid\*  
Forteo (teriparatide) (CC) (PA) (QL) (SP)  
Fortical (calcitonin)\*  
Fosamax (alendronate)\* (QL)  
Fotivda (tivozanib) (PA) (QL) (SP)  
Fulphila (pegfilgrastim-jmdb) (CC) (SP)  
Fuzeon (enfuvirtide) (SP)  
Fycompa (perampanel) (CC) (PA) (QL) (SP)

### G

Gabitril (tiagabine)\*  
Garamycin (gentamicin)\*  
Gattex (teduglutide) (PA) (QL) (SP)  
Gavreto (pralsetinib) (PA) (QL) (SP)  
Gengraf (cyclosporine)\* (SP)  
Genotropin (somatotropin) (PA) (SP)  
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) (CC) (QL) (SP)  
Geodon (ziprasidone)\*  
Gilenya (fingolimod) (CC) (PA) (SP)

### G (cont.)

Gilotrif (afatinib) (PA) (SP)  
Glatopa\* (CC) (PA) (QL) (SP)  
Gleevec (imatinib)\* (CC) (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)\* (CC) (PA) (QL) (SP) (generic only)  
Hepsera (adefovir)\* (SP)  
Hetlioz (tasimelteon) (PA) (QL) (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) (CC) (PA) (SP) (ST)  
Humira (adalimumab) (CC) (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)\*  
Hyzaar (losartan/hydrochlorothiazide)\*

### I

Ibrance (palbociclib) (CC) (PA) (QL) (SP)  
Iclusig (ponatinib) tablets (PA) (SP)  
Ilaris (canakinumab) (CC) (PA) (SP)  
Ilumya (tildrakizumab) (PA) (QL) (SP)  
Ilotycin (erythromycin)\*  
Iluvien (fluocinolone) (CC) (PA) (SP)  
Imbruvica (ibrutinib) capsules, tablets 420 mg, tablets 560 mg (CC) (PA) (QL) (SP)  
Imdur (isosorbide mononitrate)\*  
Imitrex (sumatriptan) injection\*, nasal spray\*, tablet\* (CC) (QL)  
Imodium (loperamide)\*  
Impavido (miltefosine) (PA) (QL) (SP)  
Imuran (azathioprine)\*  
Imuran (azathioprine)\*  
Icivek (telaprevir) (SP)  
Increlex (mecasermin) (PA) (SP)

### I (cont.)

Increase Ellipta (umeclidinium bromide) (QL)  
Inderal (propranolol)\*  
Indocin (indomethacin)\*  
Ingrezza (valbenazine) (PA) (QL) (SP)  
Inlyta (axitinib) (CC) (PA) (QL) (SP)  
Inqovi (decitabine/cedazuridine) (PA) (QL) (SP)  
Inrebic (fedratinib) (CC) (PA) (QL) (SP)  
Inspra (eplerenone)\*  
Intal (cromolyn sodium) inhalation solution\*  
Intelecle (etravirine) (CC) (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) (CC) (PA) (QL) (SP)  
Isentress (raltegravir) (CC) (SP)  
Isordil (isosorbide dinitrate)\* (except 40 mg tablets)  
Isturisa (osilodrostat) (PA) (QL) (SP)

### J

Jadenu (deferasirox)\*\*\* (CC) (PA) (SP)  
Jakafi (ruxolitinib) (CC) (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)  
Jentadueto (linagliptin/metformin) (QL) (ST) (Alogliptin preferred)  
Jentadueto 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) (CC) (PA) (QL) (SP)  
Kazano (alogliptin/metformin)\* (QL) (ST)  
Keflex (cephalexin)\*  
Kenalog (triamcinolone) lotion\*  
Keppra (levetiracetam)\*  
Keppra XR (levetiracetam)\*  
Kerendia (finerenone) (PA) (QL)  
Kevzara (sarilumab) (CC) (PA) (QL) (SP)  
Kesimpta (ofatumumab) (PA) (QL) (SP)  
Kineret (anakinra) (CC) (PA) (SP)  
Kisqali (ribociclib) (CC) (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)

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## Drug Formulary Medications Alphabetically (continued)

### K (cont.)

Korlym (mifepristone) (PA) (SP)  
Koselugo (selumetinib) (CC) (PA) (QL) (SP)  
Kuvan (sapropterin) (PA) (SP)  
Kwell (lindane) lotion\*, shampoo\*  
Kypriol (carfilzomib) (PA) (SP)  
Kytril (granisetron)\* (QL)

### 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) (CC) (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)\*  
Levbid (hyoscyamine)\*  
Levemir (insulin human detemir) (PA) (Lantus preferred)  
Levora (ethinyl estradiol/levonorgestrel)\*  
Levothroid (levothyroxine)\*\*  
Levsin (hyoscyamine)\*  
Lexapro (escitalopram)\* (QL)  
Librax (chlordiazepoxide/clidinium)\* (QL) (only generic NDC: 51293-0607-01)  
Librium (chlordiazepoxide)\*  
Lidex (flucanone) 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)\*  
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)\*  
Lorbrena (lorlatinib) (CC) (PA) (QL) (SP)  
Lortab (hydrocodone/acetaminophen) elixir\*, tablets\* (QL)  
Lotemax (loteprednol)\*  
Lotensin (benazepril)\*

### L (cont.)

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)\*  
Lozol (indapamide)\*  
Lucemyra (lofexidine) (PA) (QL)  
Ludomil (maprotiline)\*  
Lumakras (sotorasib) (PA) (QL) (SP)  
Lunesta (eszopiclone)\* (QL)  
Lupkynis (voclosporin) (PA) (QL) (SP)  
Lupron (leuprolide) (CC) (PA) (SP)  
Luride (sodium fluoride) chewable tablets\*  
Luvox (fluvoxamine immediate-release) tablets\*  
Lynparza (olaparib) (CC) (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)  
Matulane (procarbazine) (SP)  
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) (CC) (PA) (QL) (SP)  
Medrol (methylprednisolone)\*  
Megace (megestrol) (except 625 mg/5 mL solution)\*  
Mekinist (trametinib) (CC) (PA) (QL) (SP)  
Mektovi (binimetinib) (PA) (QL) (SP)  
Mellaril (thioridazine)\*  
Mephyton (phytonadione)  
Metadate CD (methylphenidate extended release)\*  
Methergine (methylergonovine)\*  
Metrocream (metronidazole)\*  
MetroGel (metronidazole)\* (PA except 0.75% strength)  
MetroGel Vaginal (metronidazole)\*  
Metrolotion (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)\*

### M (cont.)

Mircera (methoxy peg-epoetin beta) (SP)  
Mircette (ethinyl estradiol/desogestrel)\*  
Mobic (meloxicam)\*  
Modicon (ethinyl estradiol/norethindrone)\*  
Moduretic (amiloride/hydrochlorothiazide)\*  
Monodox (doxycycline monohydrate)\* (except 75 mg, 150 mg)  
Monopril (fosinopril)\*  
Monopril-HCT (fosinopril/hydrochlorothiazide)\*  
Motrin (ibuprofen) tablets\*, suspension\*  
MoviPrep (polyethylene glycol)  
MS Contin (morphine extended release)\*  
MS IR (morphine) tablets\*, solution\*  
Multaq (dronedarone) (restricted to Cardiology)  
Mulpleta (lusutrombopag) (PA) (QL) (SP)  
Mycapssa (octreotide) (PA) (QL) (SP)  
Mycexel Troche (clotrimazole)\* (QL)  
Mycolog II (nystatin/triamcinolone)\*  
Mycostatin (nystatin) cream\*, ointment\*, powder\* (QL)  
Mycostatin (nystatin) tablet\*, suspension\*  
Mydracil (tropicamide)\*  
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) (CC) (SP)  
Neumega (oprelvekin) (SP)  
Neupogen (filgrastim) (SP)  
Neurontin (gabapentin)\*  
Nexavar (sorafenib) (QL) (SP)  
Nexletol (bempedoic acid) (PA) (QL) (SP)  
Nexlizet (bempedoic acid/ezetimibe) (PA) (QL) (SP)  
Next Choice (levonorgestrel)\*  
Nextstellis (drospirenone/estetrol) (PA) (QL)  
Niaspan (niacin extended release)\*  
Nilandron (nilutamide)  
Nimodipine capsules\* (PA) (QL)  
Ninlaro (ixazomib) (CC) (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 (somatropin) (CC) (PA) (SP)

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## Drug Formulary Medications Alphabetically (continued)

### N (cont.)

Norflex (orphenadrine)\*  
Norpace (disopyramide)\*  
Norpace CR (disopyramide)  
Norpramin (desipramine)\*  
Northera (droxidopa)\* (PA) (QL) (SP)  
Norvasc (amlodipine)\*  
Norvir (ritonavir) (CC) (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) (CC) (PA) (QL) (SP)  
Nucala (mepolizumab) (CC) (PA) (QL) (SP)  
Nuedexta (dextromethorphan/quinidine) (PA) (SP)  
Nuplazid (pimavanserin) (PA) (QL) (SP)  
Nurtec ODT (rimegepant) (CC) (PA) (QL) (SP)  
Nutropin AQ (somatropin) (PA) (SP) (ST)  
NuvaRing (ethinyl estradiol/etonogestrel)\* (only generic EluRyng)  
Nuvigil (armodafinil) (ST)  
Nuzyra (omadacycline) (PA) (QL) (SP)  
Nydravid (isoniazid)\*  
Nymalize (nimodipine) oral solution (PA) (QL) (SP)

### O

Ocaliva (obeticholic acid) (PA) (QL) (SP)  
Ocuflen (flurbiprofen)\*  
Ocuflax (ofloxacin)\*  
Ocupress (carteolol)\*  
Odactra (house dust mite allergen extract) (PA) (QL)  
Odefsey (emtricitabine/rilpivirine/tenofovir) (CC) (QL) (SP)  
Odomzo (sonidegib) (CC) (PA) (QL) (SP)  
Ofev (nintedanib) (CC) (PA) (QL) (SP)  
Ogen (estropipate)\*  
Ogestrel (ethinyl estradiol/norgestrel)\* (CC)  
Olumiant (baricitinib) (CC) (PA) (QL) (SP)  
Olysio (simeprevir) (PA) (QL) (SP)  
Omnicef (cefdinir)\*  
Omnitrope (somatropin) (PA) (SP) (ST)  
Onfi (clobazam)\* (CC) (PA) (SP) (generic only)  
Onglyza (saxagliptin) (Alogliptin preferred) (ST)  
Opsumit (macitentan)\* (PA) (QL) (SP)  
Oralair (grass mixed pollen allergen extract) (PA) (QL)  
Orapred (prednisolone)\*  
Orencia (abatacept) (CC) (PA) (SP)  
Orenitram (treprostinil) (CC) (PA) (QL) (SP)  
Orfadin (nitisinone)\* (SP) (only 2 mg, 5 mg, 10 mg capsules available generically)  
Orilissa (elagolix) (CC) (PA) (QL) (SP)  
Orkambi (lumacaftor/ivacaftor) (CC) (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) (CC) (PA) (QL) (SP)  
Otrexup (methotrexate injection) (PA) (QL) (SP)  
Oxbryta (voxelotor) (CC) (PA) (QL) (SP)  
Oxervate (cenegermin) (PA) (QL) (SP)  
Oxsoralen-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 (tranylcypromine)\*  
Paxil (paroxetine)\*  
Pegasy (peginterferon alfa-2a) (PA) (SP)  
Pegintron (peginterferon alfa-2b) (PA) (SP)  
Pemazyre (pemigatinib) (CC) (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 (dipyridamol)\*  
Pertzye (amylase/lipase/protease)  
Phenergan (promethazine)\*  
Phenobarbital (phenobarbital)\*  
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) (\$0 copay; for members ≥ 2 years of age)  
Poly-Vi-Flor  
Poly-Vi-Flor with Iron  
Polysporin (bacitracin/polymyxin B)\*  
Polytrim (trimethoprim/polymyxin B)\*  
Pomalyst (pomalidomide) (CC) (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)

### P (cont.)

Prelone (prednisolone) syrup\*  
Premarin (conjugated estrogens) tablets, vaginal cream  
Premphase (conjugated estrogens/medroxyprogesterone) (PA) (QL)  
Prempo (conjugated estrogens/medroxyprogesterone) (PA) (QL)  
Prenatal Plus\*  
Prevnar-13 (pneumococcal conjugate) (\$0 copay)  
Prevpac (lansoprazole, amoxicillin, and clarithromycin)\*  
Prevymis (letermovir) (PA) (QL) (SP)  
Prezista (darunavir) (CC) (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) (CC) (PA) (SP)  
Prolixin (fluphenazine)\*  
Proloprim (trimethoprim)\*  
Promacta (eltrombopag) (CC) (PA) (SP)  
Propylthiouracil (propylthiouracil)\*  
Proscar (finasteride)\*  
Protopik (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 (CC) (SP)  
Purinethol (mercaptapurine)\*\* (SP)  
Purixan (mercaptapurine) (SP)  
Pyrazinamide (pyrazinamide)\*

### Q

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

### R

Ragwitek (ragweed pollen allergen extract) (PA) (QL)  
Ranexa (ranolazine)\* (PA) (QL)  
Rapaflon (sildenafil)\*  
Rapamune (sirolimus)\* (SP)  
Rasuvo (methotrexate injection) (PA) (QL) (SP)  
Razadyne (galantamine)\*  
Rebetol (ribavirin)\* (SP)  
Rebif (interferon beta-1a) (CC) (PA) (SP)  
Reglan (metoclopramide)\*

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## Drug Formulary Medications Alphabetically (continued)

### R (cont.)

Regranex (becaplermin) (SP) (QL)  
 Relafen (nabumetone)\*  
 Relpax (eletriptan)\* (QL)  
 Remeron (mirtazapine)\*  
 Remodulin (treprostinil)\* (CC) (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 (seliperatinib) (PA) (QL) (SP)  
 Retin-A (tretinoin) gel\* (QL)  
 Retrovir (zidovudine)\* (SP)  
 Revatio (sildenafil)\* (CC) (PA) (SP) (generic only)  
 ReVia (naltrexone)\*  
 Revlimid (lenalidomide) (CC) (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) (CC) (PA) (QL) (SP)  
 Rubraca (rucaparib) (CC) (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) (CC) (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)\* (CC) (SP)  
 Saphris (asenapine) (PA) (QL)  
 Seasonale (ethinyl estradiol/levonorgestrel)\*  
 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)\*  
 Sensipar (cinacalcet)\* (PA) (SP) (generic only)

### S (cont.)

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)  
 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 (CC) (PA) (SP)  
 Sonata (zaleplon)\* (QL)  
 Soriatane (acitretin)\* (SP)  
 Sovaldi (sofosbuvir) (CC) (PA) (QL) (SP)  
 Spiriva Respimat (tiotropium) (2.5 mcg/actuation only)  
 Spritam (levetiracetam) (CC) (PA) (QL) (SP)  
 Spravato (esketamine) (PA) (QL) (SP)  
 Sprycel (dasatinib) (CC) (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) (CC) (PA) (QL) (SP)  
 Stelazine (trifluoperazine)\*  
 Stimute (desmopressin) (SP)  
 Stivarga (regorafenib) (CC) (PA) (SP)  
 Strattera (atomoxetine)\* (QL)  
 Strensiq (asfotase alfa) (PA) (SP)  
 Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (CC) (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)\* (CC) (SP) (generic only)  
 Sutent (sunitinib) (CC) (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)\*\*  
 Syprine (trientine) (PA) (SP)

### T

Tabloid (thioguanine) (QL) (SP)  
 Tafinlar (dabrafenib) (CC) (PA) (QL) (SP)  
 Tagrisso (osimertinib) (CC) (PA) (QL) (SP)  
 Takhzyro (lanadelumab-flyo) (PA) (QL) (SP)  
 Taltz (ixekizumab) (PA) (QL) (SP)  
 Talwin NX (pentazocine/naloxone)\*  
 Talzenna (talazoparib) (CC) (PA) (QL) (SP)  
 Tambocor (flecainide)\*  
 Tamiflu (oseltamivir) capsules\*, suspension\* (QL) (\$0 copay)  
 Tapazole (methimazole)\*  
 Tarceva (erlotinib)\*\* (PA) (QL) (SP)  
 Targretin (bexarotene)\* (PA) (QL) (SP)  
 Tassigna (nilotinib) (CC) (QL) (SP)  
 Tavalisse (fostamatinib) (CC) (PA) (QL) (SP)  
 Tavneos (avacopan) (PA) (QL) (SP)  
 Tazverik (tazemetostat) (PA) (QL) (SP)  
 Tecfidera (dimethyl fumarate)\* (generic only; \$0 copay) (PA) (QL) (SP)  
 Tegretol (carbamazepine)\*  
 Tegretol-XR (carbamazepine extended release)\*  
 Tegsedi (inotersen) (PA) (QL) (SP)  
 Temodar (temozolomide)\* (SP)  
 Temovate (clobetasol) cream\*, gel\*, ointment\*  
 Temovate-E (clobetasol emollient) cream\*  
 Tepmetko (tepotinib) (PA) (QL) (SP)  
 Tenex (guanfacine)\*  
 Tenoretic (atenolol/chlorthalidone)\*  
 Tenormin (atenolol)\*  
 Teriparatide (CC) (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)  
 Ticlid (ticlopidine)\*  
 Tigan (trimethobenzamide)\*  
 Tiglutik (riluzole) (PA) (QL) (SP)  
 Tikosyn (dofetilide)\*  
 Timoptic (timolol)\*  
 Timoptic-XE (timolol)\*  
 Tindamax (tindazole)\*  
 Tivicay (Dolutegravir) (CC) (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)\* (CC) (PA) (QL) (SP)  
 Tradjenta (linagliptin) (Alogliptin preferred) (ST)  
 Trandate (labetalol)\* (CC)  
 Tranxene (clorazepate)\*  
 Travatan Z (travoprost)  
 Travoprost\*  
 Trelegy Ellipta (fluticasone/umeclidinium/vilanterol) (PA)

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## 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) (CC) (PA) (QL) (SP)  
Trilafon (perphenazine)\*  
Trileptal (oxcarbazepine) tablets\*, suspension\*  
Trilipix (fenofibric acid delayed release)\*  
Trilisate (choline magnesium trisalicylate)\*  
Trivora (ethinyl estradiol/levonorgestrel)\*  
Trizivir (abacavir/lamivudine/zidovudine)\* (SP)  
Trulicity (dulaglutide) (PA) (QL)  
Trusopt (dorzolamide)\*  
Truvada (emtricitabine/tenofovir)\* (CC) (QL) (SP)  
Trijardy XR (empagliflozin/linagliptin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)  
Turalio (pexidartinib) (PA) (QL) (SP)  
Tudorza Pressair (aclidinium)  
Tukysa (tucatinib) (PA) (QL) (SP)  
Twirla (ethinyl estradiol/levonorgestrel) (PA) (QL)  
Tykerb (lapatinib) (CC) (SP)  
Tylenol with Codeine (acetaminophen/codeine)\* (QL)  
Tymlos (abaloparatide) (CC) (PA) (QL) (SP)  
Tyvaso (treprostinil) (CC) (PA) (SP)  
Tyzeka (telbivudine) (SP)

### U

Ubrelyv (ubrogepant) (CC) (PA) (QL) (SP)  
Udenyca (pegfilgrastim-cbqv) (CC) (SP)  
Uceris (budesonide extended release) (PA) (QL)  
Ukoniq (umbralisib) (PA) (QL) (SP)  
Ultracet (tramadol/acetaminophen)\* (QL)  
Ultram (tramadol)\*  
Ultram ER (tramadol extended release)\*  
Ultravate (halobetasol) cream\*, ointment\*  
Univasc (moexipril)\*  
Upneeq (oxymetazoline) (PA) (QL) (SP)  
Upravi (selexipag) (CC) (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)\*  
Vasocidin (sodium sulfacetamide/prednisolone)\*  
Vasotec (enalapril)\*  
Veltassa (patiromer) (PA) (QL) (SP)  
Vemlidy (tenofovir alafenamide) (PA) (QL) (SP)  
Venclexta (venetoclax) (CC) (PA) (QL) (SP)  
Ventavis (iloprost) (SP)  
Ventolin HFA (albuterol) inhaler\*  
VePesid (etoposide)\*

### V (cont.)

Verelan PM (verapamil extended release)\*  
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) (CC) (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)  
Vitrakvi (larotrectinib) (CC) (PA) (QL) (SP)  
Vivitrol (naltrexone) (PA) (QL) (SP)  
Vocabria (cabotegravir) (PA) (QL) (SP)  
Voltaren (diclofenac)\*  
Voltaren (diclofenac) solution\*  
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (CC) (PA) (QL) (SP)  
Vosol (acetic acid)\*  
Vosol HC (acetic acid/hydrocortisone)\*  
Vospire ER (albuterol extended release) tablet\*  
Votrient (pazopanib) (CC) (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)  
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) (CC) (PA) (SP)  
Xanax (alprazolam)\*  
Xarelto (rivaroxaban) (QL)  
Xcopri (cenobamate) (PA) (QL) (SP)  
Xeljanz (tofacitinib) (CC) (PA) (QL) (SP)  
Xeljanz XR (tofacitinib) (CC) (PA) (QL) (SP)  
Xeloda (capecitabine)\* (PA) (SP)  
Xenazine (tetrabenazine)\* (SP)  
Xgeva (denosumab) (CC) (PA) (SP)  
Xifaxan (rifaximin) (PA) (SP)  
Xiidra (lifitegrast) (CC) (PA) (QL) (SP)  
Xolair (omalizumab) (prefilled syringes only) (CC) (QL) (PA) (SP)  
Xopenex (levalbuterol)\*  
Xtandi (enzalutamide) (CC) (PA) (SP)  
Xulane (ethinyl estradiol/norelgestromin)\* (QL)

### X (cont.)

Xylocaine (lidocaine) 2% gel\*  
Xyrem (sodium oxybate) (CC) (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)\*  
Zantac (Ranitidine) 75mg/5 mL syrup\* (for members < 1 year of age only)  
Zarontin (ethosuximide)\*  
Zaroxolyn (metolazone)\*  
Zarxio (filgrastim) (CC) (SP)  
Zavesca (miglustat) (SP)  
Zebeta (bisoprolol)\*  
Zegalogue (dasiglucagon) (QL)  
Zejula (niraparib) (CC) (PA) (QL) (SP)  
Zelboraf (vemurafenib) (CC) (PA) (QL) (SP)  
Zepatier (elbasvir/grazoprevir) (PA) (SP)  
Zeposia (ozanimod) (CC) (PA) (QL) (SP)  
Zerit (stavudine)\* (SP)  
Zestoretic (lisinopril/hydrochlorothiazide)\*  
Zestril (lisinopril)\*  
Zetia (ezetimibe)\* (QL)  
Ziac (bisoprolol/hydrochlorothiazide)\*  
Ziagen (abacavir)\* (SP)  
Ziextenzo (pegfilgrastim-bmez) (CC) (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)\*  
Zorbive (somatropin) (PA) (SP) (ST)  
Zortress (everolimus) (CC) (SP)\*  
Zovia (ethinyl estradiol/ethynodiol diacetate)\*  
Zovirax (acyclovir) capsule\*, tablet\*  
Zykadia (ceritinib) (CC) (PA) (QL) (SP)  
Zyloprim (allopurinol)\*  
Zyprexa (olanzapine)\*  
Zytiga (abiraterone acetate)\* (generic only; S0 copay) (CC) (PA) (QL) (SP)  
Zyvox (linezolid)\* (QL) (generic only; oral suspension for members 0-11 years of age)

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(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
- Adempas
- Adlyxin
- Admelog (effective date 04/01/18)
- 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
- Angeliq (effective date date 01/01/20)
- Apidra (effective date 03/01/18)
- Aptiom
- Aralast NP (medical benefit)
- Aristada
- Aristada Initio
- Aspirin
- Astagraf
- Aubagio
- Austedo
- 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)
- Betaseron
- Bethkis
- Bijuva (effective date 01/01/20)
- Blenrep (medical benefit; effective date 04/01/21)
- 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)
- 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)
- Caprelsa
- Celebrex
- Cerdelga (effective date 10/01/21)
- Cerezyme
- Cinqair<sup>1</sup>
- 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)
- Crysvisa (medical benefit)
- 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)
- Descovy
- 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)
- Dupixent<sup>1</sup>
- 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)
- Empliciti

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)

- Emsam patches
- Emverm (effective date 10/01/18)
- Enbrel
- 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)<sup>1</sup>
- Evrysdi (effective date 08/11/20)
- Exjade
- Extavia
- Eylea (medical benefit)
- Fabrazyme (medical benefit; effective date 10/01/18)
- Falessa
- Fanapt (effective date 04/01/20)
- Farxiga
- Farydak
- Fasenra prefilled syringes<sup>1</sup>
- Fasenra pens<sup>1</sup>
- Fensolvi (effective date 10/01/21)
- Fentora
- Feraheme (medical benefit; effective date 07/01/21)
- Ferriprox
- Fetzima
- Fiasp (effective date 04/01/18)
- Firazyr
- Firdapse (effective date 04/01/19)
- Flector
- Forteo
- Fotivda (effective date 10/01/21)
- FreeStyle Libre 2 Reader
- FreeStyle Libre 2 Sensor
- 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
- Hyqvia
- Ibrance
- 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)
- 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)
- Kevzara
- Keytruda (medical benefit)
- Kineret
- Kisqali
- Kitabis Pak
- Kliysi (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
- Letairis
- Levemir (effective date 03/01/18)
- Libtayo (medical benefit; effective date 04/01/19)
- Lidoderm
- Linzess
- 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)
- 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 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
- Metroloction
- Mirvaso (effective date 01/01/19)
- Monjuvi (medical benefit; effective date 01/01/21)
- Monoferric (medical benefit; effective date 07/01/21)
- Motegrity (effective date 07/01/19)
- Movantik
- Mulpleta (effective date 04/01/19)
- Mupirocin cream (effective date 1/1/20)
- Mycapssa (effective date 04/01/21)
- Mylotarg (medical benefit)

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)

- Myobloc (medical benefit)
- Myrbetriq (effective date 07/01/21)
- Naglazyme (medical benefit; effective date 01/01/22)
- Namenda XR
- Natazia
- Natpara
- Nayzilam (effective date 04/01/20)
- Nerlynx (effective date 06/01/18)
- Neupro
- Nexletol<sup>7</sup> (effective date 07/01/20)
- Nexlizet<sup>7</sup> (effective date 07/01/20)
- Nextstellis (effective date 10/01/21)
- Nexviazyme (medical benefit; effective date 01/01/22)
- Nimodipine capsules (effective date 04/01/21)
- Ninlaro
- Norditropin
- Northera (effective date 04/01/19)
- Nouriaz (effective date 10/01/20)
- Novolog (effective date 03/01/18)
- Novolog Mix (effective date 03/01/18)
- Noxafil (effective date 10/01/18)
- Nubeqa (effective date 10/01/20)
- Nucala<sup>8</sup>
- Nuedexta
- 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 Dash (effective date 04/01/20)
- Omnitrope
- Oncaspar (medical benefit; effective date 04/01/19)
- Onpattro (medical benefit; effective date 04/01/19)
- Onfi
- Onivyde (medical benefit)
- Opdivo (medical benefit)
- Opsumit (effective date 04/01/20)
- Orenicia
- Orenitram (effective date 07/01/20)
- Oralair
- 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)
- Palforzia (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
- Pneumovax-23 (under 2 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)
- Praluent<sup>1</sup>
- Prefest (effective date 01/01/20)
- Premphase (effective date 01/01/20)
- PremPro (effective date 01/01/20)
- Prevymis (effective date 06/01/18)
- Pristiq
- Probuphine
- Prolastin-C (medical benefit)
- Prolia
- Promacta
- Provenge (medical benefit)
- Prudoxin cream
- Psoriasis Therapies
- 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 (medical benefit)
- Ragwitek
- Rasuvo
- Rayaldee
- Rebif
- Reblozyl (medical benefit; effective date 04/01/20)
- Relistor
- Remicade (medical benefit)
- Remodulin
- Renflexis (medical benefit)
- Repatha<sup>1</sup>
- Restasis
- Restoril 7.5 mg (effective date 01/01/20)
- Restoril 22.5 mg (effective date 01/01/20)
- Retevmo (effective date 01/01/21)
- Retisert (medical benefit)
- Revatio
- Revlimid
- Rexaphenac
- Rexulti
- Reyvow (effective date 07/01/20)
- Rezurock (effective date 01/01/22)
- Rheumatoid Arthritis Therapies
- Rhofade (effective date 01/01/19)
- Rhopressa (effective 10/01/18)
- Rinvoq (effective date 04/01/20)
- Rituxan (medical benefit)
- Rituxan Hycela (medical benefit; effective date 04/01/19)
- 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
- Sabil
- Saizen
- Samsca (effective date 04/01/20)
- Saphnelo (medical benefit; effective date 01/01/22)
- Saphris (effective date 40/01/20)
- Sarclisa (medical benefit; effective date 10/01/20)
- 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 (effective date 01/01/20)
- Solaraze
- Soliqua
- Soliris (medical benefit)
- Somavert
- Soolantra

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)

- Sorilux Foam (effective date 01/01/20)
- 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)
- Tafilnar
- 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
- Tibsovo (effective date 01/01/20)
- Tiglutik (effective date 04/01/19)
- 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
- Tysabri (medical benefit)
- Tyvaso
- Ukoniq (effective date 10/01/21)
- Ubrelvly (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
- Valtoco (effective date 07/01/20)
- Varubi
- Vascepa
- Vectibix (medical benefit; effective date 07/01/18)
- Vetical Ointment (effective date 01/01/20)
- Veltassa
- Vemlidy (effective date 01/01/21)
- Venclexta
- Venlafaxine ER Tablets
- Verquvo (effective date 07/01/21)
- Verzenio (effective date 04/01/18)
- Viberzi
- Victoza
- Viekira
- Viibryd
- Vitrakvi (effective date 04/01/19)
- Vocabria (effective date 10/01/21)
- Vosevi
- VPRIV
- Vraylar
- Vumerity (effective date 04/01/20)
- Vyepti (medical benefit; effective date 07/01/20)
- Vyndamax (effective date 04/01/20)
- Vyndaqel (effective date 04/01/20)
- Vytorin
- Wakix (effective date 04/01/20)
- Xadago
- Xalkori
- Xcopri (effective date 10/01/20)
- Xeljanz
- Xeljanz XR
- Xeloda
- Xeomin (medical benefit)
- Xepi (effective 10/01/18)
- Xgeva
- Xiaflex (medical benefit)
- Xifaxan
- Xigduo XR (effective 01/01/19)
- Xiidra
- Xofigo (medical benefit)
- Xolair<sup>1</sup>
- 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
- Zorbtive
- Zubsolv
- Zulresso (medical benefit; effective date 07/01/19)
- Zuplenz
- Zykadia
- Zynlonta (medical benefit; effective date 10/01/21)
- 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  $\leq$  12 years of age)
- Actigall
- Ambien CR 12.5 mg
- Astelin
- Astepro
- Atacand
- Atacand HCT
- Avalide
- Avita cream
- Azor
- Benicar
- Benicar HCT
- Boniva 150 mg tabs
- Celebrex
- Concerta<sup>2</sup>
- Coreg CR
- Corgard
- Cymbalta
- Daypro
- Detrol LA 4 mg
- Diovan 320 mg
- Ecoza cream
- Edular
- Enstilar Foam
- Exforge HCT
- Fentora
- Focalin XR<sup>2</sup>
- Frova
- Hectorol
- 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
- Caverject
- Cialis
- Clomid (males only)
- Cosmetic Agents
- Denavir Cream
- Doryx
- Doryx MPC
- Edex
- Evzio
- Fertility Agents
- Flumadine
- Hysingla
- Imvexxy
- Intrarosa
- Jublia
- Kerydin
- Latisse
- Levitra
- Muse
- Naloxone
- Narcan
- Natesto
- Non-controlled Cough and Cold Agents
- Oral Allergy Medication
- Oral Androgen Products
- Ospheña
- 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
- Xofluzá
- 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
- Astepro
- 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
- Epclusa
- Epipen
- Epipen Jr.
- Flector
- Focalin XR
- Gleevec
- Harvoni 90/400 mg tablets
- Hecitorol
- Inderal LA
- Kaletra
- Lialda
- Lyrica
- Nuvaring
- Onfi
- Oral Contraceptives (See Contraceptive Coverage information on page 14)
- ProAir HFA inhaler
- Prometrium
- Protopic
- Proventil HFA inhaler
- 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
- Acyclovir oral solution
- Aczone Gel
- Aczone Gel with Pump
- Adakveo (Rx benefit)
- Adhansia XR
- Adrenacllick
- 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
- Alrex
- Altoprev
- Altreno
- Amcinonide 0.1% Cream
- Amcinonide 0.1% Lotion
- Amcinonide 0.1% ointment
- Amrix
- Amondys 45
- Amzeeq
- Ana-Lex cream
- Anaprox DS
- Anovera
- 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
- 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



## Brand and Generic Versions (continued)

- 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
- 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)
- Impoiz
- Inbrija
- Inderal XL
- Inflectra (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)
- Jeuveau
- Jornay PM
- Kadcylla (Rx benefit)
- Kanjinti
- Kanuma (Rx benefit)
- Karbinal ER
- Kapsargo Sprinkles ER
- Katerzia
- Keragel
- Ketoconazole 2% foam
- Ketodan
- Keveyis
- Keytruda (Rx benefit)
- Kloxxado
- Korsuva (Rx benefit)
- Kristalose
- Krystexxa (Rx benefit)
- Kybella
- Kyleena (Rx benefit)
- Kymriah (Rx benefit)
- Kynmobi
- Lanoxin 187.5 mcg
- Lanoxin 62.5 mcg
- Lartruvo
- Lemtrada (Rx benefit)
- Lexette
- Librax (except NDC: 51293-0607-01)
- 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
- 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
- Miralax
- Mirena (Rx benefit)
- Monjuvi (Rx benefit)
- Monodox
- Monoferric (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)
- Nexviazyme (Rx benefit)
- Nitrofurantoin 25 mg macrocrystals capsules (for members 12 years of age or older)
- Nitrofurantoin Suspension
- Nitrolingual
- Norgesic
- Norgesic Forte
- Noritate
- 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)
- Onivyde (Rx benefit)
- Onmel
- Onpattro (Rx benefit)
- Onzetra Xsail
- Opdivo (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
- Phenoxytro
- 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%)
- Polivy (Rx benefit)
- Portrazza (Rx benefit)
- 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

## Brand and Generic Versions (continued)

- Proctocort suppositories
- Proctofoam-HC
- Prodrin
- Prolastin-C (Rx benefit)
- Promiseb
- Propranolol/  
hydrochlorothiazide
- Propel
- Propel Contour
- Propel Mini
- Protonix
- Provenge (Rx benefit)
- Prozac Weekly
- Pyridium
- Qdolo
- Qnasl
- Quillichew
- Qwo
- Radicava (Rx benefit)
- 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)
- Rybrevant (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)
- Selegiline 5 milligram  
tablets
- Sernivo
- 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
- Soliris (Rx benefit)
- Solodyn
- Solosec
- Sonafine
- Sooanz
- Sotradecol
- 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
- Sutab tablets
- Sylvant (Rx benefit)
- Sympazan
- Synagis (Rx benefit)
- Synerderm
- Synojoynt
- Synvisc
- Synvisc-One
- Tagamet
- Talicia
- Tarka
- Taytulla
- Tazorac
- Tecartus (Rx benefit)
- Tecentriq (Rx benefit)
- Tepezza (Rx benefit)
- Testopel (Rx benefit)
- Tetracaine
- Texacort 2.5% Solution
- Therapevo
- Tirosint
- Tivorbex (effective date  
01/01/19)
- Tolak 4% cream
- Tolsura
- 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)
- 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
- 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
- Vitatruie
- Voltaren 1% gel
- VTOL liquid
- Vusion 0.25%-0.15%  
ointment
- Vyepti (Rx benefit)
- Vyleesi
- Vyondys 53
- Vytone 1.9%-1% cream
- Vyvanse
- Winlevi
- Woundgelha Matrix Gel
- Xalix
- Xaracoll
- Xeomin (Rx benefit)
- Xeroform Gauze
- Xeroform Pads
- Xhance
- Xiaflex (Rx benefit)
- 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)
- Zetonna
- Ziana
- Zilretta
- Zilxi Foam
- Zinplava (Rx benefit)
- Zirgan
- Zoladex (Rx benefit)
- Zolgensma (Rx benefit)
- Zometa (Rx benefit)
- Zovirax oral suspension
- Ztlido
- Zulresso (Rx benefit)
- Zylfo continuous-release/  
extended-release
- Zylfo immediate-release
- Zynlonta (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
- 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
- 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
- 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
- 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
- Bevespi Aerosphere: 1 inhaler per 30 days
- Bafiertam: 4 capsules per day
- 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 2.5 mg: 1 tablet per day
- Bystolic 5 mg: 1 tablet per day
- Bystolic 10 mg: 1 tablet per day
- Bystolic 20 mg: 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
- Caplyta: 1 capsule per day
- Cerdelga: 2 capsules daily
- 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
- Cotelllic: 21 tablets per 28 days
- Cresemba: 1 vial per day; 2 capsules per day
- Crestor: 1 tablet per day
- Cymbalta: 1 capsule per day
- Daklinza: 1 tablet per day
- Daurismo 100 mg: 30 tablets per 30 days
- Daurismo 25 mg: 60 tablets per 30 days

## Quantity Level Limits (continued)

- Descovy: 1 tablet per day
- Detrol LA 2 mg: 1 capsule 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
- 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
- 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
- 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 2 reader: 1 reader per 365 days
- FreeStyle Libre 2 sensor: 2 sensors per 28 days
- Frova tablets: 9 tablets per 30 days
- Fycompa: 1 tablet per day
- 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
- 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



## Quantity Level Limits (continued)

- Hydrocortisone Butyrate 0.1% ointment: 45 grams every 30 days
- Ibrance: 21 tablets per 28 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
- 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
- Lialda: 4 tablets per day
- Librax: 8 capsules per day
- Lidocaine 2% gel: 30 grams per 25 days
- Lidoderm patches: 90 patches per 30 days
- Linzess: 1 tablet per day
- Lipitor: 1 tablet per day
- 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
- Movantik: 1 tablet per day
- Mulpleta: 7 tablets per 365 days
- Mupirocin cream: 60 grams per prescription fill
- Mupirocin ointment 2%: 220 grams every 30 days
- Mycapssa: 4 capsules per day
- Myrbetriq: 1 tablet per day
- 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

## Quantity Level Limits (continued)

- Nourianz: 1 tablet per day
- Nubeqa: 4 tablets per day
- Nucala: 1 vial, auto-injector, or prefilled syringe per 28 days
- Nuplazid: 2 tablets per day
- 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: 1 capsule per day
- Ofev: 2 capsules per day
- Olumiant: 1 tablet per day
- Olysio: 1 capsule per day
- Omeclamox: 80 capsules/tablets per 180 days
- Omnipod Dash: 10 pods per 30 days
- Onglyza: 1 tablet per day
- Opsumit: 1 tablet per day
- Orencia syringes: 4 syringes per 28 days
- Orenitram: 3 tablets per day
- Orencia auto-Injector 125 mg/mL: 4 autoinjectors per 28 days
- Orencia vials: 4 vials per 28 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
- 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
- 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
- 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
- Ranexa: 2 tablets per day
- Rasuvo: 4 auto-injector pens per 30 days
- Rectiv 0.4% ointment: 30 grams every 30 days
- Regranex 0.01% gel: 30 grams every 30 days
- Relistor tablets: 90 tablets per 30 days
- Relistor syringes/vials: 30 prefilled syringes or 30 vials per 30 days
- Relpax tablets: 12 tablets per 30 days
- Remicade: limit based on instructions for use
- Renflexis: limit based on instructions for use
- Repatha 140 mg/mL: 2 syringes/pens per 28 days
- Repatha 420 mg/mL: 1 cartridge per 28 days
- Restasis: 60 single-use vials per 30 days
- Retevmo 40 mg capsules: 2 capsules per day
- Retevmo 80 mg capsules: 4 capsules per day
- Revatio injectable vials: 1,125 milliliters per 30 days
- Revatio oral suspension: 112 milliliters per 30 days
- Revatio tablets: 90 tablets per 30 days
- Revlimid: 30-day supply; limit based on instructions for use
- Rexulti: 1 tablet per day
- Reyvow 50 mg: 4 tablets per 30 days
- Reyvow 100 mg: 8 tablets per 30 days
- 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
- Secuado: 1 patch per day
- Seebri Neohaler: 60 capsules per 30 days
- Segluromet: 2 tablets per day
- Seroquel XR: 2 tablets per day
- 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

## Quantity Level Limits (continued)

- Sivextro tablets: 6 tablets per 30 days
- Sivextro injection: 6 vials per 30 days
- Skyrizi: 2 prefilled syringes per 84 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
- Tasigna: 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
- 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: 1 tablet per day
- 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
- Tysabri: one vial (300 mg/15 mL) per 30 days
- Ubrelvy: 16 tablets per 30 days
- Uceris: 1 tablet per day
- Ukoniq: 4 tablets 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
- 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
- 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

## Quantity Level Limits (continued)

- Viibryd: 30 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
- Vosevi: 1 tablet per day
- Votrient: 800 mg per day; included in split fill program
- Vumerity: 4 capsules per day
- Vyndamax: 1 capsule per day
- Vyndaquel: 4 capsules per day
- Vytorin: 1 tablet per day
- Wakix: 2 tablets per day
- 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
- Xepi: One tube per 30 days
- 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: 120 capsules 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
- Zykadia: 5 capsules per day
- Zypitamag: 1 tablet per day
- 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 <sup>3</sup>	Formulary Alternatives(s)
<b>Acne</b> Myorisan                      Zenatane	Claravis
<b>Antidepressants</b> Pristiq	Venlafaxine capsules, venlafaxine ER capsules
<b>Blood Pressure Medication</b> Atacand                      Benicar HCT                      Micardis Atacand HCT                      Diovan                      Micardis HCT Avalide                      Diovan HCT                      Tekturna Avapro                      Edarbi                      Tekturna HCT Benicar                      Edarbyclor                      Teveten	Lisinopril Lisinopril/HCTZ Losartan Losartan HCT
<b>Cholesterol Lowering Medications</b> Lescol extended-release                      Livalo                      Zypitamag Lescol immediate-release                      Nikita	Atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
<b>Diabetes<sup>4</sup></b> Alogliptin                      Januvia                      Kombiglyze XR Alogliptin/metformin                      Glyxambi                      Nesina Alogliptin/pioglitazone                      Jentadueto                      Onglyza Janumet                      Jentadueto XR                      Oseni Janumet XR                      Kazano                      Tradjenta	Metformin
<b>Gastrointestinal Medications</b> Delzicol                      Giazio                      Pentasa Dipentum                      Lialda	Balsalazide, mesalamine ER 0.375 mg capsules, mesalamine 800 mg tablets, sulfasalazine
<b>Growth Hormone</b> Humatrope                      Omnitrope                      Zomacton Nutropin                      Saizen Nutropin AQ                      Tev-Tropin	Genotropin, Norditropin
<b>Immune Modulators</b> Amjevita                      Kineret                      Stelara intravenous injection Cimzia                      Orencia                      Stelara subcutaneous injection Enbrel                      Remicade                      Xeljanz Erelzi                      Renflexis                      Xeljanz XR Inflectra                      Simponi (subcutaneous)	Humira
<b>Stimulants</b> Nuvigil	Modafinil

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

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

## Specialty Drug Benefit

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

- Actemra
- Acthar gel
- Actimmune
- Adempas
- Adcetris
- Adcirca
- Advate
- Afinitor
- Aimovig
- Ajovy
- Alecensa
- Alkeran
- Alyq
- Alunbrig
- Ampyra
- Aptivus
- Aralast NP
- Aranesp
- Arava
- Arcalyst
- Arimidex
- Aristada
- Aristada Initio
- Aromasin
- Atripia
- Aubagio
- Austedo
- Avonex
- Ayvakit
- Bafiertam
- Balversa
- Banzel
- Baraclude
- Benlysta
- Berinert
- Betaseron
- Bethkis
- Bethkis
- Biktarvy
- Bosulif
- Braftovi
- Bronchitol
- Brukinsa
- Buphenyl
- Bylvay
- Cabenuva
- Cablivi
- Cabometyx
- Caprelsa
- Cayston
- Cellcept
- Cerdelga
- Cerezyme
- Cimzia<sup>8</sup>
- Cinqair<sup>8</sup>
- Cinryze
- Combivir
- Cometriq
- Complera
- Copaxone
- Copegus
- Copiktra
- Costenyx
- Cotellic
- Cresemba
- Crixivan
- Cuprimine
- Cyclophosphamide
- Cystagon
- Cytovene
- Daklinza
- Daurismo
- Descovy
- Desferal
- Doptelet
- Dupixent
- Edurant
- Egriftra
- Eligard
- Emcyt
- Emgality
- Emtriva
- Enbrel<sup>5</sup>
- Enspryng
- Eplclusa
- Epidiolex
- Epivir
- Epivir HBV
- Epogen
- Epoprostenol
- Epzicom
- Ergamisol
- Erivedge
- Erleada
- Esbriet
- Evenity
- Evrysdi
- Exjade
- Extavia
- Fareston
- Farydak
- Fasenna pens<sup>6</sup>
- Fasenna prefilled syringes<sup>6</sup>
- Femara
- Fensolvi
- Ferriprox
- Firazyr
- Firdapse
- Firmagon
- Flolan
- Forteo
- Fotivda
- Fuzeon
- Fycompa
- Gattex
- Gavreto
- Gengraf
- Genotropin
- Genvoya
- Gilenya
- Gilotrif
- Glassia
- Gleevec
- Gleostine
- Granix
- Haegarda
- Harvoni
- Hecoria
- Hepsera
- Hetlioz
- Humatrope<sup>7</sup>
- Humira
- Hycamtin
- 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
- Lokelma
- Lonsurf
- Lorbrena
- Lumakras
- Lupkynis
- Lupron
- Lynparza
- Lysodren
- Matulane
- Mavenclad
- Mavyret
- Mayzent
- Mekinist
- Mektovi
- Mozobil
- Mulpleta
- Mycapssa
- Myfortic
- Myleran
- Natpara
- Nayzilam
- Neoral
- Nerlynx
- Neulasta
- Neumega
- Neupogen
- Nexavar
- Nexletol
- Nexlizet
- Ninlaro
- Norditropin
- Northera
- Norvir
- Nourianz
- Noxafil
- Nplate
- Nubeqa
- Nucala<sup>6</sup>
- Nuedexta
- Nuplazid
- Nurtec Orally Disintegrating Tablets
- Nutropin<sup>7</sup>
- Nutropin AQ<sup>7</sup>
- Nuzyra
- Nymalize oral solution
- Ocaliva
- Octreotide
- Odefsey
- Odomzo
- Ofev
- Olumiant
- Olysio
- Omnitrope<sup>7</sup>
- Omontys
- Onfi
- Opsumit
- Orenicia<sup>5</sup>
- Orenitram
- Orfadin
- Orilissa
- Orkambi
- Otezla
- Oxbryta
- Oxervate
- Oxsoralen
- Oxtellar XR
- Palforzia
- Panretin
- Peg Intron
- Pegasys
- Pemazyre
- Piqray
- Plegridy
- Pomalyst

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)

- Ponvory
- Praluent<sup>8</sup>
- Prevyomis
- Prezista
- Probuphine
- Procrit
- Prograf
- Prolastin-C
- Prolia
- Promacta
- Pulmozyme
- Purinethol
- Purixan
- Qbrexza
- Qinlock
- Qulipta
- Rapamune
- Rasuvo
- Ravicti
- Rebetol
- Rebif
- 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
- Saizen<sup>7</sup>
- Samsca
- Sandimmune
- Sandostatin
- Selzentry
- Sensipar
- Sermorelin
- Serostim<sup>13</sup>
- Simponi<sup>11</sup>
- Sivextro
- Skyrizi
- Somavert
- Soriatane
- Sovaldi
- Spravato
- Spritam
- Sprycel
- Stelara intravenous injection<sup>5,6</sup>
- Stelara subcutaneous injection<sup>5,6</sup>
- Stimate
- Stivarga
- Strensiq
- Stribild
- Sucraid
- Sulfamylon
- Sunosi
- Sustiva
- Sutent
- Sylatron
- Symdeko
- Synarel
- Syprine
- Tabloid
- Tafinlar
- Tagrisso
- Takhzyro
- Taltz
- Talzenna
- Tarceva
- Targretin
- Tassigna
- Tavalisse
- Tavneos
- Tazverik
- Tecfidera
- Technivie
- Tegsedi
- Temodar
- Teriparatide
- Tepmetko
- Tev-Tropin<sup>7</sup>
- Thalomid
- Thioguanine
- Tibsovo
- Tiglutik
- Tivicay
- TOBI
- TOBI Podhaler
- Tracleer
- Trelstar
- Triumeq
- Trizivir
- Truvada
- Tukysa
- Turalio
- Tykerb
- Tymlos
- Tyvaso
- Tyzeka
- Ubrovelvy
- Ukoniq
- Upneeq
- Upravi
- Valcyte
- Valtoco
- Veletri
- Veltassa
- Vemlidy
- Venclexta
- Ventavis
- VePesid
- Verquvo
- Vesanoïd
- Videx
- Videx EC
- Viekira
- Viracept
- Viramune
- Viread
- Vitekta
- Vitrakvi
- Vivitrol
- Vocabria
- Vosevi
- Votrient
- Vumerity
- Vyndamax
- Vyndaqel
- Wakix
- Xalkori
- Xeljanz
- Xeljanz XR
- Xeloda
- Xenazine
- Xgeva
- Xolair<sup>6</sup>
- Xtandi
- Xywav
- Xyrem
- Zarxio
- Zavesca
- Zejula
- Zelboraf
- Zemaira
- Zepatier
- Zeposia
- Zerit
- Ziagen
- Xiïdra
- Xcopri
- Zokinvy
- Zoladex
- Zolanza
- Zorbtive<sup>7</sup>
- Zortress
- 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:

- Actemra
- Actemra ACTPen
- Acthar Gel
- Adcirca
- Advate
- Adynovate
- Aimovig
- Ajovy
- Alecensa
- Alunbrig
- Ampyra
- Atripila
- Aubagio
- Avonex
- Banzel
- Benlysta subcutaneous
- Berinert
- Betaseron
- Biktarvy
- Brukinsa
- Cabometyx
- Cayston
- Cimzia
- Cinqair
- Complera
- Copaxone
- Cosentyx
- Daurismo
- Descovy
- Doptelet
- Dupixent
- Emgality
- Enbrel
- Epcclusa
- Esbriet
- Evenity
- Exjade
- Fasenna
- Forteo
- Fulphila
- Fycompa
- Genvoya
- Gilenya
- Glatiramer acetate
- Glatopa
- Gleevec
- Harvoni
- Humatrope
- Humira
- Ibrance
- Ilaris
- Imatinib
- Imbruvica
- Inlyta
- Inrebic
- Intelence
- Iressa
- Isentress
- Isentress HD
- Jadenu
- Jakafi
- Juluca
- Kalydeco
- Kevzara
- Kineret
- Kisqali
- Koselugo
- Lenvima
- Lorbrena
- Lupron Depot
- Lupron Depot-Ped
- Lynparza
- Mavyret
- Mayzent
- Mekinist
- Neulasta
- Ninlaro
- Norditropin
- Norvir
- Nourianz
- Nubeqa
- Nucala
- Nurtec Orally Disintegrating Tablets
- Odefsey
- Odomzo
- Ofev
- Olumiant
- Orenicia
- Orenitram
- Orilissa
- Orkambi
- Otezla
- Oxbryta
- Oxtellar XR
- Pemazyre
- Praluent
- Promacta
- Pomalyst
- Prezista
- Prolia
- Pulmozyme
- Rebif
- Remodulin
- Repatha
- Restasis
- Restasis Multidose
- Revlimid
- Reyvow
- Rozlytrek
- Rubraca
- Rydapt
- Sandostatin
- Simponi subcutaneous
- Sivextro
- Somavert
- Sovaldi
- Spritam
- Sprycel
- Stelara intravenous injection
- Stelara subcutaneous injection
- Stivarga
- Stribild
- Sustiva
- Sutent
- Tafenlar
- Tagrisso
- Talzenna
- Tassigna
- Tavalisse
- Teriparatide
- Tivicay
- Tracleer tablets for oral suspension
- Tremfya
- Trikafta
- Triumeq
- Truvada
- Tykerb
- Tymlos
- Tyvaso
- Ubrovelvy
- Udenyca
- Upravi
- Venclexta
- Viekira Pak
- Vitrakvi
- Vosevi
- Votrient
- Xalkori
- Xeljanz
- Xeljanz XR
- Xgeva
- Xiidra
- Xolair
- Xtandi
- Xyrem
- Zaxxio
- Zejula
- Zelboraf
- Zeposia
- Ziextenzo
- Zortress
- Zykadia



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

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

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.



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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](http://clevelandclinic.org)