

Cleveland Clinic Employee Health Plan Prescription Drug Formulary



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CLEVELAND CLINIC HBP PRESCRIPTION DRUG FORMULARY

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Cleveland Clinic Health Benefit Program

Drug Formulary

April 2025

Prescription Drug Coverage

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

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

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

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

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

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

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

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

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

Important Points About the *HBP Prescription Drug Formulary*

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

Notice

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

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

Drug Formulary Medications by Category

ALLERGY/COUGH & COLD/ RESPIRATORY

Anticholinergic, Inhaled Nasal

Atrovent (ipratropium)*

Anticholinergic, Inhaled Oral

Atrovent (ipratropium) inhalation solution*

Atrovent HFA (ipratropium) inhaler

Incruse Ellipta (umeclidinium bromide) (QL)

Lonhala Magnair (glycopyrrolate) (PA) (QL)

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

Tudorza Pressair (aclidinium)

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

Anticholinergic/Beta Agonist, Inhaled Oral

Bevespi Aerosphere (glycopyrrolate/
formoterol) (QL)

Combivent Respimat (ipratropium/albuterol)
inhaler

Duoneb (ipratropium/albuterol)*

Antihistamines, Oral

Atarax (hydroxyzine HCl)*

Cyproheptadine tablets*, syrup*

Phenergan (promethazine)*

Vistaril (hydroxyzine pamoate)*

Anti-Inflammatory, Inhaled Oral

Arnuity Ellipta (fluticasone) (QL)

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

Flovent Diskus, HFA (fluticasone)* inhaler

Pulmicort (budesonide) inhaler

Pulmicort Respules (budesonide)*

Qvar (beclomethasone) inhaler

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

Advair Diskus (fluticasone/salmeterol)*

Advair HFA (fluticasone/salmeterol)*

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

Breo Ellipta (fluticasone/vilanterol) (QL)

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

Symbicort (budesonide/formoterol)*

Beta Agonists, Inhaled Oral

Accuneb (albuterol) inhalation solution*

Arcapta (indacaterol) Neohaler

Brovana (arformoterol)*

Perforomist (formoterol)*

Proventil (albuterol) inhalation solution*

Proventil HFA (albuterol) inhaler*

ProAir HFA (albuterol) inhaler*

Serevent Diskus (salmeterol)

Ventolin HFA (albuterol) inhaler*

Xopenex (levalbuterol)*

ALLERGY/COUGH & COLD/ RESPIRATORY (cont.)

Beta Agonists, Oral

Alupent (metaproterenol) syrup*, tablet*

Brethine (terbutaline) tablet*

Proventil (albuterol) tablet*, syrup*

Vospire ER (albuterol extended release) tablet*

Cough/Cold

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

Leukotriene Modulator

Accolate (zafirlukast)*

Singulair (montelukast)*

Miscellaneous Agents

Berinert (C1 inhibitor) (PA) (SP)

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

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

Cayston (aztreonam) inhalation solution (SP)

Cinqair (reslizumab) (PA) (SP)

Cinryze (C1 inhibitor) (PA) (SP)

Cuvposa (glycopyrrolate)* (PA)

Daliresp (roflumilast) (PA)*

Elixophyllin (theophylline) elixir

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

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

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

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

Firazyr (icatibant) (PA) (SP)

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

Haegarda (C1 inhibitor) (PA) (SP)

Intal (cromolyn sodium) inhalation solution*

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

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

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

Lysteda (tranexamic acid)* (QL)

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

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

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

Ohtuvayre (ensifentrine) (PA) (QL) (SP)

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

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

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

Pulmozyme (dornase alfa) inhalation solution (SP)

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

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

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

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

ALLERGY/COUGH & COLD/ RESPIRATORY (cont.)

Miscellaneous Agents (cont.)

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

Theo-Dur (theophylline)*

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

TOBI (tobramycin) Podhaler (PA) (SP)

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

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

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

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

ANALGESICS

Arthritis

Actemra (tocilizumab) (Tyenne preferred) (PA)
(QL) (SP)

Adalimumab-fkjp (unbranded Hulio) (Hadlima
preferred) (PA) (QL) (SP)

Arava (leflunomide)* (SP)

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

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

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

Gengraf (cyclosporine)* (SP)

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

Imuran (azathioprine)*

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

Kineret (anakinra) (PA) (SP)

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

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

Orencia (abatacept) (PA) (SP)

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

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

Plaquenil (hydroxychloroquine)* (QL)

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

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

Rheumatrex (methotrexate)*

Sandimmune (cyclosporine) capsules*, solution
(SP)

Simponi (golimumab) (PA) (SP)

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

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

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

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

Gout

Benemid (probenecid)*

Colcrys (colchicine)

Uloric (febuxostat)* (PA) (QL)

Zyloprim (allopurinol)*

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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.)*

Migraine

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

Muscle Relaxants

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

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

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

ANALGESICS *(cont.)*

Opioid Analgesics

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

Systemic Lupus Erythematosus

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

ANTI-INFECTIVES

(Antibiotics/Antifungals/Antivirals)

Antifungals, Oral

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

Antifungals, Topical

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

Antivirals, Injectable

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

ANTI-INFECTIVES *(cont.)*

(Antibiotics/Antifungals/Antivirals)

Antivirals, Injectable *(cont.)*

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

Antivirals, Oral

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

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Drug Formulary Medications by Category (continued)

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

Antivirals, Oral (cont.)

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

Antivirals, Topical

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

Antibiotics, Oral Cephalosporins

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

Erythromycins/Macrolides

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

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

Erythromycins/Macrolides (cont.)

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

Penicillins

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

Quinolones

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

Sulfas

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

Tetracyclines

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

Miscellaneous

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

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

Antibiotics, Topical

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

Antimalarials

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

Antimycobacterials

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

Urinary Tract Agents

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

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

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

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Drug Formulary Medications by Category *(continued)*

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

Vaccines *(cont.)*

Flucelvax Quadrivalent [influenza virus vaccine (inactivated)]
 Flulaval Quadrivalent [influenza virus vaccine (inactivated)]
 Fluzone High-Dose Quadrivalent [influenza virus vaccine (inactivated)]
 Fluzone Quadrivalent [influenza virus vaccine (inactivated)]
 Gardasil 9 [human papillomavirus vaccine (9-valent)] (\$0 copay; for members 9-45 years of age)
 Havrix (hepatitis A vaccine) (\$0 copay; for members 12 months through 18 years of age)
 Hiberix (haemophilus b conjugate vaccine) (\$0 copay)
 HyperTET [Tetanus Immune Globulin (Human)] (\$0 copay)
 Infanrix (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay)
 IPOL [poliovirus vaccine (inactivated)] (\$0 copay)
 Menactra [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; for members ≥ 9 months to ≤ 55 years of age)
 MenQuadFi [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; ≥ 2 years of age)
 Menveo [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; 2-vial formulation for members ≥ 2 months through 55 years of age; 1-vial formulation for members ≥ 10 years to ≤ 55 years of age)
 M-M-R II (measles, mumps, and rubella virus vaccine) (\$0 copay)
 Moderna (COVID-19 Vaccine, mRNA) (\$0 copay; for members ≥ 6-11 years of age)
 Novavax (COVID-19 Vaccine, subunit) (\$0 copay)
 PedvaxHIB (haemophilus b conjugate vaccine) (\$0 copay)
 Penbraya [Meningococcal (Groups A / B / C / W / Y) Vaccine] (\$0 copay; for members ≥ 10 through 25 years of age) (QL)
 Pentacel (diphtheria/tetanus toxoids/acellular pertussis/poliovirus/haemophilus b conjugate vaccine) (\$0 copay)
 Pfizer-BioNTech (COVID-19 Vaccine, mRNA) (\$0 copay; for members ≥ 5-11 years of age)
 Pfizer COVID-19 Vaccine [COVID-19 Vaccine (mRNA)] (\$0 copay)
 Pneumovax-23 (pneumococcal polysaccharide) (\$0 copay; for members ≥ 65 years of age) (QL)
 Prevnar-13 (pneumococcal conjugate) (\$0 copay; for members ≥ 2 months-25 years of age) (QL)

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

Vaccines *(cont.)*

Prevnar-20 (pneumococcal conjugate) (\$0 copay) (QL)
 Priorix (measles, mumps, and rubella virus vaccine) (\$0 copay)
 ProQuad (measles, mumps, rubella and varicella virus vaccine) (\$0 copay)
 Recombivax HB [hepatitis B vaccine (recombinant)] (\$0 copay)
 Rotarix (rotavirus vaccine) (\$0 copay)
 RotaTeq (rotavirus vaccine) (\$0 copay)
 Shingrix (zoster vaccine recombinant, adjuvanted) (\$0 copay; for members ≥ 50 years of age) (QL)
 Spikevax (COVID-19 Vaccine, mRNA) (\$0 copay)
 TDVax (diphtheria/tetanus toxoids) (\$0 copay)
 Tenivac (diphtheria/tetanus toxoids) (\$0 copay)
 Trumenba [meningococcal (group B) vaccine] (\$0 copay)
 Twinrix (hepatitis A and B recombinant vaccine) (\$0 copay; for members 12 months through 18 years of age)
 Vaxna (hepatitis A vaccine) (\$0 copay; for members 12 months through 18 years of age)
 Varivax (varicella virus vaccine) (\$0 copay)
 Vaxelis [diphtheria/tetanus toxoids/acellular pertussis/hepatitis B (Recombinant)/poliovirus (inactivated)/haemophilus influenzae B conjugate (adsorbed) vaccine] (\$0 copay)
 Vaxneuvance (pneumococcal conjugate) (\$0 copay) (PA) (QL)

Vaginal Agents

MetroGel Vaginal (metronidazole)*

CARDIOVASCULAR (Blood Pressure/Heart/Cholesterol)

ACE Inhibitors

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

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

ACE Inhibitors *(cont.)*

Zestoretic (lisinopril/hydrochlorothiazide)*
 Zestril (lisinopril)*
Angiotensin II Receptor Blockers
 Avalide (irbesartan/hydrochlorothiazide)*
 Avapro (irbesartan)*
 Azor (amlodipine/olmesartan)*
 Benicar (olmesartan)*
 Benicar HCT (olmesartan/hydrochlorothiazide)*
 Cozaar (losartan)*
 Diovan (valsartan)*
 Diovan HCT (valsartan/hydrochlorothiazide)*
 Entresto (sacubitril/valsartan) (PA) (QL)
 Hyzaar (losartan/hydrochlorothiazide)*
 Micardis (telmisartan)*

Antiarrhythmic Agents

Betapace (sotalol)*
 Cordarone (amiodarone)*
 Mexitil (mexiletine)*
 Multaq (dronedaron) (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)* (QL)
 Coreg (carvedilol)*
 Inderal (propranolol)*
 Inderal LA (propranolol extended-release)*
 Lopressor (metoprolol)*
 Sectral (acebutolol)*
 Tenoretic (atenolol/chlorthalidone)*
 Tenormin (atenolol)*
 Toprol XL (metoprolol extended-release)*
 Trandate (labetalol)* (400 mg tablets are excluded)
 Viskin (pindolol)*
 Zebeta (bisoprolol)*
 Ziac (bisoprolol/hydrochlorothiazide)*

Calcium Channel Blockers

Adalat CC (nifedipine extended release)*
 Calan (verapamil)*
 Calan SR (verapamil extended release)*
 Cardizem (diltiazem)*
 Cardizem CD (diltiazem extended release)*
 Cardizem SR (diltiazem extended release)*
 Lotrel (amlodipine/benazepril)*
 Nimodipine capsules* (PA) (QL)
 Norvasc (amlodipine)*
 Nymalize (nimodipine) oral solution (PA) (QL) (SP)

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Drug Formulary Medications by Category (continued)

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

Calcium Channel Blockers (cont.)

Plendil (felodipine extended release)*
Procardia XL (nifedipine extended release)*
Sular (nisoldipine extended release)*
Verelan PM (verapamil extended release)*

Cholesterol-Lowering Agents

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

Coagulation Therapy

Advate (antihemophilic factor) (PA) (QL) (SP)
Adynovate (recombinant pegylated antihemophilic factor) (PA) (QL) (SP)
Aggrenox (dipyridamole extended release/aspirin)* (generic only)
Agrylin (anagrelide)*
Altuviiio (antihemophilic factor, recombinant [Fc-VWF-XTEN Fusion Protein]) (PA) (QL) (SP)
Arixtra (fondaparinux)*
Cabliivi (caplacizumab) (PA) (QL) (SP)
Coumadin (warfarin)**
Effient (prasugrel)*
Eliquis (apixaban) (QL)
Kovaltry (antihemophilic factor) (PA) (QL) (SP)
Lovenox (enoxaparin)*
Persantine (dipyridamole)*

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

Coagulation Therapy (cont.)

Plavix (clopidogrel)*
Pletal (cilostazol)*
Trental (pentoxifylline)*
Xarelto (rivaroxaban) (QL) (oral suspension excluded for members 12 years of age and older)

Diuretics

Aldactazide (spironolactone/hydrochlorothiazide)*
Aldactone (spironolactone)*
Azilect (rasagiline)*
Benadryl (diphenhydramine)* (50 mg only)
Bumex (bumetanide)*
Demadex (torsemide)*
Diuril (chlorothiazide)*
Dyazide (triamterene/hydrochlorothiazide)*
HydroDIURIL (hydrochlorothiazide)*
Hygroton (chlorthalidone)*
Inspira (eplerenone)*
Lasix (furosemide)*
Lozol (indapamide)*
Maxzide (triamterene/hydrochlorothiazide)*
Midamor (amiloride)*
Moduretic (amiloride/hydrochlorothiazide)*
Zaroxolyn (metolazone)*

Nitrates

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

Orthostatic Hypotension

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

Pulmonary Arterial Hypertension

Adcirca (tadalafil)* (PA) (QL) (SP)
Adempas (riociguat) (PA) (QL) (SP)
Alyq (tadalafil)* (PA) (QL) (SP)
Flolan (epoprostenol)* (SP)
Letairis (ambrisentan)* (PA) (QL) (SP)
Opsumit (macitentan)* (PA) (QL) (SP)
Orenitram (treprostinil) (PA) (QL) (SP)
Winrevair (sotatercept) (PA) (QL) (SP)
Remodulin (treprostinil)* (PA) (SP) (generic only)
Revatio (sildenafil)* (PA) (SP) (generic only)
Tracleer (bosentan)* (PA) (QL) (SP)
Tyvaso (treprostinil) (PA) (SP)

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

Pulmonary Arterial Hypertension (cont.)

Uptravi (selexipag) (PA) (SP)
Ventavis (iloprost) (SP)

Miscellaneous Agents

Aldomet (methyldopa)*
Aldoril (methyldopa/hydrochlorothiazide)*
Apresoline (hydralazine)*
Camzyos (mavacamten) (PA) (QL) (SP)
Cardura (doxazosin)*
Catapres (clonidine) tablet*
Catapres-TTS (clonidine) patch*
Corlanor (ivabradine)* (PA) (QL)
Corzide (nadolol/bendroflumethiazide)*
Hytrin (terazosin)*
Lanoxin (digoxin) tablet**
Loniten (minoxidil) tablet*
Minipress (prazosin)*
Ranexa (ranolazine)* (PA) (QL)
Serpasil (reserpine)*
Tenex (guanfacine)*
Tryvio (aprocitentan) (PA) (QL) (SP)
Verquvo (vericiguat) (PA) (QL) (SP)
Vyndamax (tafamidis) (PA) (QL) (SP)
Vyndaqel (tafamidis meglumine) (PA) (QL) (SP)

CENTRAL NERVOUS SYSTEM

Alzheimer's

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

Anticonvulsants

Aptiom (eslicarbazepine) (PA) (QL)
Banzel (rufinamide) tablets, oral suspension* (CC) (PA) (SP)
Briviact (brivaracetam) (PA) (QL)
Carbatrol (carbamazepine extended release)*
Celontin (methsuximide)
Depakene (valproic acid)*
Depakote (divalproex)*
Diacomit (stiripentol) (PA) (QL) (SP)
Diastat (diazepam rectal gel)*
Dilantin (phenytoin)**
Epidiolex (cannabidiol) (PA) (SP)
Felbatol (felbamate)*
Fintepla (fenfluramine) (PA) (QL) (SP)
Fycompa (perampanel) (CC) (PA) (QL) (SP)
Gabitril (tiagabine)*
Keppra (levetiracetam)*
Keppra XR (levetiracetam)*
Klonopin (clonazepam)*

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Drug Formulary Medications by Category (continued)

CENTRAL NERVOUS SYSTEM (cont.)

Anticonvulsants (cont.)

Lamictal (lamotrigine)*
Lamictal ODT (lamotrigine orally disintegrating tablets)*
Lamictal XR (lamotrigine extended release)*
Libervant (diazepam) (PA) (QL) (SP)
Lyrica (pregabalin)*
Mysoline (primidone)*
Nayzilam (midazolam) (PA) (QL) (SP)
Neurontin (gabapentin)*
Onfi (clobazam)* (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)*
Zonisade (zonisamide; excluded for members 12 years of age and older) (QL)
Zonegran (zonisamide)*
Ztalmy (ganaxolone) (PA) (QL) (SP)

Antidepressants Selective Serotonin Reuptake Inhibitors

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

Tricyclics

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

Miscellaneous Antidepressants

Auvelity (dextromethorphan/bupropion) (PA) (QL)
Cymbalta (duloxetine)* (QL)
Desyrel (trazodone)*
Effexor (venlafaxine)*
Effexor XR (venlafaxine extended-release) capsules*, tablets* (PA) (QL)
Emsam (selegiline transdermal) (PA)
Exxua (gepirone) (PA) (QL)

CENTRAL NERVOUS SYSTEM (cont.)

Miscellaneous Antidepressants (cont.)

Ludomil (maprotiline)*
Parnate (tranylcypromine)*
Remeron (mirtazapine)*
Savella (milnacipran) (PA) (QL)
Spravato (esketamine) (PA) (QL) (SP)
Trintellix (vortioxetine) (PA) (QL)
Viiibryd (vilazodone)* (PA) (QL)
Wellbutrin (bupropion)*
Wellbutrin SR (bupropion extended release)*
Wellbutrin XL (bupropion extended release)* (QL)
Zurzuvae (zuranolone) (PA) (QL) (SP)

Antiparkinson's

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

Anxiolytics/Sedatives/Hypnotics

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

Attention Deficit Disorder/Narcolepsy

Adderall (dextroamphetamine racemic salts)*
Adderall XR (dextroamphetamine racemic salts extended release)*

CENTRAL NERVOUS SYSTEM (cont.)

Attention Deficit Disorder/Narcolepsy (cont.)

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

Mood Stabilizers

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

Multiple Sclerosis Agents

Ampyra (dalfampridine) (PA) (SP)(QL)* (Mylan generic version excluded)
Aubagio (teriflunomide) (PA) (SP)
Avonex (interferon beta-1a)* (PA) (SP)
Bafiertam (monomethyl fumarate) (PA) (QL) (SP)

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Drug Formulary Medications by Category (continued)

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

Multiple Sclerosis Agents (cont.)

Betaseron (interferon beta-1b) (PA) (SP)
Copaxone (glatiramer acetate)* (PA) (QL) (SP)
Extavia (interferon beta-1b) (PA) (SP)
Gilenya* (fingolimod) (PA) (QL) (SP)
Glatopa* (PA) (QL) (SP)
Kesimpta (ofatumumab) (PA) (QL) (SP)
Mavenclad (cladribine) (PA) (QL) (SP)
Mayzent (siponimod) (PA) (QL) (SP)
Plegridy (peginterferon beta-1a) (PA) (SP)
Ponvory (ponesimod) (PA) (QL) (SP)
Rebif (interferon beta-1a) (PA) (SP)
Tecfidera (dimethyl fumarate)* (generic only;
\$0 copay; excluding NDCs: 00378-0399-91,
00378-0399-18, 43598-0430-60, 00378-0396-14,
43598-0429-52) (PA) (QL) (SP)
Vumerity (diroximel fumarate) (PA) (QL) (SP)
Zeposia (ozanimod) (PA) (QL) (SP)

Miscellaneous

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

DERMATOLOGICAL

Acne Therapy

Claravis (isotretinoin)*
Cleocin T (clindamycin) lotion*, pads*, solution*
(QL)
Differin (adapalene) gel* (0.3% gel only) (PA)

Acne Therapy (cont.)

Erycette (erythromycin) pads* (QL)
Eryderm (erythromycin) topical solution* (QL)
Erygel (erythromycin) topical gel* (QL)
Erythromycin 5 mg/g ointment*
Klaron (sulfacetamide)*
Retin-A (tretinoin) gel* (QL)
Tazorac (tazarotene) cream*, gel* (for members
< 35 years of age only)

Antipsoriatic/Antiseborrheic

Bimzelx (bimekizumab) (PA) (QL) (SP)
Cosentyx (secukinumab) (PA) (QL) (SP)
Dovonex (calcipotriene)* (QL)
Ilumya (tildrakizumab) (PA) (QL) (SP)
Oxsoralen-Ultra (methoxsalen) (PA) (SP)
Skyrizi (risankizumab-rzaa) (PA) (QL) (SP) (ST)
Soriatane (acitretin)* (SP)
Sotyktu (deucravacitinib) (PA) (QL) (SP)
Stelara (ustekinumab) (PA) (QL) (SP)
Taltz (ixekizumab) (PA) (QL) (SP)
Vtama (tapinarof) (PA) (QL) (SP)
Zoryve (roflumilast) (PA) (QL) (SP)

Immunomodulator

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

Rosacea

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

Topical Corticosteroids

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

DERMATOLOGICAL (cont.)

Miscellaneous

Abdry (tralokinumab) (PA) (QL) (SP)
Cibinqo (abrocitinib) (PA) (QL) (SP)
Drysol (aluminum chloride hexahydrate)*
Drysol Dab-O (aluminum chloride hexahydrate)*
Dupixent (dupilumab) (PA) (QL) (SP)
Efudex (fluorouracil)* (QL)
Elimite (permethrin) cream*
Filsuvez (birch triterpenes) (PA) (QL) (SP)
Fluorouracil solution* (QL)
Klisyri (tirbanibulin) (PA) (QL) (SP)
Kwell (lindane) lotion*, shampoo*
Leqselvi (deuruxolitinib) (PA) (QL) (SP)
Litfulo (ritilecitinib) (PA) (QL) (SP)
Opzelura (ruxolitinib) (PA) (QL) (SP)
Panretin (alitretinoin) (SP) (QL)
Qbrexza (glycopyrronium) (PA) (QL) (SP)
Sulfamylon (mafenide) cream, lotion (SP)
Vyjuvek (beremagene geperpavec) (PA) (QL) (SP)
Xylocaine (lidocaine) 2% gel*

ENDOCRINE/DIABETES

Adrenal Hormones

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

Antiandrogens

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

Antithyroid

Propylthiouracil (propylthiouracil)*
Tapazole (methimazole)*

Carnitine

Carnitor (levocarnitine)*

Glucose Elevating Agents

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

Growth Hormone Releasing Factor

Egrifta (tesamorelin) (PA) (SP)

Human Growth Hormone Receptor Antagonist

Somavert (pegvisomant) injection (PA) (SP)

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(CC)—Copay Card

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

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

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

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

Drug Formulary Medications by Category (continued)

ENDOCRINE/DIABETES (cont.)

Human Growth Hormone

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

Hypoglycemic Agents

Actos (pioglitazone)* (QL)
Actoplus Met (pioglitazone/metformin) tablets*
Amaryl (glimepiride)*
Bydureon BCise (exenatide) (PA) (QL)
Byetta (exenatide)* (PA) (QL)
Diabeta (glyburide)*
Duetact (pioglitazone/glimepiride) tablets*
Farxiga (dapagliflozin) (PA) (QL)
Glucophage (metformin)*
Glucophage XR (metformin extended release)*
Glucotrol (glipizide)*
Glucotrol XL (glipizide extended release)*
Glucovance (glyburide/metformin)*
Glyxambi (empagliflozin/linagliptin) (QL) (ST)
(Farxiga or Jardiance preferred)
Glynase (glyburide)*
Invokana (canagliflozin) (PA) (QL) (Farxiga or
Jardiance preferred)
Invokamet (canagliflozin/metformin) (PA) (QL)
(Farxiga or Jardiance preferred)
Invokamet XR (canagliflozin/metformin) (PA) (QL)
(Farxiga or Jardiance preferred)
Janumet (sitagliptin/metformin) (QL) (ST)
(Alogliptin or Saxagliptin preferred)
Janumet XR (sitagliptin/metformin) (QL) (ST)
(Alogliptin or Saxagliptin preferred)
Januvia (sitagliptin) (QL) (ST) (Alogliptin or
Saxagliptin preferred)
Jardiance (empagliflozin) (PA) (QL)
Jentadueto (linagliptin/metformin) (QL) (ST)
(Alogliptin or Saxagliptin preferred)
Jentadueto XR (linagliptin/metformin) (QL) (ST)
(Alogliptin or Saxagliptin preferred)
Kazano (alogliptin/metformin)* (QL) (ST)
Kombiglyze XR (saxagliptin/metformin)* (QL) (ST)
(Alogliptin or Saxagliptin preferred)
Metaglip (glipizide/metformin)*
Micronase (glyburide)*
Mounjaro (tirzepatide) (PA) (QL)
Nesina (alogliptin)* (QL) (ST)
Onglyza (saxagliptin) (QL) (ST)

ENDOCRINE/DIABETES (cont.)

Hypoglycemic Agents (cont.)

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 or Saxagliptin
preferred) (ST)
Trijardy XR (empagliflozin/linagliptin/metformin)
(PA) (QL) (Farxiga or Jardiance preferred)
Trulicity (dulaglutide) (PA) (QL)
Victoza (liraglutide)* (PA) (QL)
Xigduo XR (dapagliflozin/metformin) (PA) (QL)

Insulin Therapy

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

ENDOCRINE/DIABETES (cont.)

Insulin Therapy (cont.)

Toujeo (insulin human glargine) (PA) (Lantus
preferred)
Tresiba (insulin human degludec) (PA) (Lantus
preferred)

Metabolic Bone Disorders

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

Thyroid Supplement

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

Miscellaneous

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

GASTROINTESTINAL

Antidiarrheals

Imodium (loperamide)*

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10 (PA)—Indicates the drug requires prior authorization.

(CC)—Copoly Copay Card

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

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

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

Drug Formulary Medications by Category (continued)

GASTROINTESTINAL (cont.)

Antidiarrheals (cont.)

Lomotil (diphenoxylate/atropine)*
Paregoric (paregoric)*

Antiemetic/Antivertigo

Akynzeo (netupitant/palonosetron) (PA) (QL)
Antivert (meclizine)* (50 mg tablets excluded)
Anzemet (dolasetron) (QL)
Compazine (prochlorperazine) suppository*, tablet*
Emend (aprepitant) capsules, oral suspension (PA) (QL)
Kytril (granisetron)* (QL)
Marinol (dronabinol)* (PA)
Phenergan (promethazine)*
Reglan (metoclopramide)*
Tigan (trimethobenzamide)*
Varubi (rolapitant) (PA) (QL)
Zofran (ondansetron)* (QL)

Anti-Spasmotic Agents

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

Heartburn/Ulcer Therapies

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

Pancreatic Enzyme

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

Saliva Stimulant

Evovac (cevimeline)*
Salagen (pilocarpine)*

Miscellaneous

Amitiza (lubiprostone)* (QL)
Anusol-HC (hydrocortisone) cream*
Apriso (mesalamine)*
Asacol HD (mesalamine)* (QL)
Azulfidine (sulfasalazine)*
Canasa (mesalamine)*
Cerezyme (imiglucerase) (PA) (SP)
Chronulac (lactulose)*
Colazal (balsalazine)*

GASTROINTESTINAL (cont.)

Miscellaneous (cont.)

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

GENITOURINARY

BPH

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

Urinary Antispasmodics

Detrol (tolterodine)*
Detrol LA (tolterodine)* (QL) (ST) (only 2 mg capsules)
Ditropan (oxybutynin)*
Ditropan XL (oxybutynin extended release)*
Enablex (darifenacin)*
Myrbetriq (mirabegron)* (PA) (QL)
Sanctura (trospium)*

GENITOURINARY (cont.)

Urinary Antispasmodics (cont.)

Sanctura XR (trospium extended release)*
VESicare (solifenacin)*

HEMATOLOGIC

Iron Chelator

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

Miscellaneous

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

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC

Adjunctive Agents

Aranesp (darbepoetin alfa) (SP)
Doptelet (avatrombopag) (PA) (QL) (SP)
Actimmune (interferon gamma-1b) (SP)
Leucovorin (leucovorin)*
Leukine (sargramostim) (SP)
Mircera (methoxy peg-epoetin beta) (SP)
Mupleta (lusutrombopag) (PA) (QL) (SP)
Neumega (oprelvekin) (SP)
Promacta (eltrombopag) (PA) (SP)
Udenyca (pegfilgrastim-cbqv) (SP)
Ziextenzo (pegfilgrastim-bmez) (SP)

Alkylating Agents

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

Antiandrogens

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

Antiestrogens

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

Antimetabolites

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

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Drug Formulary Medications by Category *(continued)*

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Immunosuppressant Therapies

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

Miscellaneous Antineoplastics

Adcetris (brentuximab vedotin) (PA) (SP)
Afinitor (everolimus) (QL) (SP)* (generic only; 10 mg tablets excluded)
Alecensa (allectinib) (PA) (QL) (SP)
Alunbrig (brigatinib) (PA) (QL) (SP)
Arimidex (anastrozole)* (SP)
Aromasin (exemestane)* (SP)
Augtyro (repotrectinib) (PA) (QL) (SP)
Ayvakit (avapritinib) (PA) (QL) (SP)
Balversa (erdafitinib) (PA) (QL) (SP)
Bosulif (bosutinib) (PA) (QL) (SP)
Braftovi (encorafenib) (PA) (QL) (SP)
Brukinsa (zanubrutinib) (PA) (QL) (SP)
Cabometyx (cabozantinib) (PA) (QL) (SP)
Caprelsa (vandetanib) (PA) (SP)
Cometriq (cabozantinib) capsules (PA) (QL) (SP)
Copiktra (duvelisib) (PA) (QL) (SP)
Cotellic (cobimetinib) (PA) (QL) (SP) (glasdegib) (PA) (QL) (SP)
Daurismo (glasdegib) (PA) (QL) (SP)
Eligard (leuprolide) (PA) (SP)
Emcyt (estramustine) (SP)
Erivedge (vismodegib) (PA) (SP)
Farydak (panobinostat) (PA) (QL) (SP)
Femara (letrozole)* (SP)
Fotivda (tivozanib) (PA) (QL) (SP)
Fruzaqla (fruquintinib) (PA) (QL) (SP)
Gilotrif (afatinib) (PA) (SP)

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Miscellaneous Antineoplastics *(cont.)*

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

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Miscellaneous Antineoplastics *(cont.)*

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

OBSTETRICS/GYNECOLOGY

Contraceptives

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

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(PA)—Indicates the drug requires prior authorization.

(CC)—Copay Card

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

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

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

Drug Formulary Medications by Category (continued)

OBSTETRICS/GYNECOLOGY (cont.)

Contraceptives (cont.)

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

Emergency Contraceptives

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

Estrogens/Progestins

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

Miscellaneous

Evista (raloxifene)*
Methergine (methylergonovine)*
Myfembree (relugolix/estradiol/norethindrone) (PA) (QL) (SP)
OriaHnn (elagolix/estradiol/norethindrone) (PA) (QL) (SP)

OBSTETRICS/GYNECOLOGY (cont.)

Miscellaneous

Orgovyx (relugolix) (PA) (QL) (SP)
Orilissa (elagolix) (CC) (PA) (QL) (SP)
Veoza (fezolinetant) (PA) (QL)

OPHTHALMIC

Anti-Infectives

Bacitracin (bacitracin)*
Bleph-10 (sulfacetamide) solution*
Ciloxan (ciprofloxacin)*
Garamycin (gentamicin)*
Ilotycin (erythromycin)*
Neosporin (bacitracin/neomycin/ polymyxin B) ointment*
Neosporin (gramicidin/neomycin/ polymyxin B) solution*
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)*
Prolensa (bromfenac)* solution
Voltaren (diclofenac) solution*

Anti-Inflammatory, Steroidal

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

Beta-Blockers

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

Carbonic Anhydrase Inhibitors

Azopt (brinzolamide)*
Trusopt (dorzolamide)*

Cycloplegic Mydriatics

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

OPHTHALMIC (cont.)

Prostaglandin Agonists

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

Sympathomimetics

Alphagan P (brimonidine)*

Miscellaneous Ophthalmics

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

OTIC

Otic Agents

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

VITAMINS/ELECTROLYTES

Electrolytes

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

Prenatal Vitamins

Prenatal Plus*

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Drug Formulary Medications Alphabetically

A

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

A cont.

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

A cont.

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

B

Bacitracin (bacitracin)*
 Bactrim (sulfamethoxazole/trimethoprim)*
 Bactrim DS (sulfamethoxazole/trimethoprim)*
 Bactroban (mupirocin) cream* (PA) (QL), ointment* (QL)
 Bafiertam (monomethyl fumarate) (PA) (QL) (SP)
 Balversa (erdafitinib) (PA) (QL) (SP)
 Banzel (rufinamide) tablets, oral suspension*(CC) (PA) (SP)
 Baraclude (entecavir) (SP)

B cont.

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

C

Cabliivi (caplacizumab) (PA) (QL) (SP)
 Cabenuva (cabotegravir/rilpivirine) (PA) (QL) (SP)

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Drug Formulary Medications Alphabetically (continued)

C cont.

Cabometyx (cabozantinib) (PA)
(QL) (SP)
Cafergot (ergotamine/cafeine)*
Calan (verapamil)*
Calan SR (verapamil extended release)*
Camptral (acamprosate calcium)*
Camzyos (mavacamten) (PA) (QL) (SP)
Canasa (mesalamine)*
Caplyta (lumateperone) (PA) (QL)
Capoten (captopril)*
Capozide (captopril/
hydrochlorothiazide)*
Caprelsa (vandetanib) (PA) (SP)
Capvaxive (pneumococcal conjugate)
(\$0 copay) (QL)
Carafate (sucralfate) tablet*
Carbatrol (carbamazepine extended
release)*
Cardizem (diltiazem)*
Cardizem CD (diltiazem extended
release)*
Cardizem SR (diltiazem extended
release)*
Cardura (doxazosin)*
Carnitor (levocarnitine)*
Casodex (bicalutamide)*
Cataflam (diclofenac)*
Catapres (clonidine) tablet*
Catapres-TTS (clonidine) patch*
Cayston (aztreonam) inhalation solution
(SP)
Ceclor (cefaclor)*
Ceftin (cefuroxime)*
Celebrex (celecoxib)* (excluding 400 mg
capsules)
Celexa (citalopram)*
Cellcept (mycophenolate)* (SP)
Celontin (methsuximide)
Cerdelga (eliglustat) (PA) (QL) (SP)
Cerezyme (imiglucerase) (PA) (SP)
Chronulac (lactulose)*
Cibinqo (abrocitinib) (PA) (QL) (SP)
Ciloxan (ciprofloxacin)*
Cimzia (certolizumab) (PA) (QL) (SP)
(excluded for Psoriasis)
Cinqair (reslizumab) (PA) (SP)
Cinryze (C1 inhibitor) (PA) (SP)
Cipro (ciprofloxacin)*
Cipro XR (ciprofloxacin extended release)*
Claravis (isotretinoin)*
Cleocin (clindamycin)*
Cleocin T (clindamycin) lotion*, pads*,
solution* (QL)
Climara (estradiol)*
ClimaraPro (estradiol/levonorgestrel)
(PA) (QL)
Clinoril (sulindac)*
Clozaril (clozapine)*
Codeine (codeine sulfate) 30 mg tablets*

C cont.

Cogentin (benztropine)*
Colazal (balsalazide)*
Colcrys (colchicine)
Colestid (colestipol)*
Colyte (polyethylene glycol/
potassium/sodium)*
Combigan (brimonidine/timolol)*
CombiPatch (estradiol/norethindrone)
(PA) (QL)
Combivent Respimat (ipratropium/
albuterol) inhaler
Combivir (zidovudine/lamivudine)* (SP)
Cometriq (cabozantinib) capsules (PA)
(QL) (SP)
Comirnaty (COVID-19 Vaccine, mRNA)
(\$0 copay)
Compazine (prochlorperazine)
suppository*, tablet*
Complera (emtricitabine/rilpivirine/
tenofovir) (SP)
Comtan (entacapone)*
Condylox (podofilox) topical gel
Condylox (podofilox) topical solution*
Copaxone (glatiramer acetate)* (PA) (QL)
(SP)
Copegus (ribavirin)* (SP)
Copiktra (duvelisib) (PA) (QL) (SP)
Cordarone (amiodarone)*
Coreg (carvedilol)*
Corlanor (ivabradine)* (PA) (QL)
Cortef (hydrocortisone)*
Cortene (hydrocortisone)*
Cortisporin (bacitracin/hydrocortisone
neomycin/polymyxin B) ointment*
Cortisporin Otic (hydrocortisone/
neomycin/polymyxin B)*
Cortone Acetate (cortisone)*
Corzide (nadolol/bendroflumethiazide)*
Cosentyx (secukinumab) (PA) (QL) (SP)
Cosopt (dorzolamide/timolol)*
Cotellic (cobimetinib) (PA) (QL) (SP)
Coumadin (warfarin)**
Cozaar (losartan)*
Creon (amylase/lipase/protease)
Crestor (rosuvastatin)* (QL)
Crexont (carbidopa/levodopa extended
release) (PA) (QL)
Crixivan (indinavir) (SP)
Crolom (cromolyn)*
Cuprimine (penicillamine)* (PA) (QL)
(SP)
Cutivate (fluticasone) cream*,
lotion*, ointment*
Cuvposa (glycopyrrolate)* (PA)
Cyclessa (ethinyl estradiol/desogestrel)*
Cyclogyl (cyclopentolate)*
Cyclophosphamide capsules*, tablets (SP)
Cymbalta (duloxetine)* (QL)
Cyproheptadine tablets*, syrup*

C cont.

Cytotec (misoprostol)*
Cytovene (ganciclovir) (SP)

D
D.H.E. (dihydroergotamine)* (PA) (QL)
Daklinza (daclatasvir) (PA) (QL) (SP)
Daliresp (roflumilast)* (PA)
Danocrine (danazol)*
Dapsone (dapson)* (glasdegib) (PA)
(QL) (SP)
Daptacel (diphtheria/tetanus toxoids/
acellular pertussis) (\$0 copay)
Daurismo (glasdegib) (PA) (QL) (SP)
Daybue (trofinetide) (PA) (QL) (SP)
DDAVP (desmopressin acetate)*
Decadron (dexamethasone)*
Decadron (dexamethasone) solution*
Deltasone (prednisone)*
Delzicol (mesalamine)* (ST)
Demadox (torsemide)*
Demerol (meperidine)*
Depakene (valproic acid)*
Depakote (divalproex)*
Depo-Provera (medroxyprogesterone)*
Depen Titratabs (penicillamine)* (PA)
(QL) (SP)
Derma-smoothe (fluocinolone)* 0.01% oil
Descovy (emtricitabine/tenofovir)
(PA) (QL) (SP)
Desyrel (trazodone)*
Detrol (tolterodine)*
Detrol LA (tolterodine)* (QL) (ST) (only 2
mg capsules)
Dexedrine (dextroamphetamine)*
Diabeta (glyburide)*
Diacomit (stiripentol) (PA) (QL) (SP)
Diastat (diazepam rectal gel)*
Dibenzylamine (phenoxybenzamine)
Differin (adapalene) gel* (0.3% gel only)
(PA)
Dificid (fidaxomicin) (PA)
Diflucan (fluconazole) tablet*,
suspension*
Dilantin (phenytoin)**
Dilaudid (hydromorphone)*
Diovan (valsartan)*
Diovan HCT (valsartan/
hydrochlorothiazide)*
Diprolene (augmented
betamethasonedipropionate) cream*,
gel*, ointment*
Diprolene AF (augmented
betamethasonedipropionate) cream*
Diprosone (betamethasone
dipropionate) cream*
Ditropan (oxybutynin)*
Ditropan XL (oxybutynin extended
release)*
Diuril (chlorothiazide)*

D cont.

Divigel (estradiol) gel*
Dolobid (diflunisal)*
Dolophine (methadone)*
Domeboro Otic (aluminum acetate/
acetic acid)*
Doptelet (avatrombopag) (PA) (QL) (SP)
Dostinex (cabergoline)*
Dovato (dolutegravir/lamivudine) (QL)
(SP)
Dovonex (calcipotriene)* (QL)
Drisdol (ergocalciferol)*
Drysol (aluminum chloride hexahydrate)*
Drysol Dab-O (aluminum chloride
hexahydrate)*
Duavee (conjugated estrogens/
bazedoxifene) (PA) (QL)
Duetact (pioglitazone/glimepiride)
tablets*
Dulera (mometasone/formoterol) (\$0
copay)
Duoneb (ipratropium/albuterol)*
Duragesic (fentanyl)*
Duricef (cefadroxil) capsule*
Dupixent (dupilumab) (PA) (QL) (SP)
Dyazide (triamterene/
hydrochlorothiazide)*
Dynapen (dicloxacillin)*

E
E.E.S. (erythromycin ethylsuccinate)*
Edurant (rilpivirine) (SP)
Effexor (venlafaxine)*
Effexor XR (venlafaxine extended-
release) capsules*, tablets* (PA) (QL)
Effient (prasugrel)*
Efudex (fluorouracil)* (QL)
Egrifta (tesamorelin) (PA) (SP)
Elavil (amitriptyline)*
Eldepryl (selegiline) capsules*
Elidel (pimecrolimus)* (PA)
Eligard (leuprolide) (PA) (SP)
Elimite (permethrin) cream*
Eliquis (apixaban) (QL)
Elixophyllin (theophylline) elixir
Ella (ulipristal)
Elocon (mometasone) cream*, lotion*,
ointment*
Elmiron (pentosan polysulfate sodium)
(PA) (QL)
Emcyt (estramustine) (SP)
Emend (aprepitant) capsules, oral
suspension (PA) (QL)
Empaveli (pegcetacoplan) (PA) (QL) (SP)
Emgality (galcanezumab-gnlm) (CC) (PA)
(QL) (SP)
Emsam (selegiline transdermal) (PA)
Emtriva (emtricitabine) (SP)
Enablex (darifenacin)*

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(CC)—Copoly Card

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

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

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

Drug Formulary Medications Alphabetically (continued)

E cont.

Enbrel (etanercept) (PA) (QL) (SP)
(excluded for Psoriasis)
Engerix-B 20 mcg/mL [hepatitis B
vaccine (recombinant)] (S0 copay)
Emspryng (satralizumab) (PA) (QL) (SP)
Entresto (sacubitril/valsartan) (PA) (QL)
Epipen (epinephrine)* (generic only) (QL)
Epipen Jr. (epinephrine)* (generic only)
(QL)
Epivir (lamivudine)* (SP)
Epivir HBV (lamivudine)* (SP)
Epanova (omega-3 carboxylic acids)
(restricted to Cardiology) (QL)
Epclusa (sofosbuvir/velpatasvir)*
(generic only) (PA) (QL) (SP)
Epidiolex (cannabidiol) (PA) (SP)
Epzicom (abacavir/lamivudine)* (SP)
Equanil (meprobamate)*
Ergomar (ergotamine) (PA) (QL)
Erivedge (vismodegib) (PA) (SP)
Erleada (apalutamide) (PA) (QL) (SP)
Erycette (erythromycin) pads* (QL)
Eryderm (erythromycin) topical
solution* (QL)
Erygel (erythromycin) topical gel* (QL)
EryPed (erythromycin ethylsuccinate)*
Ery-Tab (erythromycin)*
Erythromycin 5 mg/g ointment*
Esbriet (pirfenidone)* (PA) (QL) (SP)
Eskalith (lithium carbonate)*
Estrace (estradiol)*
Estrace (estradiol) vaginal cream
Ectrostep Fe (ethinyl estradiol/
norethindrone/ferrous fumarate)*
Eulexin (flutamide)*
Evenity (romosozumab) (PA) (QL) (SP)
Evista (raloxifene)*
Evoxac (cevimeline)*
Evrysdi (risdiplam) (PA) (QL) (SP)
Exelon (rivastigmine)*
Exjade (deferasirox)* (PA) (SP)
Extavia (interferon beta-1b) (PA) (SP)
Exxua (gepirone) (PA) (QL)

F

Fabhalta (iptacopan) (PA) (QL) (SP)
Famvir (famciclovir)* (QL)
Fanapt (iloperidone) (PA) (QL)
Fareston (toremifene)* (SP)
Farxiga (dapagliflozin) (PA) (QL)
Farydak (panobinostat) (PA) (QL) (SP)
Fasenra (benralizumab) pens, prefilled
syringes (PA) (QL) (SP)
Faslodex (fulvestrant)*
Felbatol (felbamate)*
Feldene (piroxicam)*
Femara (letrozole)* (SP)
FemHRT (ethinyl estradiol/
norethindrone)*

F cont.

Fensolvi (leuprolide) (PA) (QL) (SP)
Fiasp (insulin human aspart) (PA)
(Humalog 100 units/mL preferred)
Filsuvez (birtcher terpenes) (PA) (QL) (SP)
Finacea (azelaic acid) gel*
Fintepla (fenfluramine) (PA) (QL) (SP)
Firazyr (icatibant) (PA) (SP)
Firdapse (amifampridine) (PA) (QL) (SP)
Flagyl (metronidazole)*
Flector (diclofenac epolamine)* (PA) (QL)
Fleqsuvy (baclofen; excluded for
members 12 years of age and older)*
(QL)
Flexeril (cyclobenzaprine)* (except
7.5 mg tablets)
Flolan (epoprostenol)* (SP)
Flomax (tamsulosin)*
Florinef (fludrocortisone)*
Florinef (fludrocortisone)*
Fluorouracil solution* (QL)
Flovent Diskus, HFA (fluticasone)*
inhaler
Floxin Otic (ofloxacin)*
Fluarix Quadrivalent [influenza virus
vaccine (inactivated)]
Flucelvac Quadrivalent [influenza virus
vaccine (inactivated)]
Flulaval Quadrivalent [influenza virus
vaccine (inactivated)]
Fluzone High-Dose Quadrivalent
[influenza virus vaccine (inactivated)]
Fluzone Quadrivalent [influenza virus
vaccine (inactivated)]
FML (fluorometholone) 0.1% solution*
Focalin (dexmethylphenidate)*
Folic Acid*
Forteo (teriparatide)* (PA) (QL) (SP)
Fortical (calcitonin)*
Fosamax (alendronate)* (QL)
Fotivda (tivozanib) (PA) (QL) (SP)
Fruzaqla (fruquintinib) (PA) (QL) (SP)
Fuzeon (enfuvirtide) (SP)
Fycompa (perampanel) (CC) (PA) (QL) (SP)

G

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

G cont.

Gilenya* (fingolimod) (PA) (QL) (SP)
Gilotrif (afatinib) (PA) (SP)
Glatopa* (PA) (QL) (SP)
Gleevec (imatinib)* (PA) (QL) (SP) (generic
only)
Gleostine (lomustine) (SP)
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)*
Grastek (timothy grass pollen allergen
extract) (PA) (QL)
Gvoke (glucagon) (QL)

H

Haegarda (C1 inhibitor) (PA) (SP)
Hadlima (adalimumab) (PA) (QL) (SP)
Halcion (triazolam)* (PA)
Haldol (haloperidol)*
Harvoni (ledipasvir/sofosbuvir)*
(PA) (QL) (SP) (generic only)
Havrix (hepatitis A vaccine) (S0 copay;
for members 12 months through
18 years of age)
Hepsera (adefovir)* (SP)
Hiberix (haemophilus b conjugate
vaccine) (S0 copay)
Humalog (insulin human lispro)
Humalog Mix 50/50 (insulin human
lispro NPL/lispro)
Humalog Mix 75/25 (insulin human lispro
NPL/lispro)
Humatin (paromomycin)*
Humatrope (somatotropin) (PA) (SP) (ST)
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)*
Hyftor (sirolimus) (PA) (QL) (SP)
Hygroton (chlorthalidone)*
HyperTET [Tetanus Immune Globulin
(Human)] (S0 copay)
Hytone (hydrocortisone) cream*, lotion*,
ointment* (QL)
Hytrin (terazosin)*
Hyzaar (losartan/hydrochlorothiazide)*

I

Ibrance (palbociclib) (PA) (QL) (SP)
Ibsrela (tenapanor) (PA) (QL)
Iclusig (ponatinib) tablets (PA) (SP)
Ilaris (canakinumab) (PA) (SP)
Ilumya (tildrakizumab) (PA) (QL) (SP)
Ilotycin (erythromycin)*
Iluvien (fluocinolone) (PA) (SP)
Imbruvica (ibrutinib) capsules, oral
suspension, tablets 420 mg, tablets 560
mg (PA) (QL) (SP)
Imdur (isosorbide mononitrate)*
Imitrex (sumatriptan) injection*, nasal
spray*, tablet* (QL)
Imodium (loperamide)*
Impavido (miltefosine) (PA) (QL) (SP)
Imuran (azathioprine)*
Imuran (azathioprine)*
Incivek (telaprevir) (SP)
Increlex (mecasermin) (PA) (SP)
Incruse Ellipta (umeclidinium bromide)
(QL)
Inderal (propranolol)*
Inderal LA (propranolol extended-
release)*
Indocin (indomethacin)*
Infanrix (diphtheria/tetanus toxoids/
acellular pertussis) (S0 copay)
Ingrezza (valbenazine) (PA) (QL) (SP)
Inlyta (axitinib) (PA) (QL) (SP)
Inqovi (decitabine/cedazuridine) (PA)
(QL) (SP)
Inrebic (fedratinib) (PA) (QL) (SP)
Inspira (eplerenone)*
Insulin human degludec (PA) (Lantus
preferred)
Insulin Lispro 100 units/mL
Intal (cromolyn sodium) inhalation
solution*
Intencele (etetravirine) (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)
IPOL [poliovirus vaccine (inactivated)]
(S0 copay)
Iqirvo (elafibranor) (PA) (QL) (SP)
Iressa (gefitinib) (PA) (QL) (SP)
Isentress (raltegravir) (SP)
Isordil (isosorbide dinitrate)* (except 40
mg tablets)
Isturisa (osilodrostat) (PA) (QL) (SP)
Iwiflin (eflornithine) (PA) (QL) (SP)

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Drug Formulary Medications Alphabetically (continued)

J

Jadenu (deferasirox)*** (PA) (SP)
 Jakafi (ruxolitinib) (PA) (SP)
 Janumet (sitagliptin/metformin)
 (QL) (ST) (Alogliptin or Saxagliptin preferred)
 Janumet XR (sitagliptin/metformin)
 (QL) (ST) (Alogliptin or Saxagliptin preferred)
 Januvia (sitagliptin) (QL) (ST) (Alogliptin or Saxagliptin preferred)
 Jardiance (empagliflozin) (PA) (QL)
 Jaypirca (pirtobrutinib) (PA) (QL) (SP)
 Jentadueto (linagliptin/metformin) (QL) (ST) (Alogliptin or Saxagliptin preferred)
 Jentadueto XR (linagliptin/metformin) (QL) (ST) (Alogliptin or Saxagliptin preferred)
 Jesduvrog (daprodustat) (PA) (QL) (SP)
 Juxtapid (lomitapide) (PA) (SP)
 Jynarque (tolvaptan) (PA) (QL) (SP)

K

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

L

Lagevrio (molnupiravir) (QL)
 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) (QL)
 Leqselvi (deuruxolitinib) (PA) (QL) (SP)
 Lenvima (lenvatinib) (PA) (QL) (SP)
 Lescol (fluvastatin immediate release)* (ST)
 Lescol XL (fluvastatin extended release)* (ST)
 Lessina (ethinyl estradiol/levonorgestrel)*
 Letairis (ambrisentan)* (PA) (QL) (SP)
 Leucovorin (leucovorin)*
 Leukeran (chlorambucil) (SP)
 Leukine (sargramostim) (SP)
 Levaquin (levofloxacin)*
 Levbid (hyoscyamine)*
 Levora (ethinyl estradiol/levonorgestrel)*
 Levothyroid (levothyroxine) (only tablets)**
 Levsin (hyoscyamine)*
 Lexapro (escitalopram)* (QL)
 Libervant (diazepam) (PA) (QL) (SP)
 Librax (chlordiazepoxide/clidinium)* (QL) (only generic NDCs: 67877-0731-01, 60219-1677-01)
 Librium (chlordiazepoxide)*
 Lidex (fluocinonide) 0.05% cream*, solution* (QL)
 Lidoderm (lidocaine) patch* (PA)
 Lioresal (baclofen)* (except 5 mg tablets)
 Lipitor (atorvastatin)* (QL) (mandatory tablet splitting)
 Lipofen (fenofibrate)*
 Litfulo (ritlecinib) (PA) (QL) (SP)
 Lithobid (lithium carbonate extended release)*
 Lithotabs (lithium carbonate)*
 Livtency (maribavir) (PA) (QL) (SP)
 Livmarli (maralixibat) (PA) (QL) (SP)
 Lo/Ovral (ethinyl estradiol/norgestrel)*
 Lodine immediate-release (etodolac)* (only 200 mg capsules, 400 mg tablets, 500 mg tablets)
 Loestrin (ethinyl estradiol/norethindrone)*
 Loestrin 24 Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*
 Loestrin Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*

L cont.

Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)
 Lomotil (diphenoxylate/atropine)*
 Lonhala Magnair (glycopyrrolate) (PA) (QL)
 Loniten (minoxidil) tablet*
 Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)
 Lipid (gemfibrozil)*
 Lopressor (metoprolol)*
 Lorbrena (lorlatinib) (PA) (QL) (SP)
 Lortab (hydrocodone/acetaminophen) elixir*, tablets* (QL)
 Lotemax (loteprednol)*
 Lotensin (benazepril)*
 Lotensin HCT (benazepril/hydrochlorothiazide)*
 Lotrel (amlodipine/benazepril)*
 Lotrisone (clotrimazole/betamethasone) cream*
 Lotronex (alosetron)* (PA)
 Lovaza (omega-3-acid ethyl esters)* (restricted to Cardiology) (QL)
 Lovenox (enoxaparin)*
 Loxitane (loxapine)*
 Lozol (indapamide)*
 Lucemyra (lofexidine)* (PA) (QL)
 Ludiomil (maprotiline)*
 Lumakras (sotorasib) (PA) (QL) (SP)
 Lunesta (eszopiclone)* (QL)
 Lupkynis (voclosporin) (PA) (QL) (SP)
 Lupron (leuprolide) (PA) (SP)
 Luride (sodium fluoride) chewable tablets*
 Luvox (fluvoxamine immediate-release) tablets*
 Lynparza (olaparib) (PA) (QL) (SP)
 Linzess (linaclotide) (PA) (QL)
 Lyrica (pregabalin)*
 Lysodren (mitotane) (SP)
 Lysteda (tranexamic acid)* (QL)
 Lytgobi (futibatinib) (PA) (QL) (SP)

M

Macrobid (nitrofurantoin)*
 Macrochantin (nitrofurantoin)* (oral suspension excluded; 25 mg capsules excluded for members 12 years of age and older)
 Malarone (atovaquone/proguanil)*
 Marinol (dronabinol)* (PA)
 Mavenclad (cladribine) (PA) (QL) (SP)
 Mavik (trandolapril)*
 Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)
 Maxalt/Maxalt-MLT (rizatriptan)* (QL)
 Maxitrol (dexamethasone/neomycin/polymyxin B)*
 Maxzide (triamterene/hydrochlorothiazide)*

M cont.

Mayzent (siponimod) (PA) (QL) (SP)
 Medrol (methylprednisolone)*
 Megace (megestrol) (except 625 mg/5 mL solution)*
 Mekinist (trametinib) (PA) (QL) (SP)
 Mektovi (binimetinib) (PA) (QL) (SP)
 Mellaril (thioridazine)*
 Menactra [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; for members ≥ 9 months to ≤ 55 years of age)
 MenQuadFi [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; ≥ 2 years of age)
 Menveo [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; 2-vial formulation for members ≥ 2 months through 55 years of age; 1-vial formulation for members ≥ 10 years to ≤ 55 years of age)
 Mephyton (phytonadione)
 Metadate CD (methylphenidate extended release)*
 Metaglip (glipizide/metformin)*
 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)*
 Micronase (glyburide)*
 Micronor (norethindrone)*
 Midamor (amiloride)*
 Mieb0 (perfluorohexyloctane) (PA) (QL) (SP)
 Migranal (dihydroergotamine)* (PA) (QL)
 Minipress (prazosin)*
 Minitran (nitroglycerin) patches*
 Minivelle (estradiol)*
 Minocin (minocycline) capsule*
 Mirapex (pramipexole)*
 Mirapex ER (pramipexole extended release)*
 Mircera (methoxy peg-epoetin beta) (SP)
 Mircette (ethinyl estradiol/desogestrel)*
 M-M-R II (measles, mumps, and rubella virus vaccine) (\$0 copay)
 Mobic (meloxicam)*
 Moderna (COVID-19 Vaccine, mRNA) (\$0 copay; for members ≥ 6-11 years of age)
 Modicon (ethinyl estradiol/norethindrone)*

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Drug Formulary Medications Alphabetically (continued)

M cont.

Moduretic (amiloride/
hydrochlorothiazide)*
Monodox (doxycycline monohydrate)*
(except 75 mg, 150 mg)
Monopril (fosinopril)*
Monopril-HCT (fosinopril/
hydrochlorothiazide)*
Motrin (ibuprofen) tablets*, suspension*
Mounjaro (tirzepatide) (PA) (QL) (SP)
MoviPrep (polyethylene glycol)
MS Contin (morphine extended release)*
MS IR (morphine) tablets*, solution*
Multaq (dronedaron) (restricted to
Cardiology)
Mulpleta (lusutrombopag) (PA) (QL) (SP)
Mycapssa (octreotide) (PA) (QL) (SP)
Mycelx Troche (clotrimazole)* (QL)
Mycolog II (nystatin/triamcinolone)*
Mycostatin (nystatin) cream*, ointment*,
powder* (QL)
Mycostatin (nystatin) tablet*,
suspension*
Mydracyl (tropicamide)*
Myfembree (relugolix/estradiol/
norethindrone) (PA) (QL) (SP)
Myfortic (mycophenolic acid)* (SP)
Myleran (busulfan) (SP)
Myrbetriq (mirabegron)* (PA) (QL)
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/
polymyxin B) ointment*
Neosporin (gramicidin/neomycin/
polymyxin B) solution*
Nerlynx (neratinib) (PA) (QL) (SP)
Nesina (alogliptin)* (QL) (ST)
Neumega (oprelvekin) (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/estretol) (PA)
(QL)
Niaspan (niacin extended release)*
Nilandron (nilutamide)
Nimodipine capsules* (PA) (QL)
Ninlaro (ixazomib) (PA) (QL) (SP)

N cont.

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) (PA) (SP)
Norflex (orphenadrine)*
Norpace (disopyramide)*
Norpace CR (disopyramide)
Norpramin (desipramine)*
Northera (droxidopa)* (PA) (QL) (SP)
Norvasc (amlodipine)*
Norvir (ritonavir) (SP)
Nourianz (istradefylline) (CC) (PA) (QL)
(SP)
Novavax (COVID-19 Vaccine, subunit)
(\$0 copay)
Novolin 70/30 (insulin human NPH/R)
Novolin N (insulin human NPH)
Novolin R (insulin human regular)
NovoLog (insulin human aspart) (PA)
(Humalog 100 units/mL preferred)
NovoLog Mix 70/30 (insulin human
aspart NPL/aspart) (PA) (Humalog
Mix preferred)
Noxafil (posaconazole) (PA) (SP) tablets*
Nubeqa (darolutamide) (PA) (QL) (SP)
Nucala (mepolizumab) (PA) (QL) (SP)
Nuedexta (dextromethorphan/quinidine)
(PA) (SP)
Nulibry (fosdenopterin) (PA) (QL) (SP)
Nuplazid (pimavanserin) (PA) (QL) (SP)
Nurtec ODT (rimegepant) (CC) (PA) (QL)
(SP)
Nutropin AQ (somatropin) (PA) (SP) (ST)
NuvaRing (ethinyl estradiol/
etonogestrel)* (only generic EluRyng)
Nuvigil (armodafinil) (ST)
Nuzrya (omadacycline) (PA) (QL) (SP)
Nydrasid (isoniazid)*
Nymalize (nimodipine) oral solution (PA)
(QL) (SP)

O

Ocaliva (obeticholic acid) (PA) (QL) (SP)
Ocufen (flurbiprofen)*
Ocuflax (ofloxacin)*
Ocupress (carteolol)*
Odactra (house dust mite allergen extract)
(PA) (QL) Odefsey (emtricitabine/
rilpivirine/tenofovir) (QL) (SP)
Odomzo (sonidegib) (PA) (QL) (SP)
Ofev (nintedanib) (PA) (QL) (SP)
Ogen (estropipate)*
Ogestrel (ethinyl estradiol/norgestrel)*
Ohtuvayre (ensifentrine) (PA) (QL) (SP)

O cont.

Ojjaara (momelotinib) (PA) (QL) (SP)
Olumiant (baricitinib) (PA) (QL) (SP)
Olysio (simeprevir) (PA) (QL) (SP)
Omnicef (cefdinir)*
Omnitrope (somatropin) (PA) (SP) (ST)
Omvoh (mirikizumab) (PA) (QL) (SP)
Onfi (clobazam)* (SP) (generic only)
Ongentys (opicapone) (PA) (QL) (SP)
Onglyza (saxagliptin)* (QL) (ST)
Opfolda (miglustat) (PA) (QL) (SP)
Opsumit (macitentan)* (PA) (QL) (SP)
Opzelura (ruxolitinib) (PA) (QL) (SP)
Oralair (grass mixed pollen allergen
extract) (PA) (QL)
Orapred (prednisolone)*
Orenica (abatacept) (PA) (SP)
Orenitram (treprostinil) (PA) (QL) (SP)
Orfadin (nitisinone)* (SP) (only 2 mg, 5 mg,
10 mg capsules available generically)
Orgovyx (relugolix) (PA) (QL) (SP)
OriaHnn (elagolix/estradiol/
norethindrone) (PA) (QL) (SP)
Orilissa (elagolix) (CC) (PA) (QL) (SP)
Orkambi (lumacaftor/ivacaftor) (PA) (QL)
(SP)
Orserdu (elacestrant) (PA) (QL) (SP)
Ortho Tri-Cyclen (ethinyl estradiol/
norgestimate)*
Ortho-Cept (ethinyl estradiol/
desogestrel)*
Ortho-Cyclen (ethinyl estradiol/
norgestimate)*
Ortho-Novum 1/35 (ethinyl estradiol/
norethindrone)*
Ortho-Novum 1/50 (mestranol &
norethindrone)*
Ortho-Novum 7/7/7 (ethinyl estradiol/
norethindrone)*
Ortho Tri-Cyclen Lo (ethinyl estradiol/
norgestimate)*
Orudis (ketoprofen)*
Oseni (alogliptin/pioglitazone)* (QL) (ST)
Otezla (apremilast) (PA) (QL) (SP)
Otrexup (methotrexate injection) (PA)
(QL) (SP)
Oxsoalan-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)
Palynzic (pegvaliase) (PA) (QL) (SP)
Pamelor (nortriptyline)*
Pamine (methscopolamine)*
Panretin (alitretinoin) (SP) (QL)
Parcopa (carbidopa/levodopa orally
disintegrating tablets)*

P cont.

Parafon Forte DSC (chlorzoxazone)*
(500 mg tablets only)
Paregoric (paregoric)*
Parlodel (bromocriptine)* (2.5 mg tablets
only)
Parnate (tranlycypromine)*
Paxil (paroxetine)*
Paxlovid (nirmatrelvir/ritonavir) (QL)
PedvaxHIB (haemophilus b conjugate
vaccine) (\$0 copay)
Pegasys (peginterferon alfa-2a) (PA) (SP)
Pegintron (peginterferon alfa-2b) (PA)
(SP)
Pemazyre (pemigatinib) (PA) (QL) (SP)
Penbraya [Meningococcal (Groups
A / B / C / W / Y) Vaccine] (\$0 copay;
for members ≥ 10 through 25 years
of age) (QL)
Pen-Vee K (penicillin VK)*
Pennsaid (diclofenac sodium solution)*
(PA) (only 1.5% solution)
Pentacel (diphtheria/tetanus toxoids/
acellular pertussis/poliovirus/
haemophilus b conjugate vaccine)
(\$0 copay)
Pepcid (Famotidine) 40 mg/5 mL
suspension* (for members < 1 year
of age only)
Percocet (oxycodone/acetaminophen)*
(QL)
Percodan (oxycodone/aspirin)*
Perforomist (formoterol)*
Peridex (chlorhexidine gluconate)*
Persantine (dipyridamole)*
Pertzye (amylase/lipase/protease)
Pfizer COVID-19 Vaccine [COVID-19
Vaccine (mRNA)] (\$0 copay)
Pfizer-BioNTech (COVID-19 Vaccine,
mRNA) (\$0 copay; for members
≥ 5-11 years of age)
Phenergan (promethazine)*
Phenobarbital (phenobarbital)*
Phexxi (lactic acid/citric acid/potassium
bitartrate)
PhosLo (calcium acetate)*
Phospholine Iodide (echothiophate
iodide) (PA) (QL)
Pilocar (pilocarpine)*
Piqray (alpelisib) (PA) (QL) (SP)
Plan B One Step (levonorgestrel)*
Plaquenil (hydroxychloroquine)* (QL)
Plavix (clopidogrel)*
Plegrixy (peginterferon beta-1a) (PA) (SP)
Plendil (felodipine extended release)*
Pletal (cilostazol)*
Pneumovax-23 (pneumococcal
polysaccharide) (\$0 copay; for
members ≥ 65 years of age) (QL)
Poly-Vi-Flor
Poly-Vi-Flor with Iron

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Drug Formulary Medications Alphabetically (continued)

P cont.

Polysporin (bacitracin/polymyxin B)*
 Polytrim (trimethoprim/polymyxin B)*
 Pomalyst (pomalidomide) (PA) (QL) (SP)
 Ponvory (ponesimod) (PA) (QL) (SP)
 Praluent (alirocumab) (CC) (PA) (QL) (SP)
 (only NDCs: 72733-5901-02, 72733-5902-02)
 Prandiol (repaglinide)*
 Pravachol (pravastatin)*
 Precose (acarbose)*
 Pred Forte (prednisolone acetate)*
 Prefest (estradiol/norgestimate) (PA) (QL)
 Prelone (prednisolone) syrup*
 Premarin (conjugated estrogens) tablets, vaginal cream
 Premphase (conjugated estrogens/medroxyprogesterone) (PA) (QL)
 Prempro (conjugated estrogens/medroxyprogesterone) (PA) (QL)
 Prenatal Plus*
 Prevnar-13 (pneumococcal conjugate) (\$0 copay; for members ≥ 2 months-18 years of age) (QL)
 Prevnar-20 (pneumococcal conjugate) (\$0 copay) (QL)
 Prevpac (lansoprazole, amoxicillin, and clarithromycin)*
 Prevymis (letermovir) (PA) (QL) (SP)
 Prezista (darunavir) (SP)*
 Priftin (rifapentine)
 Principen (ampicillin)*
 Prinivil (lisinopril)*
 Prinzide (lisinopril/hydrochlorothiazide)*
 Priorix (measles, mumps, and rubella virus vaccine) (\$0 copay)
 Pro-Banthine (propantheline)*
 ProAir HFA (albuterol) inhaler*
 Proamatine (midodrine)*
 Pravachol (pravastatin)*
 Precose (acarbose)*
 Procardia XL (nifedipine extended release)*
 Prograf (tacrolimus)* (SP) (PA: Only for Oral Granules)
 Prolensa (bromfenac)* solution
 Prolia (denosumab) (PA) (SP)
 Prolixin (fluphenazine)*
 Proloprim (trimethoprim)*
 Promacta (eltrombopag) (PA) (SP)
 Prometrium (progesterone)* (QL)
 Propylthiouracil (propylthiouracil)*
 ProQuad (measles, mumps, rubella, and varicella virus vaccine) (\$0 copay)
 Proscar (finasteride)*
 Protopic (tacrolimus)* (QL) (only NDCs: 00168-0417-30, 00168-0417-60, 00168-0417-99, 45802-0390-00, 45802-0390-01, 45802-0390-02)
 Proventil (albuterol) inhalation solution*

P cont.

Proventil (albuterol) tablet*, syrup*
 Proventil HFA (albuterol) inhaler*
 Provera (medroxyprogesterone)*
 Provigil (modafinil)*
 Prozac (fluoxetine)*
 Pulmicort (budesonide) inhaler
 Pulmicort Respules (budesonide)*
 Pulmozyme (dornase alfa) inhalation solution (SP)
 Purified Cortrophin Gel (corticotropin) (PA) (QL) (SP)
 Purinethol (mercaptopurine)** (SP)
 Purixan (mercaptopurine) (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

Radicava (edaravone) ORS oral suspension (PA) (QL) (SP)
 Ragwitek (ragweed pollen allergen extract) (PA) (QL)
 Ranexa (ranolazine)* (PA) (QL)
 Rapaflo (silodosin)*
 Rapamune (sirolimus)* (SP)
 Rasuvo (methotrexate injection) (PA) (QL) (SP)
 Razadyne (galantamine)*
 Rebetol (ribavirin)* (SP)
 Rebif (interferon beta-1a) (PA) (SP)
 Recombivax HB [hepatitis B vaccine (recombinant)] (\$0 copay)
 Recorlev (levoketoconazole) (PA) (QL) (SP)
 Reglan (metoclopramide)*
 Regranex (becaplermin) (SP) (QL)
 Relafen (nabumetone)*
 Relpax (eletriptan)* (QL)
 Remeron (mirtazapine)*
 Remodulin (treprostinil)* (PA) (SP) (generic only)
 Renagel (sevelamer)*
 Renvela (sevelamer) tablets*, powder
 Repatha (evolocumab) (CC) (PA) (QL) (SP)
 Requip (ropinirole)*
 Requip XL (ropinirole extended release)*
 Rescriptor (delavirdine) (SP)
 Restasis (cyclosporine) (single-use vials only)* (CC) (PA) (QL) (SP)
 Restoril (temazepam)* (PA except 15 mg and 30 mg strengths) (QL)
 Retevmo (selpercatinib) (PA) (QL) (SP)
 Retin-A (tretinoin) gel* (QL)

R cont.

Retrovir (zidovudine)* (SP)
 Revatio (sildenafil)* (PA) (SP) (generic only)
 ReVia (naltrexone)*
 Revlimid (lenalidomide) (PA) (QL) (SP)
 ReZurock (belumosudil) (PA) (QL) (SP)
 Reyataz (atazanavir) (SP)
 Reyvow (lasmiditan) (CC) (PA) (QL) (SP)
 Rezdiffra (resmetirom) (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)*
 Rocklatan (netarsudil/latanoprost) (PA) (QL)
 Rotarix (rotavirus vaccine) (\$0 copay)
 RotaTeq (rotavirus vaccine) (\$0 copay)
 Rowasa (mesalamine)*
 Rozlytrek (entrectinib) (PA) (QL) (SP)
 Rubraca (rucaparib) (PA) (QL) (SP)
 Ruconest (recombinant C1 inhibitor) (PA) (QL) (SP)
 Rukobia (fostemsavir) (PA) (QL) (SP)
 Ruzurgi (amifampridine) (PA) (QL) (SP)
 Rybelsus (semaglutide) (PA) (QL)
 Rydapt (midostaurin) (PA) (QL) (SP)
 Rytary (carbidopa/levodopa extended release) (PA) (QL)
 Rythmol (propafenone)*
 Rythmol SR (propafenone extended release)*

S

Sabril (vigabatrin)* (PA) (SP)
 Saizen (somatropin) (PA) (SP) (ST)
 Salagen (pilocarpine)*
 Samsca (tolvaptan) (PA) (QL) (SP)
 Sanctura (trospium)*
 Sanctura XR (trospium extended release)*
 Sandimmune (cyclosporine) capsules*, solution (SP)
 Sandostatin (octreotide)* (SP)
 Saphris (asenapine)* (PA) (QL)
 Savella (milnacipran) (PA) (QL)
 Seasonale (ethinyl estradiol/levonorgestrel)*
 Scemblix (asciminib) (PA) (QL) (SP)
 Sectral (acebutolol)*
 Secuado (asenapine) (PA) (QL)

S cont.

Segluromet (ertugliflozin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)
 Selsun Rx (selenium sulfide) shampoo*
 Selzentry (maraviroc) (SP)
 Sensipar (cinacalcet)* (PA) (SP) (generic only)
 Serax (oxazepam)*
 Serevent Diskus (salmeterol)
 Sermorelin Acetate (PA) (SP)
 Seroquel (quetiapine)*
 Seroquel XR (quetiapine extended-release)* (QL)
 Serostim (somatropin) (PA) (SP) (ST)
 Serpasil (reserpine)*
 Shingrix (zoster vaccine recombinant, adjuvanted) (\$0 copay; for members ≥ 50 years of age) (QL)
 Silvadene (silver sulfadiazine)*
 Simponi (golimumab) (PA) (SP)
 Sinemet (carbidopa/levodopa)*
 Sinemet CR (carbidopa/levodopa extended release)*
 Sinequan (doxepin)* capsules (tablets excluded)
 Singulair (montelukast)*
 Sivextro (tedizolid) (CC) (PA) (QL) (SP)
 Skyclarys (omaveloxolone) (PA) (QL) (SP)
 Skyrizi (risankizumab-rzaa) (PA) (QL) (SP) (ST)
 Solaraze (diclofenac gel)* (PA)
 Soliqua (insulin human glargine/lixisenatide) (PA) (QL)
 Soma (carisoprodol)*
 Somavert (pegvisomant) injection (PA) (SP)
 Sonata (zaleplon)* (QL)
 Soriatane (acitretin)* (SP)
 Sotykto (deucravacitinib) (PA) (QL) (SP)
 Sovaldi (sofosbuvir) (PA) (QL) (SP)
 Spikevax (COVID-19 Vaccine, mRNA) (\$0 copay)
 Spiriva Respimat (tiotropium) (2.5 mcg/actuation only)*
 Spritam (levetiracetam) (CC) (PA) (QL) (SP)
 Spravato (esketamine) (PA) (QL) (SP)
 Sprycel (dasatinib)* (QL) (SP)
 Stadol NS (butorphanol)*
 Stalevo (carbidopa/entacapone/levodopa)*
 Steglatro (ertugliflozin) (PA) (QL) (Farxiga or Jardiance preferred)
 Steglujan (ertugliflozin/sitagliptin) (PA) (QL) (Farxiga or Jardiance preferred)
 Stelara (ustekinumab) (PA) (QL) (SP)
 Stelazine (trifluoperazine)*
 Stimat (desmopressin) (SP)
 Stivarga (regorafenib) (PA) (SP)

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Drug Formulary Medications Alphabetically (continued)

S cont.

Strattera (atomoxetine)* (QL)
 Strensiq (asfotase alfa) (PA) (SP)
 Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (SP)
 Suboxone (buprenorphine/naloxone sublingual tablets)* (PA) (QL)
 Subutex (buprenorphine)* (PA)
 Sucraid (sacrosidase) (PA) (QL) (SP)
 Sular (nisoldipine extended release)*
 Sulfamylon (mafenide) cream, lotion (SP)
 Sumycin (tetracycline)*
 Sunosi (solriamfetol) (PA) (QL) (SP)
 Sunlenca (lenacapavir) (PA) (QL) (SP)
 Suprax (cefixime) capsules*, oral suspension*
 Sustiva (efavirenz)* (SP) (generic only)
 Sutent (sunitinib)* (QL) (SP)
 Sylatron (peginterferon alfa-2b) (SP)
 Symbicort (budesonide/formoterol)*
 Symdeko (tezacaftor/ivacaftor) (PA) (QL) (SP)
 SymlinPen (pramlintide)
 Symmetrel (amantadine)*
 Symproic (naldemedine) (PA) (QL)
 Synarel (nafarelin) (PA) (SP)
 Synjardy (empagliflozin/metformin) (PA) (QL)
 Synjardy XR (empagliflozin/metformin) (PA) (QL)
 Synthroid (levothyroxine) (only tablets)**
 Syprine (trientine) (PA) (SP)

T

Tabloid (thioguanine) (QL) (SP)
 Tafinlar (dabrafenib) (PA) (QL) (SP)
 Tagrisso (osimertinib) (PA) (QL) (SP)
 Takhzyro (lanadelumab-flyo) (PA) (QL) (SP)
 Taltz (ixekizumab) (PA) (QL) (SP)
 Talwin NX (pentazocine/naloxone)*
 Talzenna (talazoparib) (PA) (QL) (SP)
 Tambocor (flecainide)*
 Tamiflu (oseltamivir) capsules*, suspension* (QL) (\$0 copay)
 Tapazole (methimazole)*
 Tarceva (erlotinib)** (PA) (QL) (SP)
 Targretin (bexarotene)* (PA) (QL) (SP)
 Tasigna (nilotinib) (QL) (SP)
 Tavalis (fostamatinib) (PA) (QL) (SP)
 Tazorac (tazarotene) cream*, gel* (for members < 35 years of age only)
 Tazverik (tazemetostat) (PA) (QL) (SP)
 TDVax (diphtheria/tetanus toxoids) (\$0 copay)
 Tecfidera (dimethyl fumarate)* (generic only; \$0 copay; excluding NDCs: 00378-0399-91, 00378-0399-18, 43598-0430-60, 00378-0396-14, 43598-0429-52) (PA) (QL) (SP)

T cont.

Tegretol (carbamazepine)*
 Tegretol-XR (carbamazepine extended release)*
 Temodar (temozolomide)* (generic oral tablets only) (SP)
 Temovate (clobetasol) cream*, gel*, ointment*
 Temovate-E (clobetasol emollient) cream*
 Tepmetko (tepotinib) (PA) (QL) (SP)
 Tenex (guanfacine)*
 Tenivac (diphtheria/tetanus toxoids) (\$0 copay)
 Tenoretic (atenolol/chlorthalidone)*
 Tenormin (atenolol)*
 Teriparatide (PA) (QL) (SP)
 Tessalon (benzonatate)* (only 100 mg & 200 mg)/Tev-Tropin (somatropin) (PA) (SP) (ST)
 Tezspire (tezepelumab) (PA) (QL) (SP)
 Thalomid (thalidomide) (SP)
 Theo-Dur (theophylline)*
 Thorazine (chlorpromazine)*
 Tibsovo (ivosidenib) (PA) (QL) (SP)
 Tigan (trimethobenzamide)*
 Tiglutik (riluzole) (PA) (QL) (SP)
 Tikosyn (dofetilide)*
 Timoptic (timolol)*
 Timoptic-XE (timolol)*
 Tindamax (tinidazole)*
 Tivicay (Dolutegravir) (SP)
 TOBI (tobramycin) inhalation solution* (PA) (SP)
 TOBI (tobramycin) Podhaler (PA) (SP)
 TobraDex (tobramycin/dexamethasone) suspension*, ointment
 Tobrex (tobramycin) solution*
 Tofidence (tocilizumab-bavi) (Tyenne preferred) (PA) (QL) (SP)
 Tofranil (imipramine)*
 Tofranil-PM (imipramine pamoate)*
 Topamax (topiramate)*
 Toprol XL (metoprolol extended-release)*
 Toradol (ketorolac)* (QL)
 Toujeo (insulin human glargine) (PA) (Lantus preferred)
 Tracleer (bosentan)* (PA) (QL) (SP)
 Tradjenta (linagliptin) (Alogliptin or Saxagliptin preferred) (ST)
 Trandate (labetalol)* (400 mg tablets are excluded)
 Tranxene (clorazepate)*
 Travatan Z (travoprost)
 Travoprost*
 Trelegy Ellipta (fluticasone/umeclidinium/vilanterol) (PA)
 Trental (pentoxifylline)*

T cont.

Tresiba (insulin human degludec) (PA) (Lantus preferred)
 Tri-Vi-Flor*
 Tricor (fenofibrate)*
 Trijardy XR (empagliflozin/linagliptin/metformin) (PA) (QL) (Farxiga or Jardiance preferred)
 Trikafta (elexacaftor/tezacaftor/ivacaftor) (PA) (QL) (SP)
 Trilafon (perphenazine)*
 Trileptal (oxcarbazepine) tablets*, suspension*
 Trilipix (fenofibric acid delayed release)*
 Trilistate (choline magnesium trisilicylate)*
 Trintellix (vortioxetine) (PA) (QL)
 Trivora (ethinyl estradiol/levonorgestrel)*
 Trizivir (abacavir/lamivudine/zidovudine)* (SP)
 Trulicity (dulaglutide) (PA) (QL)
 Trumenba [meningococcal (group B) vaccine] (\$0 copay)
 Truqap (capivasertib) (PA) (QL) (SP)
 Trusopt (dorzolamide)*
 Truvada (emtricitabine/tenofovir)* (PA required for quantities > 30 tablets per 365 days) (QL) (SP)
 Tryvio (aprocitentan) (PA) (QL) (SP)
 Tyrvaya (varenicline solution) (PA) (QL) (SP)
 Turalio (pexidartinib) (PA) (QL) (SP)
 Tudorza Pressair (acridinium)
 Tukysa (tucatinib) (PA) (QL) (SP)
 Twinrix (hepatitis A and B recombinant vaccine) (\$0 copay; for members 12 months through 18 years of age)
 Twirla (ethinyl estradiol/levonorgestrel) (PA) (QL)
 Tyenne (tocilizumab-aazg) (PA) (QL) (SP)
 Tykerb (lapatinib) (SP)
 Tylenol with Codeine (acetaminophen/codeine)* (QL)
 Tymlos (abaloparatide) (PA) (QL) (SP)
 Tyvaso (treprostinil) (PA) (SP)
 Tyzeka (telbivudine) (SP)

U

Ubrelyv (ubrogepant) (CC) (PA) (QL) (SP)
 Udenyca (pegfilgrastim-cbqv) (SP)
 Uceris (budesonide extended release) (PA) (QL)
 Uloric (febuxostat)* (PA) (QL)
 Ultracet (tramadol/acetaminophen)* (QL)
 Ultram (tramadol)*
 Ultram ER (tramadol extended release)*

U cont.

Ultravate (halobetasol) cream*, ointment*
 Univas (moexipril)*
 Upneeq (oxymetazoline) (PA) (QL) (SP)
 Upravi (selexipag) (PA) (SP)
 Uroxatral (alfuzosin)*
 Urso (ursodiol)*
V
 Vagifem (estradiol vaginal inserts)* (QL)
 Valcyte (valganciclovir) (SP)* (generic only)
 Valium (diazepam)*
 Valtoco (diazepam) (PA) (QL) (SP)
 Valtrex (valacyclovir)* (QL)
 Vancocin (vancomycin)*
 Vanflyta (quizartinib) (PA) (QL) (SP)
 Vaqta (hepatitis A vaccine) (\$0 copay; for members 12 months through 18 years of age)
 Varivax (varicella virus vaccine) (\$0 copay)
 Varubi (rolapitant) (PA) (QL)
 Vascepa (icosapent ethyl) (restricted to Cardiology) 1 gm capsules* (PA) (QL)
 Vaseretic (enalapril/hydrochlorothiazide)*
 Vasocidin (sodium sulfacetamide/prednisolone)*
 Vasotec (enalapril)*
 Vaxelis [diphtheria/tetanus toxoids/acellular pertussis/hepatitis B (Recombinant)/poliovirus (inactivated)/haemophilus influenzae B conjugate (adsorbed) vaccine] (\$0 copay)
 Vaxneuvance (pneumococcal conjugate) (\$0 copay) (PA) (QL)
 Velsipity (etrasimod) (PA) (QL) (SP)
 Veltassa (patiomer) (PA) (QL) (SP)
 Vemlidy (tenofovir alafenamide) (PA) (QL) (SP)
 Venclexta (venetoclax) (PA) (QL) (SP)
 Ventavis (iloprost) (SP)
 Ventolin HFA (albuterol) inhaler*
 Veozah (fezolinetant) (PA) (QL)
 VePesid (etoposide)*
 Verelan PM (verapamil extended release)*
 Verkazia (cyclosporine) (PA) (QL) (SP)
 Verquvo (vericiguat) (PA) (QL) (SP)
 Versed (midazolam)*
 Vesanoide (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)

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

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

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

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

(PA)—Indicates the drug requires prior authorization.

(CC)—Copoly Card

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

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

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

Drug Formulary Medications Alphabetically (continued)

V cont.

Videx EC (didanosine)* (SP)
 Viekira (ombitasvir/paritaprevir/
 ritonavir/ dasabuvir) (PA) (QL) (SP)
 Viibryd (vilazodone)* (PA) (QL)
 Viojoy (alpelisib) (PA) (QL) (SP)
 Vimpat (lacosamide)*
 Viramune (nevirapine)* (SP)
 Viramune XR (nevirapine)* (SP)
 Viread (tenofovir) (SP)
 Viropic (trifluridine)*
 Viskin (pindolol)*
 Vistaril (hydroxyzine pamoate)*
 Vitekta (elvitegravir) (SP)
 Vitakvi (larotrectinib) (PA) (QL) (SP)
 Vivitrol (naltrexone) (PA) (QL) (SP)
 Vocabria (cabotegravir) (PA) (QL) (SP)
 Voltaren (diclofenac)*
 Voltaren (diclofenac) solution*
 Vonjo (pacritinib) (PA) (QL) (SP)
 Vosevi (sofosbuvir/velpatasvir/
 voxilaprevir) (PA) (QL) (SP)
 Vosol (acetic acid)*
 Vosol HC (acetic acid/hydrocortisone)*
 Vospire ER (albuterol extended
 release) tablet*
 Voquezna Dual Pak (vonoprazan/
 amoxicillin) (PA) (QL)
 Voquezna Triple Pak (vonoprazan/
 amoxicillin/clarithromycin) (PA) (QL)
 Votrient (pazopanib) (QL) (SP)
 Vowst (fecal microbiota) (PA) (QL) (SP)
 Voxzogo (vosoritide) (PA) (QL) (SP)
 Vraylar (cariprazine) (PA) (QL)
 Vtama (tapinarof) (PA) (QL) (SP)
 Vumerity (diroximel fumarate) (PA) (QL)
 (SP)
 Vyjuvek (beremagene geperpavec) (PA)
 (QL) (SP)
 Vyndamax (tafamidis) (PA) (QL) (SP)
 Vyndaqel (tafamidis meglumine) (PA)
 (QL) (SP)
 Vyvanse (lisdexamfetamine)* (PA) (QL)
 (PA requirement waived when generic
 claim submitted by in-network
 pharmacy with appropriate ADHD
 diagnosis code)

W

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

X

Xadago (safinamide) (PA) (QL)
 Xalatan (latanoprost)*
 Xalkori (crizotinib) (PA) (SP)
 Xanax (alprazolam)*
 Xarelto (rivaroxaban) (QL) (oral
 suspension excluded for members
 12 years of age and older)
 Xcopri (cenobamate) (PA) (QL) (SP)
 Xdemvy (lotilaner) (PA) (QL)
 Xeljanz (tofacitinib) (PA) (QL) (SP)
 Xeljanz XR (tofacitinib) (PA) (QL) (SP)
 Xeloda (capecitabine)* (PA) (SP)
 Xenazine (tetraabenazine)* (SP)
 Xermelo (telotristat ethyl) (PA) (QL) (SP)
 Xgeva (denosumab) (PA) (SP)
 Xiaflex (collagenase clostridium
 histolyticum) (PA) (QL) (SP)
 Xifaxan (rifaximin) (PA) (SP)
 Xiidra (lifitegrast) (CC) (PA) (QL) (SP)
 Xolair (omalizumab) (vials excluded)
 (PA) (QL) (SP)
 Xolremdi (mavoxiafor) (PA) (QL) (SP)
 Xopenex (levalbuterol)*
 Xospata (gilteritinib) (PA) (QL) (SP)
 Xphozah (tenapanor) (PA) (QL) (SP)
 Xtandi (enzalutamide) (PA) (QL) (SP)
 Xulane (ethinyl estradiol/
 norelgestromin)* (QL)
 Xylocaine (lidocaine) 2% gel*
 Xyrem (sodium oxybate) (PA) (QL) (SP)
 Xywav (calcium, magnesium, potassium,
 and sodium oxybates) (PA) (QL) (SP)

Y

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

Z

Zanaflex (tizanidine)*
 Zantrol (ethosuximide)*
 Zaroxolyn (metolazone)*
 Zavesca (migLustat)* (PA) (QL) (SP)
 Zavzpret (zavegepant) (PA) (QL) (SP)
 Zebeta (bisoprolol)*
 Zegalogue (dasiglucagon) (QL)
 Zejula (niraparib) (PA) (QL) (SP)
 Zelboraf (vemurafenib) (PA) (QL) (SP)
 Zemaia (alpha1-proteinase inhibitor)
 (PA) (SP)
 Zepatier (elbasvir/grazoprevir) (PA) (SP)
 Zeposia (ozanimod) (PA) (QL) (SP)
 Zerit (stavudine)* (SP)
 Zestoretic (lisinopril/
 hydrochlorothiazide)*
 Zestril (lisinopril)*
 Zetia (ezetimibe)* (QL)
 Ziac (bisoprolol/hydrochlorothiazide)*
 Ziagen (abacavir)* (SP)
 Zilbrysq (zilucoplan) (PA) (QL) (SP)
 Ziextenzo (pegfilgrastim-bmez) (SP)
 Zithromax (azithromycin)*
 Zocor (simvastatin)*
 Zofran (ondansetron)* (QL)
 Zokinvy (lonafarnib) (PA) (QL) (SP)
 Zolinza (vorinostat) (QL) (SP)
 Zoloft (sertraline)*
 Zomacton (somatropin) (PA) (SP) (ST)
 Zomig (zolmitriptan)* (QL)
 Zonagan (zonisamide)*
 Zonisade (zonisamide; excluded for
 members 12 years of age and older)
 (QL)
 Zorbtive (somatropin) (PA) (SP) (ST)
 Zortress (everolimus)* (SP)
 Zoryve (roflumilast) (PA) (QL) (SP)
 Zovia (ethinyl estradiol/ethynodiol
 diacetate)*

Z cont.

Zovirax (acyclovir) capsule*, tablet*
 Ztalmy (ganaxolone) (PA) (QL) (SP)
 Zurzuvae (zuranolone) (PA) (QL) (SP)
 Zykadia (ceritinib) (PA) (QL) (SP)
 Zyloprim (allopurinol)*
 Zyprexa (olanzapine)*
 Zytiga (abiraterone acetate)* (generic
 only) (PA) (QL) (SP)
 Zyvox (linezolid)* (QL) (generic only;
 oral suspension for members
 0-11 years of age)

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

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Pharmacy Management Program Medications

Pharmaceuticals Requiring Prior Authorization

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

- Abecma (medical benefit; effective date 10/01/21)
- Abilify Maintena
- Abstral
- Acne Treatments
- Actemra
- Actemra ACTPen
- Acthar gel
- Actiq
- Adacel (under 7 years of age)
- Adakveo (medical benefit; effective date 04/01/20)
- Adalimumab-fkjp (unbranded Hulo)
- Adcetris
- Adbry (effective date 07/01/22)
- Adcirca
- Adempas
- Adlarity (effective 07/01/24)
- Admelog (effective date 04/01/18)
- Adstiladrin (medical benefit; effective date 07/01/23)
- Advate
- Adynovate (effective date 10/01/2022)
- Adzyna (medical benefit; effective date 04/01/24)
- Aemcolo (effective date 07/01/19)
- Afrezza (effective date 04/01/20)
- Ahzantive (medical benefit; effective 04/01/25)
- Aimovig (effective date 06/01/18)
- Ajovy (effective date 10/01/18)
- Akynzeo
- Albenza (effective date 10/01/18)
- Aldurazyme (medical benefit; effective date 01/01/22)
- Alecensa (effective date 04/01/19)
- Aliqopa (effective date 04/01/19)
- Alprolix
- Altuviiio
- Alunbrig
- Alyq
- Ameluz (medical benefit; effective date 01/01/25)
- Ampyra
- Amtagvi (effective 07/01/24; medical benefit)
- Amvuttra (medical benefit; effective date 10/01/22)
- Angeliq (effective date date 01/01/20)
- Aphexda (medical benefit; effective date 02/01/25)
- Apidra (effective date 03/01/18)
- Apretude (effective date 04/01/22)
- Aptensio XR (effective date 04/01/24)
- Aptiom
- Aralast NP (medical benefit)
- Arcalyst
- Arikayce (effective date 04/01/24)
- Aristada
- Aristada Initio
- Astagraf
- Aubagio
- Aucatzyl (medical benefit; effective 04/01/25)
- Augtyro (effective date 04/01/24)
- Austedo
- Autologous cultured chondrocytes (effective date 04/01/23)
- Auvelity (effective date 01/01/23)
- Avonex
- Avsola (medical benefit; effective date 07/01/20)
- Ayvakit (effective date 07/01/20)
- Azedra (medical benefit; effective date 07/01/19)
- Bafiertam (effective date 04/01/21)
- Balcoltra
- Balversa (effective date 01/01/20)
- Banzel
- Barhemsys (effective 07/01/24; medical benefit)
- Basaglar (effective date 03/01/18)
- Bavencio (medical benefit)
- Belbuca
- Beleodaq (medical benefit)
- Belrapzo (medical benefit; effective date 04/01/20)
- Bendeka (medical benefit)
- Benlysta
- Beovu (medical benefit; effective date 01/01/20)
- Beqvez (medical benefit; effective date 10/01/24)
- Berinert
- Besponsa (medical benefit)
- Besremi (effective date 01/01/23)
- Betaseron
- Bethkis
- Beyfortus (medical benefit; PA required only for members 9 months of age or older)
- Bkernv (medical benefit; effective 04/01/25)
- Bijuva (effective date 01/01/20)
- Bimzelx (effective date 04/01/24)
- Bincyto (medical benefit)
- Boniva IV (medical benefit)
- Bosulif
- Botox (medical benefit)
- Braftovi (effective date 04/01/20)
- Brand name oral contraceptives
- Brexafemme (effective date 01/01/22)
- Breyanzi (medical benefit; effective date 10/01/21)
- Brineura (medical benefit; effective date 07/01/19)
- Briumvi (medical benefit; effective date 04/01/23)
- Brisdelle
- Briviact
- Brixadi
- Bronchitol (effective date 04/01/21)
- Brukinsa (effective date 04/01/20)
- Butrans
- Bydureon BCise
- Byetta
- Bylvay (effective date 01/01/22)
- Byovoviz (medical benefit; effective date 01/01/23)
- Cabenuva (effective date 10/01/21)
- Cablivi (effective date 04/01/20)
- Cabometyx
- Calquence (effective date 04/01/18)
- Caplyta (effective date 07/01/20)
- Camcevi (medical benefit; effective date 01/01/22)
- Camzyos (effective date 10/01/2022)
- Caprelsa
- Carvykti (medical benefit; effective date 07/01/22)
- Casgevy (effective 07/01/24; medical benefit)
- Cerdelga (effective date 10/01/21)
- Cerezyme
- Cibinqo (effective date 07/01/22)
- Cimerli (medical benefit; effective date 04/01/23)
- Cinqair¹
- Cinryze
- Cinvanti (effective date 04/01/19)
- Climara Pro (effective date 01/01/20)
- Columvi (medical benefit; effective date 04/01/24)
- CombiPatch (effective date 01/01/20)
- Cometriq
- Copaxone
- Copiktra (effective date 04/01/19)
- Corlanor
- Cosela (medical benefit; effective date 10/01/21)
- Cosentyx
- Cotellic
- Cresemba (effective date 10/01/18)
- Crexont (effective date 02/01/25)
- Crysivita (medical benefit)
- Cuprimine (effective date 07/01/22)
- Cuvitru (effective date 06/01/18)

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)

- Cuvposa
- Cyramza (medical benefit)
- Daklinza
- Daliresp
- Danyelza (medical benefit; effective date 10/01/21)
- Daraprim
- Darzalex (medical benefit; effective date 02/04/16)
- Darzalex Faspro (medical benefit; effective date 01/01/21)
- Daurismo (effective date 04/01/19)
- Daybue (effective 07/01/24)
- Depen Titratabs (effective date 07/01/22)
- Descovy
- Dexcom G6
- Dexcom G7
- Diacomit (effective date 07/01/22)
- Diclofenac gel
- Diclofenac solution
- Difcid
- Dihydroergotamine mesylate injection (effective date 01/01/20)
- Dihydroergotamine mesylate nasal spray (effective date 01/01/20)
- Dipentum
- Doptelet (effective date 04/01/19)
- Duavee (effective date 01/01/20)
- Duopa (medical benefit; effective date 07/01/19)
- Dupixent¹
- Dysport (medical benefit)
- Egrifta
- Elahere (medical benefit; effective date 04/01/23)
- Elaprase (medical benefit)
- Elexys (medical benefit)
- Elfabrio (medical benefit; effective date 04/01/24)
- Elidel Cream
- Elmiron (effective date 04/01/19)
- Elrexfio (medical benefit; effective date 04/01/24)
- Elzonris (medical benefit; effective date 07/01/19)
- Emend capsules, oral suspension
- Emgality (effective date 10/01/19)
- Empaveli (effective date 04/01/22)
- Empliciti
- Emsam patches
- Emverm (effective date 10/01/18)
- Enbrel
- Enhertu (medical benefit; effective date 10/01/2022)
- Enjaymo (medical benefit; effective date 07/01/22)
- Enspryng (effective date 04/01/21)
- Enstilar Foam (effective date 01/01/20)
- Entocort
- Entresto
- Entyvio (medical benefit)
- Envarsus XR
- Enzeevu (medical benefit; effective date 04/01/25)
- Epclusa
- Epidiolex (effective date 04/01/19)
- Epkinly (medical benefit; effective date 04/01/24)
- Epogen (medical benefit; effective date 01/01/25)
- Epysqli (medical benefit; effective date 04/01/25)
- Erelzi
- Ergomar/Ergotamine Powder (effective date 04/01/23)
- Erivedge
- Erleada (effective date 06/01/18)
- Erwinaze (medical benefit; effective date 01/01/19)
- Esbriet
- Eucrisa ointment
- Evenity (effective date 07/01/19)
- Evkeeza (medical benefit; effective date 07/01/21)¹
- Evrysdi (effective date 08/11/20)
- Exjade
- Extavia
- Exxua (effective date 04/01/24)
- Eylea, Eylea HD (medical benefit)
- Fabhalta (effective date 04/01/24)
- Fabrazyme (medical benefit; effective date 10/01/18)
- Falessa
- Fanapt (effective date 04/01/20)
- Farxiga
- Farydak
- Fasenra prefilled syringes¹
- Fasenra pens¹
- Fensolvi (effective date 10/01/21)
- Fentora
- Feraheme (medical benefit; effective date 07/01/21)
- Ferriprox
- Fetzima
- Fiasp (effective date 04/01/18)
- Filsuvez (effective date 10/01/24)
- Fintepla (effective date 04/01/22)
- Firazyr
- Firdapse (effective date 04/01/19)
- Flector
- Focinvez (medical benefit; effective date 04/01/24)
- Folutyn (medical benefit; effective date 01/01/23)
- Forteo
- Fotivda (effective date 10/01/21)
- FreeStyle Libre 14 day
- FreeStyle Libre 2
- FreeStyle Libre 2 Plus
- FreeStyle Libre 3
- FreeStyle Libre 3 Plus Sensors (effective date 10/01/24)
- Fruzaqla (effective date 04/01/24)
- Fulphila (medical benefit; effective date 01/01/25)
- Fusilev (medical benefit; effective date 10/01/22)
- Fyarro (medical benefit; effective date 07/01/22)
- Fycompa (effective date 04/01/20)
- Gamifant (medical benefit; effective date 04/01/19)
- Gattex
- Gavreto (effective date 04/01/21)
- Gazyva (medical benefit)
- Genotropin
- Giazio
- Gilenya
- Gilotrif
- Givlaari (medical benefit; effective date 07/01/20)
- Glassia (medical benefit)
- Glatiramer acetate
- Gleevec
- Grastek
- Growth Hormone
- Hadlima (effective date 10/01/23)
- Haegarda
- Harvoni
- Havrix (PA required for members < 12 months or ≥ 19 years of age)
- Hectorol
- Hemgenix (medical benefit; effective date 04/01/23)
- Hepzato (effective 7/1/24; medical benefit)
- Hetlioz
- Hizentra
- Humalog U-200 (effective date 01/01/19)
- Humatrope
- Humulin U-500 (effective date 03/01/18)
- Hycamtin
- Hyftor (effective date 10/01/22)
- Hyqvia
- Ibrance
- Ibsrela (effective date 01/01/23)
- Idhifa (effective date 04/01/18)
- Ilaris
- Ilumya (effective date 04/01/19)
- Iluvien (medical benefit)
- Iwlifin (effective date 10/01/24)
- Imbruvica
- Imdelltra (medical benefit; effective date 10/01/24)
- Imfinzi (medical benefit)
- Imjudo (medical benefit; effective date 04/01/23)
- Imlygic (medical benefit)
- Impavido
- Increlex
- Inflectra (medical benefit)
- Infliximab (medical benefit; effective date 07/01/22)
- Ingrezza
- Injectafer (medical benefit)
- Inqovi (effective date 01/01/21)
- Intermezzo (effective date 01/01/20)
- Invokamet/Invokamet XR (effective date 01/01/19)
- Inlyta
- Iqirvo (effective date 10/01/24)
- Inrebic (effective date 04/01/20)
- Invokana
- Iressa
- Isturisa (effective date 10/01/20)
- Izervay (medical benefit; effective date 04/01/24)
- Jadenu
- Jakafi
- Jardiance
- Jaypirca (effective date 10/01/23)
- Jemperli (medical benefit; effective date 10/01/21)
- Jesdubroq (effective date 10/01/23)
- Jynarque (effective date 04/01/20)
- Kadcyla (medical benefit; effective date 01/01/19)
- Kalbitor
- Kalydeco
- Kanuma (medical benefit)
- Kerendia (effective date 01/01/22)
- Kesimpta (effective date 01/01/21)
- Ketamine (medical benefit; effective date 01/01/22)
- Kevzara
- Keytruda (medical benefit)
- Khapzory (medical benefit; effective date 10/01/22)
- Kimmtrak (medical benefit; effective date 07/01/22)
- Kineret
- Kisqali
- Kisunla (medical benefit; effective date 04/01/25)
- Kitabis Pak
- Klarity-C Drops

Pharmaceuticals Requiring Prior Authorization (continued)

- Klisyri (effective date 07/01/21)
- Korlym
- Korsuva (medical benefit; effective date 01/01/22)
- Koselugo (effective date 10/01/20)
- Kovaltry
- Krazati (effective date 08/01/23)
- Krystexxa (medical benefit)
- Kuvan
- Kymriah (medical benefit)
- Kyprolis
- Lampit (effective date 04/01/21)
- Lamzede (medical benefit; effective date 10/01/23)
- Lazanda
- Lemtrada (medical benefit)
- Lenmeldy (medical benefit; effective date 10/01/24)
- Lenvima
- Leqembi (medical benefit; effective date 04/01/25)
- Leqselvi (effective date 02/01/25)
- Leqvio¹ (medical benefit; effective date 04/01/22)
- Letairis
- Levulan (medical benefit; effective date 01/01/25)
- Libervant (effective date 10/01/24)
- Libtayo (medical benefit; effective date 04/01/19)
- Lidoderm
- Linzess
- Litfulo (effective date 04/01/24)
- Livmarli (effective date 04/01/22)
- Livtency (effective date 10/01/2022)
- Lokelma (effective date 04/01/19)
- Lo Loestrin FE
- Lonhala Magnair (effective date 04/01/19)
- Lonsurf
- Loqtorzi (effective 07/01/24; medical benefit)
- Lorbrina (effective date 04/01/19)
- Lotronex
- Lucemyra (effective date 04/01/19)
- Lucentis (medical benefit)
- Lumakras (effective date 01/01/22)
- Luminopia (effective date 02/01/25)
- Lumizyme (medical benefit; effective date 04/01/22)
- Lumoxiti (medical benefit; effective date 04/01/19)
- Lunsumio (medical benefit; effective date 07/01/23)
- Lupkynis (effective date 04/01/21)
- Lupron
- Lutathera (effective date 04/01/19)
- Lutrate (medical benefit; effective date 04/01/23)
- Luxturna (medical benefit; effective 01/10/18)
- Luzu
- Lyfgenia (medical benefit; effective date 10/01/24)
- Lymphir (medical benefit; effective 04/01/25)
- Lynparza
- Lytgobi (effective date 04/01/23)
- Macugen (medical benefit)
- Margenza (medical benefit; effective date 07/01/21)
- Marinol
- Mavenclad (effective date 01/01/20)
- Mavyret
- Mavzent (effective date 07/01/19)
- Mekinist
- Mektovi (effective date 04/01/20)
- Mepsevii (medical benefit)
- MetroGel 1%
- MetroGel 1% with pump
- Metrolotion
- Miebo (effective date 04/01/24)
- Mirvaso (effective date 01/01/19)
- Mounjaro (effective date 06/01/22)
- Monjuvi (medical benefit; effective date 01/01/21)
- Monoferic (medical benefit; effective date 07/01/21)
- Motegrity (effective date 07/01/19)
- Movantik
- Mulpleta (effective date 04/01/19)
- Mupirocin cream (effective date 01/01/20)
- Mycapssa (effective date 04/01/21)
- Myfembree (effective date 04/01/22)
- Mylotarg (medical benefit)
- Myobloc (medical benefit)
- Myrbetriq (effective date 07/01/21)
- Naglazyme (medical benefit; effective date 01/01/22)
- Namenda XR
- Natazia
- Natpara
- Nayzilam (effective date 04/01/20)
- Nerlynx (effective date 06/01/18)
- Neupro
- Nexleto¹ (effective date 07/01/20)
- Nexlizet¹ (effective date 07/01/20)
- Nextstellis (effective date 10/01/21)
- Nexvazyme (medical benefit; effective date 04/01/22)
- Niktimvo (medical benefit; effective 04/01/25)
- Nimodipine capsules (effective date 04/01/21)
- Ninlaro
- Nivestym (medical benefit; effective date 01/01/25)
- Norditropin
- Northera (effective date 04/01/19)
- Nourianz (effective date 10/01/20)
- Novolog (effective date 03/01/18)
- Novolog Mix (effective date 03/01/18)
- Noxafil (effective date 10/01/18)
- Nubeqa (effective date 10/01/20)
- Nucala⁸
- Nuedexta
- Nulibry (effective date 01/01/23)
- Nulojix (medical benefit)
- Nuplazid
- Nurtec Orally Disintegrating Tablets (effective date 07/01/20)
- Nutropin AQ
- Nuvigil
- Nuzyra (effective date 04/01/21)
- Nymalize oral solution (effective date 04/01/21)
- Ocaliva
- Ocrevus (medical benefit)
- Ocrevus Zunovo (medical benefit; effective date 02/01/25)
- Odactra (effective date 07/01/20)
- Odomzo
- Ofev
- Ohtuvayre (effective date 02/01/25)
- Ojjaara (effective date 04/01/24)
- Olumiant (effective date 10/01/18)
- Olysio
- Omnipod 5 G6-G7 insulin pump
- Omnipod 5 G6-Libre 2 Plus
- Omnipod Dash (effective date 04/01/20)
- Omnitrope
- Omvoh (effective date 04/01/24)
- Oncaspar (medical benefit; effective date 04/01/19)
- Onpatro (medical benefit; effective date 04/01/19)
- Ongentys (effective date 08/01/23)
- Onivyde (medical benefit)
- Opdivo (medical benefit)
- Opdualag (medical benefit; effective date 01/01/23)
- Opfolda (effective date 04/01/24)
- Opsumit (effective date 04/01/20)
- Opuviz (medical benefit; effective date 07/01/24)
- Opzelura (effective date 04/01/22)
- Oralair
- Orenicia
- Orenitram (effective date 07/01/20)
- Orgovyx (effective date 10/01/22)
- Oriahnn (effective date 04/01/22)
- Orilissa (effective date 07/01/19)
- Orkambi
- Orserdu (effective date 10/01/23)
- Otezla
- Otrexup
- Otulfi (effective 04/01/25)
- Oxervate (effective date 04/01/20)
- Oxlumo (medical benefit; effective date 07/01/21)
- Oxtellar XR (effective date 04/01/20)
- Ozempic (effective date 04/01/18)
- Ozurdex (medical benefit; effective date 07/01/20)
- Padcev (medical benefit; effective date 07/01/20)
- Palforzia (effective date 04/01/20)
- Palynziq (effective 7/1/24)
- Pavblu (medical benefit; effective 04/01/25)
- Pedmark (medical benefit; effective date 04/01/23)
- Pegasys
- Pegintron
- Pemazyre (effective date 10/01/20)
- Pemfexy (medical benefit; effective date 01/01/25)
- Pepaxto (medical benefit; effective date 10/01/21)
- Perjeta (medical benefit)
- Phospholine Eye Drops (effective date 04/01/23)
- Piqray (effective date 04/01/20)
- Plegriid
- Pluvicto (medical benefit; effective date 01/01/23)
- Pneumovax-23 (under 65 years of age)

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)

- Polivy (medical benefit; effective date 01/01/20)
- Pomalyst
- Pombiliti (medical benefit; effective date 04/01/24)
- Ponvory (effective date 10/01/21)
- Portrazza (medical benefit)
- Poteligeo (medical benefit; effective date 04/01/19)
- Praluent¹
- 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
- Procrit (medical benefit; effective date 01/01/25)
- Prograf Oral Granules
- Prolastin-C (medical benefit)
- Prolia
- Promacta
- Provenge (medical benefit)
- Prudoxin cream
- Psoriasis Therapies
- Purified Cortrophin Gel (effective date 04/01/22)
- Pyrukynd (effective date 10/01/22)
- Pyzchiva (effective 04/01/25)
- Qbrexza (effective date 01/01/20)
- Qelbree (effective date 10/01/21)
- Qinlock (effective date 01/01/21)
- Qtern (effective date 01/01/19)
- Qudexy XR
- Qulipta (effective date 01/01/22)
- Qutenza
- Radicava ORS oral suspension
- Radicava intravenous solution (medical benefit)
- Ragwitek
- Rasuvo
- Rayaldee
- Rebif
- Reblozyl (medical benefit; effective date 04/01/20)
- Recorlev (effective date 10/01/22)
- Relistor
- Remicade (medical benefit)
- Remodulin
- Renflexis (medical benefit)
- Repatha¹
- Restasis
- Restoril 7.5 mg (effective date 01/01/20)
- Restoril 22.5 mg (effective date 01/01/20)
- Retevmo (effective date 01/01/21)
- Retisert (medical benefit)
- Retacrit (medical benefit; effective date 01/01/25)
- Revatio
- Revlimid
- Rexaphenac
- Rexulti
- Reyvow (effective date 07/01/20)
- Rezdiffra (effective 07/01/24)
- Rezurock (effective date 01/01/22)
- Rezzayo (effective 07/01/24; medical benefit)
- Rheumatoid Arthritis Therapies
- Rhofade (effective date 01/01/19)
- Rhopressa (effective 10/01/18)
- Rinvoq (effective date 04/01/20)
- Rituxan (medical benefit)
- Rituxan Hycela (medical benefit, effective date 04/01/19)
- Rivfloza (medical benefit; effective date 04/01/24)
- Rocklatan (effective date 04/01/23)
- Roctavian (medical benefit; effective date 10/01/23)
- Rozerem (effective date 01/01/20)
- Rozlytrek (effective date 10/01/20)
- Rubraca
- Ruconest
- Rukobia (effective date 01/01/21)
- Ruxience (medical benefit; effective date 07/01/20)
- Ruzurgi (effective date 07/01/20)
- Rybelsus (effective date 04/01/20)
- Rybrevant (medical benefit; effective date 01/01/22)
- Rydapt
- Rylaze (medical benefit; effective date 07/01/22)
- Ryplazim (medical benefit; effective date 07/01/22)
- Rystiggo (medical benefit; effective date 04/01/24)
- Rytary (effective date 10/01/23)
- Ryzneuta (medical benefit; effective date 10/01/24)
- Sabril
- Saizen
- Samsca (effective date 04/01/20)
- Saphnelo (medical benefit; effective date 01/01/22)
- Saphris (effective date 04/01/20)
- Sarclisa (medical benefit; effective date 10/01/20)
- Savella (effective date 04/01/22)
- Scemblix (effective date 07/01/22)
- Scenesse (medical benefit; effective date 01/01/21)
- Secuado (effective date 04/01/20)
- Seglurimet (effective date 06/01/18)
- Selarsdi (effective 04/01/25)
- 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)
- Skylarys (effective date 04/01/24)
- Skyrizi intravenous injection (effective date 07/01/22)
- Skyrizi subcutaneous injection (effective date 01/01/20)
- Solaraze
- Solesta (medical benefit; effective date 01/01/23)
- Soliqua
- Soliris (medical benefit)
- Somatuline (medical benefit; effective date 02/01/25)
- Somavert
- Soolantra
- Sorlux Foam (effective date 01/01/20)
- Sotyktu (effective date 04/01/23)
- Spevigo (medical benefit; effective date 01/01/23)
- Spinraza (medical benefit)
- Spritam (effective date 04/01/20)
- Spravato (effective date 04/01/19)
- Steglatro (effective date 06/01/18)
- Steglujan (effective date 06/01/18)
- Stelara intravenous injection
- Stelara subcutaneous injection
- Steqeyma (effective 04/01/25)
- Stivarga
- Strensiq
- Sublocade
- Suboxone
- Subsyst
- Sunlenca (effective date 08/01/23)
- Sunosi (effective date 01/01/20)
- Supprelin LA (medical benefit)
- Syfovre (medical benefit; effective date 07/01/23)
- Sylvant (medical benefit)
- Symdeko (effective date 06/01/18)
- Symproic (effective date 04/01/18)
- Synagis (medical benefit; up to five injections per season)
- Synarel
- Syndros (effective date 04/01/18)
- Synjardy/Synjardy XR (effective date 01/01/19)
- Synribo
- Syprine
- Taclonex Ointment (effective date 01/01/20)
- Taclonex Topical Suspension (effective date 01/01/20)
- Tafilnar
- Tagrisso
- Takhzyro (effective date 10/01/18)
- Taltz
- Talvey (medical benefit; effective date 04/01/24)
- Talzenna (effective date 04/01/19)
- Tarceva (effective date 04/01/19)
- Targretin (effective date 07/01/20)
- Tavalisse (effective date 10/01/18)
- Tavneos (effective date 01/01/22)
- Tazverik (effective date 07/01/20)
- Tecartus (medical benefit; effective date 01/01/21)
- Tecelra (medical benefit; effective date 02/01/25)
- Tecentriq (medical benefit)
- Tecfidera
- Technivie
- Tecvayli (medical benefit; effective date 04/01/23)
- Temazepam 7.5 mg (effective date 01/01/20)
- Temazepam 22.5 mg (effective date 01/01/20)
- Temodar vials (medical benefit)
- Tepezza (medical benefit; effective date 07/01/20)
- Tepmetko (effective date 10/01/21)
- Teriparatide
- Testopel (medical benefit)
- Tev-Tropin
- Tezspire effective date 07/01/22)
- Tibsovo (effective date 01/01/20)
- Tiglutik (effective date 04/01/19)
- Tivdak (medical benefit; effective date 07/01/22)
- TOBI
- TOBI Podhaler
- Tofidence (effective date 04/01/24)
- Topamax immediate-release sprinkle capsules

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)

- Toujeo
- Tracleer
- Trelegy Ellipta (effective date 04/01/19)
- Trelstar Mixject (medical benefit)
- Tremfya (effective date 04/01/18)
- Tresiba (effective date 03/01/18)
- Triazolam (effective date 01/01/20)
- Trijardy XR (effective date 07/01/20)
- Trikafta (effective date 04/01/20)
- Trintellix
- Triptodur (medical benefit)
- Trodelvy (medical benefit; effective date 10/01/20)
- Trogarzo (medical benefit; effective date 10/01/18)
- Trokendi XR
- Trulance
- Trulicity
- Truqap (effective date 04/01/24)
- Truvada (for quantities > 30 tablets per 365 days)
- Twinrix (PA required for members < 12 months or ≥ 19 years of age)
- Tyruko (natalizumab-sztn) (medical benefit; effective date 04/01/24)
- Tryvio (effective 7/1/24)
- Tukysa (effective 10/01/20)
- Turalio (effective 04/01/20)
- Twirla patches (effective date 01/01/22)
- Tyblume
- Tyenne (effective date 04/01/24)
- Tymlos
- Tyrvaya (effective date 04/01/22)
- Tysabri (medical benefit)
- Tyvaso
- Tzielid (medical benefit; effective date 04/01/23)
- Ubrelyv (effective 4/1/20)
- Udenyca Onbody Injector (medical benefit; effective date 01/01/25)
- Udenyca Prefilled Autoinjector (medical benefit; effective date 01/01/25)
- Udenyca Prefilled Syringe (medical benefit; effective date 01/01/25)
- Uloric
- Ultomiris (medical benefit; effective date 07/01/19)
- Uplizna (medical benefit; effective date 01/01/21)
- Upneeq (effective date 04/01/21)
- Upravi
- Vabysmo (medical benefit; effective date 07/01/22)
- Valtoco (effective date 07/01/20)
- Vanflyta (effective date 04/01/24)
- Vaqta (PA required for members < 12 months or ≥ 19 years of age)
- Varubi
- Vascepa
- Vaxneuvance
- Vectibix (medical benefit; effective date 07/01/18)
- Vectical Ointment (effective date 01/01/20)
- Vegzelma (medical benefit; effective date 04/01/23) (Zirabev preferred)
- Velsipity (effective date 04/01/24)
- Veltassa
- Vemlidy (effective date 01/01/21)
- Venclexta
- Venlafaxine ER Tablets
- Veopoz (medical benefit; effective date 04/01/24)
- Veozah (effective date 10/01/23)
- Verkazia (effective date 04/01/22)
- Verquvo (effective date 07/01/21)
- Verzenio (effective date 04/01/18)
- Viberzi
- Victoza
- Viekira
- Viibryd
- Vioice (effective date 10/01/22)
- Vitrakvi (effective date 04/01/19)
- Vivimusta (medical benefit; effective date 07/01/23)
- Vivitrol
- Vocabria (effective date 01/01/21)
- Vonjo (effective date 10/01/22)
- Voquezna Dual Pak (effective date 10/01/2022)
- Voquezna Triple Pak (effective date 10/01/22)
- Vosevi
- Vowst (effective date 10/01/24)
- Voxzogo (effective date 04/01/22)
- VPRIV
- Vraylar
- Vtama (effective date 01/01/23)
- Vumerity (effective date 04/01/20)
- Vyepti (medical benefit; effective date 07/01/20)
- Vyjuvek (effective date 04/01/24)
- Vyloy (medical benefit; effective 04/01/25)
- Vyvanse (PA required for brand name for any diagnosis, or generic when submitted for any non-ADHD diagnosis)
- Vyndamax (effective date 04/01/20)
- Vyndaqel (effective date 04/01/20)
- Vytorin
- Vyvgart (medical benefit; effective date 07/01/22)
- Wainua (effective 7/1/24)
- Wakix (effective date 04/01/20)
- Welireg (effective date 04/01/22)
- Wezlana (effective 04/01/25)
- Winrevair (effective date 01/01/25)
- Xadago
- Xalkori
- Xcopri (effective date 10/01/20)
- Xdemvy (effective date 02/01/25)
- Xeljanz
- Xeljanz XR
- Xeloda
- Xenpozyme (medical benefit; effective date 04/01/23)
- Xeomin (medical benefit)
- Xepi (effective 10/01/18)
- Xermelo (effective date 04/01/24)
- Xgeva
- Xifaxan
- Xigduo XR (effective 01/01/19)
- Xiidra
- Xipere (medical benefit; effective date 02/01/25)
- Xofigo (medical benefit)
- Xolair¹
- Xolremdi (effective date 02/01/25)
- Xospata (effective date 04/01/24)
- Xtandi
- Xultophy
- Xuriden
- Xywav (effective date 04/01/21)
- Xyrem
- Yervoy (medical benefit)
- Yesafili (medical benefit; effective date 07/01/24)
- Yescarta (medical benefit)
- Yesintek (effective 04/01/25)
- Yondelis (medical benefit)
- Yupelri (effective date 04/01/19)
- Yutiq (medical benefit)
- Zavesca (effective date 04/01/19)
- Zavzpret (effective date 08/01/23)
- Zejula
- Zelboraf
- Zemaira
- Zemplar
- Zepatier
- Zeposia (effective date 07/01/20)
- Zepzelca (medical benefit; effective date 01/01/21)
- Ziihera (medical benefit; effective 04/01/25)
- Zilbrysq (effective date 04/01/24)
- Zinplava (medical benefit)
- Zirabev (medical benefit)
- Zohydro ER
- Zokinvy (effective date 07/01/21)
- Zoladex (medical benefit; effective date 01/01/22)
- Zolgensma (medical benefit)
- Zolpimist (effective date 01/01/20)
- Zomacton
- Zonalon cream
- Zorbtive
- Zoryve (effective date 01/01/23)
- Ztalmu (effective date 01/01/23)
- Zubsolv
- Zulresso (medical benefit; effective date 07/01/19)
- Zuplenz
- Zuruvae (effective date 04/01/24)
- Zykadia
- Zynlonta (medical benefit; effective date 10/01/21)
- Zynteglo (medical benefit; effective date 04/01/23)
- Zynyz (medical benefit; effective date 04/01/24)
- Zytiga

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

Non-Preferred Generic Medications

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

- Abilify oral solution (covered for members ≤ 12 years of age)
- Actigall
- Ambien CR 12.5 mg
- Astelin
- Atacand
- Atacand HCT
- Avita cream
- Boniva 150 mg tabs
- Concerta²
- Coreg CR
- Corgard
- Daypro
- Detrol LA 4 mg
- Ecoza cream
- Enstilar Foam
- Exforge
- Fentora
- Focalin XR²
- Frova
- Hecitorol
- Hydrocortisone valerate 0.2% cream
- Intermezzo
- Lamisil
- Lialda
- Micardis HCT
- Pristiq
- Qudexy XR
- Retin-A cream
- Rozerem
- Sorilux Foam
- Sporanox capsules
- Taclonex ointment
- Taclonex Topical Suspension
- Tribenzor
- Twynsta
- Vectical Ointment
- Vytorin
- Zemplar
- Zolpimist

Discounted Drugs at 100% Member Coinsurance

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

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

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

Non-Covered Medications

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

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

Brand Name

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

Brand and Generic Versions

- | | | | |
|---|--|---|--|
| • 510(k) medical devices | • Adalimumab-adbm (unbranded Cyltezo) | • Alyftrek Tablets | • Aplenzin |
| • Unapproved drugs | • Adrenaclick | • Alyglo | • Apokyn |
| • Abecma (Rx benefit) | • Adstiladrin (Rx benefit) | • Alymsys (Zirabev preferred) | • Aqueurs |
| • Abilify Asimtufii | • Aduhelm | • Amcinonide Cream 0.1% | • Aralast NP (Rx benefit) |
| • Abilify MyCite | • Adzenys XR-Orally Disintegrating Tablets | • Amcinonide 0.1% Cream | • Arazlo |
| • Abilify orally disintegrating tablets | • Adzynma (Rx benefit) | • Amcinonide 0.1% lotion | • Arestin |
| • Abilify oral solution (for members > 12 years of age) | • Afinitor 10 mg tablets | • Amcinonide 0.1% ointment | • ArmonAir Digihaler |
| • Abrilada | • Agamree | • Ameluz (Rx benefit) | • Astepro |
| • Absorica | • Aggrastat Injection 3.75 mg/15 mL | • Amjevita | • Atenolol+SyrSpend SF PH4 oral suspension |
| • Acanya | • Ahzantive (Rx benefit) | • Amnesteem | • Atridox |
| • Accutane | • AirDuo Digihaler | • Amondys 45 | • Atrantil |
| • Acetaminophen Injections | • Akeega | • Ampicillin Injection 10 gm (NDC: 72603-0578-01) | • Atropine Sulfate Ophthalmic Ointment |
| • Aciphex | • Akene-mycin 2% ointment | • Amtagvi (Rx benefit) | • Atropine Sulfate Solution 0.01% |
| • Acuvue Theravision | • Akief | • Amrix | • Atropine Sulfate Solution 0.025% |
| • Acyclovir oral solution | • Alcortin A 1-2-1% gel | • Amvuttra (Rx benefit) | • Atropine Sulfate Solution 0.05% |
| • Acyclovir Sodium Chloride Solution | • Alcortin A 1-2-1% gel packets | • Amzeeq | • Attruby |
| • Aczone Gel | • Aldurazyme (Rx benefit) | • Ana-Lex cream | • Atovaquone Suspension 750 mg/5 mL (NDC: 62135-05-2824) |
| • Aczone Gel with Pump | • Alhemo Injection | • Anaprox DS | • Atovaquone Suspension 750 mg/5 mL (NDC: 62135-05-2845) |
| • Adakveo (Rx benefit) | • Aliqopa (Rx benefit) | • Annovera | |
| • Adalimumab-aacf (unbranded Idacio) | • Alkindi Sprinkle Capsules | • Antara | |
| • Adalimumab-aaty (unbranded Yuflyma) | • Allopurinol 200 mg tablets | • Anti-Obesity Medications | |
| | • Allzital | • Antivert 50 mg tablets | |
| | • Altprev | • Anucort-HC | |
| | • Altreno | • Anusol-HC suppositories | |
| | | • Apadaz | |
| | | • Aphexda (Rx benefit) | |

Brand and Generic Versions (continued)

- Atropine Sulfate Injection 0.4 mg/mL
- Atropine Sulfate Injection 0.8 mg/2 mL
- Aucatzyl (Rx benefit)
- Aurlumyn
- Autologous serum eye drops (ASED)
- Auvi-Q
- Avaclyr
- 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 (Zirabev preferred)
- Aveed
- Avenova Sol Neutrox
- Avonex (medical benefit)
- Avsola (Rx benefit)
- Axid
- Azalgia
- Azedra (Rx benefit)
- Azelex Cream
- Azesco
- Azmiro
- Azstarys
- Baclofen 5 mg tablets
- Barhemsys (Rx benefit)
- Basaglar Tempo Pens
- Bavencio (Rx benefit)
- Beconase AQ
- Beleodaq (Rx benefit)
- Belrapzo (Rx benefit)
- Belsomra
- Bendeka (Rx benefit)
- BenzaClin
- Benzepro
- Benzonatate 150 mg capsules
- Benzoyl Peroxide Agents
- Beovu (Rx benefit)
- Besponsa (Rx benefit)
- Betamethasone valerate 0.12% (Luxiq)
- Betaseron
- Bevacizumab Injection 1.25 mg
- Beyfortus (Rx benefit)
- Biaxin XL
- Binosto
- Bionect
- Bizengri
- Bkernv (Rx benefit)
- Blincyto (Rx benefit)
- BLT-25 KIT
- Boniva IV (Rx benefit)
- Bonjesta
- Boruzu
- Botox (Rx benefit)
- Brenzavvy
- Breyanzi (Rx benefit)
- Breztri
- Brimonidine/Dorzolamide Solution 0.1-2%
- Brineura (Rx benefit)
- Briumvi (Rx benefit)
- Bruselix
- Bryhali
- Bupropion XL 450 mg
- Butalbital/acetaminophen
- Butalbital/acetaminophen/caffeine
- Butalbital/acetaminophen/caffeine/codeine
- Butalbital/aspirin/caffeine
- Butalbital/aspirin/caffeine/codeine
- Byooviz (Rx benefit)
- Cabtreo
- Caduet
- Caffeine Citrate Injection 60 mg/3 mL
- Camcevi (Rx benefit)
- Candida Albicans Injection 1:1000
- Capex 0.01% shampoo
- Carac 0.5% cream
- Carbamazepine 200 mg Chewable Tablets
- Carbamazepine 200 mg Chewable Tablets
- Carbamazepine 100mg ER Tablets (Excluded NDC: 62135092760)
- Carbamazepine 200mg ER Tablets (Excluded NDC: 62135092860)
- Carbamazepine 400mg ER tablets (Excluded NDC: 62135093060)
- Carospir
- Carisoprodol/Aspirin/Codeine tablets
- Carticel
- Carvykti (Rx benefit)
- Casgevy (Rx benefit)
- Casirivimab/imdevimab
- Celebrex 400 mg capsules
- Cenovia
- Centany
- Centany AT
- Cequa
- Ceracade
- Ceramax Cream
- Chlorzoxazone 250 mg tablets
- Cimerli (Rx benefit)
- Cimetidine Solution 300 mg/5 mL
- Cimzia (only for the diagnosis of Psoriasis)
- Cipro HC
- CiproDex
- Ciprofloxacin/fluocinolone ear drops
- Clarifoam (sulfacetamide/sulfur 10-5%)
- Clarus
- Clindacin ETZ 1%
- Clindacin P 1%
- Clindacin PAC 1%
- Clindamycin 1 % foam
- Clindamycin-benzoyl peroxide 1.2%-5% gel
- Clindamycin-benzoyl peroxide 1%-5% gel
- Clindamycin-benzoyl peroxide 1%-5% gel with pump
- Clindamycin-tretinoin 1.2-0.25% gel
- Clindamycin/benzoyl peroxide topical combination products
- Clinpro
- Clobetasol Ophthalmic Suspension 0.05%
- Clobetasol propionate 0.05% Foam (hydroalcoholic)
- Clobetasol propionate 0.05% Foam (non-aqueous)
- Clobetasol propionate 0.05% Lotion
- Clobetasol propionate 0.05% Shampoo
- Clobetasol propionate 0.05% Spray
- Clobetasol Suspension 0.05%
- Clo cortolone 0.1% Cream
- Cobenfy
- Columvi (Rx benefit)
- Combogesic
- Consensi
- Conzip
- Copaxone (medical benefit)
- Cordran 0.05% Cream
- Cordran 0.05% Lotion
- Cordran 0.05% Ointment
- Cordran tape 4 mcg/sqcm
- CoreMino
- Cortifoam aerosol 90 mg
- Cosela (Rx benefit)
- Cosentyx Prefilled Syringe 150 mg/mL (NDC: 00078-0639-97)
- Cosentyx Sensoready Pen 150 mg/mL (NDC: 00078-0639-68)
- Cotempla
- Covaryx
- Covaryx HS
- Crenessity Capsules
- Crenessity Solution
- Crysvida (Rx benefit)
- Cyclobenzaprine 7.5 mg tablets
- Cyclophosphamide (auromedics)
- Cyclophosphamide Injection (manufactured by Avyxa)
- Cyclophosphamide Injection (manufactured by Baxter)
- Cycloset
- Cyltezo
- Cyramza (Rx benefit)
- Dacogen
- Danyelza (Rx benefit)
- Danziten
- Dartisla ODT
- Darzalex (Rx benefit)
- Darzalex Faspro (Rx benefit)
- Datroway Injection
- Daxxify
- Dayvigo
- Denta 5000 cream
- Dentagel
- Dermalorb AF 3%-0.5% cream
- Dermazene
- Derpixa Gel
- Desonate 0.05% gel
- Desonide 0.05% Lotion
- Dexamethasone/Moxifloxacin Solution 1-5 mg/mL
- Dexamethasone Phosphate Injection 4 mg/mL
- Desoximetasone 0.05% cream
- Desoximetasone 0.05% ointment
- Dexcom Stelo
- Dexilant
- Dextenza
- Dextrose/Sodium Chloride Injection
- Dexycu
- Diazepam Solution 5 mg/5 mL (NDC: 62135-07-6724)
- Diazepam Solution 5 mg/5 mL (NDC: 62135-07-6745)
- Diazepam Tablets 2 mg (NDC: 62135-0786-90)
- Diazepam Tablets 5 mg (NDC: 62135-0787-90)
- Diazepam Tablets 10 mg (NDC: 62135-0788-90)
- Diclegis
- Diclopr

Brand and Generic Versions (continued)

- Diclofenac Potassium 50mg Tablets (Excluded NDC: 70512075010)
- Diclofenac Potassium 50mg Tablets (Excluded NDC: 70512090030)
- Differin 0.1% cream
- Differin 0.1% gel
- Differin 0.1% lotion
- Differin 0.3% gel with pump
- Diflorasone 0.05% emollient cream
- Differin Pads
- Differin Solution
- Diflorasone diacetate 0.05% Cream
- Diflorasone diacetate 0.05% Ointment
- Diltiazem Hydrochloride/ Dextrose Injection
- Diltiazem/Sodium Chloride Injection
- Dimethyl fumarate (NDCs: 00378-0399-91, 00378-0399-18, 43598-0430-60, 00378-0396-14, 43598-0429-52)
- Disalcid
- Dojolvi
- Dolobid 250 mg tablets
- Donnatal
- Doryx
- Doxycycline monohydrate 75 mg capsules/tablets
- Doxycycline monohydrate 150 mg tablets
- Doxorubicin Injection 2 mg/mL
- Dritho-Creme HP
- Drizalma
- Dropsafe Lancets
- Dsuvia (Rx and medical benefits)
- Duac
- Duaklir Pressair
- Duexis
- Duloxetine 40 mg capsules
- Duobrii
- Duopa (Rx benefit)
- Durlaza
- Durolane
- Durysta
- Dutoprol
- Duvyzat
- Dyanavel XR
- Dymista
- Dysport (Rx benefit)
- Ebglyss
- EC-Naprosyn
- EC-Naproxen
- ED BRON GP Liquid
- Edarbi
- Edarbyclor
- Edecrin
- Edluar
- EEMT
- EEMT HS
- Elahere (Rx benefit)
- Elaprase (Rx benefit)
- Elelyso (Rx benefit)
- Elepsia XR
- Eletone
- Eletone Twinpack
- Elevidys
- Elfabrio (Rx benefit)
- Elimate Cream
- Elrexio (Rx benefit)
- Elyxyb
- Elzonris (Rx benefit)
- Emflaza (both Rx and medical benefits)
- Emla 2.5% — 2.5% cream
- Emulsion SB
- Enbrel (only for the diagnosis of Psoriasis)
- Endari
- Enhertu (Rx benefit)
- Enjaymo (Rx benefit)
- Entadfi
- Entresto Sprinkle Capsules
- Entty
- Entyvio (Rx benefit)
- Enzeevu (Rx benefit)
- Eohilia
- Epaned
- Ephedrine Injection 50 mg/5 mL
- Ephedrine/Sodium Chloride Solution 15 mg/3 mL
- Ephedrine Sulfate/Sodium Chloride Injection
- EpiCeram Skin Barrier
- Epiduo Gel with Pump
- Epiduo Forte Gel with Pump
- Epinephrine Solution 8 mg/250 mL
- Epkinly (Rx benefit)
- Epogen (Retacrit preferred)
- Eprontia
- Epsolay
- Epsqli (Rx benefit)
- Ermeza
- Erwinaze (Rx benefit)
- Erythromycin-benzoyl peroxide 3-5% gel
- Eskata
- Esterified Estrogens/ Methyltestosterone
- Ethacrynic acid
- Ethacrynate Sodium
- Etodolac 400 mg tablets (excluded NDC: 62135091060)
- Etodolac 500 mg tablets (excluded NDC: 62135091160)
- Etonogestrel/ethinyl estradiol vaginal ring
- Euflexxa
- Evekeo
- Eversense 365 Smart Transmitter
- Evkeeza (Rx benefit)
- Evoclin 1% Foam
- Exforge HCT
- Exondys 51 (both Rx and medical benefits)
- Extavia (medical benefit)
- Eylea, Eylea HD (Rx benefit)
- Eysuvis
- Ezallor
- Fabior
- Fabrazyme (Rx benefit)
- Fenofibrate 54 mg tablets (NDC: 62135-08-3790)
- Fenofibrate 67 mg capsules (excluded NDC: 62135089390)
- Fenofibrate 134 mg capsules (excluded NDC: 62135089490)
- Fenofibrate 160 mg tablets (NDC: 62135-08-3890)
- Fenofibrate 200 mg capsules (excluded NDC: 62135089990)
- Fenoprofen
- Fenovar
- Fentanyl/Bupivacaine/ Sodium Chloride Injection
- Fentanyl Citrate Injection
- Fentanyl Citrate Solution 2500 mcg/50 mL
- Fentanyl/Ropivacaine Injection
- Fentanyl/Ropivacaine/ Sodium Chloride Injection
- Feonyx Tablets
- Feraheme (Rx benefit)
- Finacea foam
- First Lansoprazole
- First Omeprazole
- Fleqsuvy (members ≥ 12 years of age)
- Flolipid
- Flonase
- Fluocinonide gel
- Fluocinonide ointment
- Fluocinonide-E Cream
- Fluocinonide 0.1% Cream
- Fluoridex
- Fluoroplex 1% cream
- Fluoxetine Delayed-Release Capsules
- Fluoxetine Solution 20 mg/5 mL (excluded NDC: 62135-07-3045)
- Fluoxetine Solution 20 mg/5 mL (excluded NDC: 62135-07-3024)
- Flurandrenolide 0.05% Cream
- Flurandrenolide 0.05% lotion
- Fluvoxamine 25 mg Tablets (NDC: 62135-09-3190)
- Fluvoxamine 50 mg Tablets (NDC: 21350-93-260)
- Fluvoxamine 100 mg Tablets (NDC: 62135-09-3330)
- Flurbiprofen 100mg Tablets (Excluded NDC: 64950021810)
- Focinvez (Rx benefit)
- Focinvez Injection 150 mg/ 50 mL
- Folotylin (Rx benefit)
- Fortivo XL
- Fortamet
- Fosamax Oral Solution
- Fosamax Plus D
- Fraiche 5,000 Gel
- Freestyle Libre diabetic test strips
- Freestyle Libre Lingo
- Freestyle Libre Rio
- Frindovyx
- Fulvicin P/G 165 mg Tablets
- Fungizyl AC Cream
- Furoscix
- Fusilev (Rx benefit)
- Fyarro (Rx benefit)
- Fylnetra (Fulphila or Udenyca preferred)
- Gabarone 100 mg Tablets
- Gabarone 400 mg Tablets
- Galafold
- Gamifant (Rx benefit)
- Ganirelix
- Gazyva (Rx benefit)
- Gel-One
- Gel-Syn
- Gemtesa
- GenVisc 850
- Genadur
- Generlac Solution 10 mg/15 mL (NDC: 62135-0892-47)
- Gimoti
- Givlaari (Rx benefit)
- Gloperba
- Glassia (Rx benefit)
- Glimepiride 3 mg tablets
- Glumetza
- Glycopyrrolate injectable sol
- Glycopyrrolate Injection 0. mg/3 mL
- Glycopyrrolate Injection 1 mg/5 mL
- Glyset
- Gocovri
- GoNitro
- Gralise
- Granix (Nivestym preferred)

Brand and Generic Versions (continued)

- Guaifenesin-codeine liquid
- Guaifenesin DAC
- Guaifenesin DAC syrup
- Halog (halcinonide) 0.1% Cream
- Halog 0.1% ointment
- Hemady
- Hemangeol
- Hemgenix (Rx benefit)
- Hemmorex-HC suppositories
- Hepzato (Rx benefit)
- Herceptin
- Herceptin Hycela
- Hercessi
- Herzuma
- Homatropine Hydrobromide
- Horizant
- HPR Plus
- Hulio
- Humalog Tempo Pens
- Humira
- Hyalgan
- Hyaluronate Sodium Gel
- Hydrocaine Cream
- Hydrocortisone Acetate
- Hydrocortisone Acetate/ Pramoxine
- Hydrocortisone butyrate (Locoid) 0.1% Lotion
- Hydrocortisone butyrate 0.1% cream (Locoid Lipo)
- Hydrocortisone Lotion 2% (NDC: 71297-0010-02)
- Hydrocortisone Lotion 2% (NDC: 71297-0010-01)
- Hydromorphone Solution 0.2 mg/mL
- Hydroquinone
- Hydroquinone Time Release
- Hydroxychloroquine Tablets 200 mg (NDC: 62135-0752-90)
- Hydroxyprogesterone pens/ vials
- Hygel
- Hylafem
- Hylatopic Plus
- Hymovis
- Hympavzi
- Hyophen
- Hypochlorous Acid Solution
- Hyrimoz
- Hyronan Kit
- Idacio
- iDose
- Igalmi
- Iluvien (Rx benefit)
- Imbruvica 140 mg tablets
- Imbruvica 280 mg tablets
- Imcivree
- Imdelltra (Rx benefit)
- Imfinzi (Rx benefit)
- Imjudo (Rx benefit)
- Imlygic (Rx benefit)
- Impoyz
- Inbrija
- Indocin suppositories
- Inderal XL
- Inflectra (Rx benefit)
- Infliximab (Rx benefit)
- Injectafer (Rx benefit)
- InnoPran XL
- Inpefa
- InPen
- Insulin Aspart
- Iodoquinol-Hydrocortisone Cream
- Iodoquinol-Hydrocortisone Gel
- Irenka
- Isometheptene/ Acetaminophen/ Dichloralphenazone
- Isopto Homatropine
- Isosorbide Dinitrate 40 mg tablets
- Isosorbide Mononitrate 10 mg tablets (NDC: 81665-01-0210)
- Isosorbide Mononitrate 20 mg tablets (NDC: 81665-01-0310)
- Isotretinoin capsules
- Istodax
- Itovebi
- Ixchiq
- Ixifi
- Iyuzeh
- Izervay (Rx benefit)
- Jatenzo
- Jelmyto
- Jemperli (Rx benefit)
- Jeuveau
- Jivi Injection
- Jornay PM
- Journavx Tablets
- Jylamvo
- Kadcylla (Rx benefit)
- Kanjinti
- Kanuma (Rx benefit)
- Karbinal ER
- Kapsargo Sprinkles ER
- Katerzia
- Keragel
- Ketamine (Rx benefit)
- Ketamine/Sodium Chloride Injection
- Ketamine Hydrochloride Injection 50 mg/5 mL
- Ketamine Hydrochloride/ Sodium Chloride Injection 50 mg/5 mL
- Ketoconazole 2% foam
- Ketodan
- Ketorolac 10 mg tablets (NDC: 62135-08-1160)
- Keveyis
- Keytruda (Rx benefit)
- Khapzory (Rx benefit)
- Kimmtrak (Rx benefit)
- Kisunla (Rx benefit)
- Kloxxado
- Konvomep
- Korsuva (Rx benefit)
- Kristalose
- Krystexxa (Rx benefit)
- Kybella
- Kyleena (Rx benefit)
- Kymriah (Rx benefit)
- Kynmobi
- Labetalol 400 mg Tablets
- Lacrisert
- Lactulose 10 grams/15 mL Solution (NDC: 83745-02-4916)
- Lactulose 10 grams/15 mL Solution (NDC: 83745-02-4908)
- Lactulose 10 grams/15 mL Solution (NDC: 83745-02-4932)
- Lactulose Solution 10 grams/15 mL (NDC: 62135-00-0224)
- Lactulose Solution 20 grams/30 mL (NDC: 62135-00-0424)
- Lactulose Solution 10 grams/15 mL (NDC: 62135-00-0251)
- Lactulose Solution 20 grams/30 mL (NDC: 62135-00-0443)
- Lamzede (Rx benefit)
- Lancets Super Thin 28G (NDC: 11917-01-2581)
- Lanoxin 187.5 mcg
- Lanoxin 62.5 mcg
- Lartruvo
- Lazcluze
- Lemtrada (Rx benefit)
- Lenmeldy (Rx benefit)
- Lentocilin Injection 1,200,000 units/2 mL
- Leqembi (Rx benefit)
- Leqvio (Rx benefit)
- Leuprolide acetate/ bupivacaine hydrochloride
- Levetiracetam Solution 500 mg/5 mL (NDC: 62135-05-4824)
- Levetiracetam Solution 500 mg/5 mL (NDC: 62135-05-4845)
- Levothyroxine injectable solution 100 mcg/mL
- Levothyroxine injectable solution 100mcg/5mL
- Levothyroxine injectable solution 200mcg/5mL
- Levothyroxine injectable solution 500mcg/5mL
- Levothyroxine Solution
- Levulan (Rx benefit)
- Lexette
- Librax (except NDCs: 67877-0731-01, 60219-1677-01)
- Libtayo (Rx benefit)
- Licart
- Lidocaine 3% gel
- Lidocaine 10%
- Lidocaine cream
- Lidocaine Hydrochloride Injection 10 mg/mL
- Lidocaine Hydrochloride 100 mg/5 mL Injection
- Lidocaine-Hydrocortisone Cream
- Lidocaine-Hydrocortisone Gel
- Lidocaine lotion
- Lidocaine/menthol
- Lidocaine ointment
- Lidocaine/prilocaine cream
- Lidocaine Solution 2%
- Lidotral Gel
- Lidotral + Hydrocortisone Cream
- Lidotral + Hydrocortisone Lotion
- Lidotral Solution 5%
- Liletta (Rx benefit)
- Linezolid oral suspension (members ≥ 12 years of age)
- Liptruzet
- Liqueal Liquid Plus
- Livdelzi
- Lodine extended-release
- Lodine immediate-release 300 mg capsules
- Lofena
- Lopressor HCT
- Loqtorzi (Rx benefit)
- Lorazepam 0.5 mg Tablets (Excluded NDC: 62135086101)
- Lorazepam 1 mg Tablets (Excluded NDC: 62135086201)
- Lorazepam 2 mg Tablets (Excluded NDC: 62135086301)
- Loreev XR tablets
- Lorzone
- Loyon
- Lucentis (Rx benefit)
- Lumizyme (Rx benefit)
- Lumoxiti (Rx benefit)
- Lumryz
- Lunsumio (Rx benefit)
- Luradox
- Lutathera (Rx benefit)
- Lutrate (Rx benefit)
- Luvox extended-release
- Luxturna (Rx benefit)
- Lybalvi
- Lyfgenia (Rx benefit)
- Lymphir (Rx benefit)
- Lyrica CR
- Lyumjev

Brand and Generic Versions (continued)

- Lyvispah
- Macugen (Rx benefit)
- Makena
- Margenza (Rx benefit)
- ME/NaPhos/MB/Hyo1
- Meclofenamate
- Medorfa
- Mefenamic Acid
- Megestrol acetate 625 milligrams/5 milliliters suspension
- Mepsevii (Rx benefit)
- Metaxalone tablets
- Metformin 625 mg tablets
- Metformin 750 mg Tablets
- Methocarbamol 1000 mg tablets
- Methylphenidate ER 72 mg tablets
- Metronidazole 125 mg Tablets
- Micafungin Sodium Chloride Injection
- Midazolam Hydrochloride/Sodium Chloride Injection
- Midrin
- Mimyx Cream
- Minocycline immediate release tablets
- Minolira
- Miplyffa
- Miralax
- Mirena (Rx benefit)
- Mitomycin Solution
- Monjuvi (Rx benefit)
- Monodox
- Monoferic (Rx benefit)
- Morphine Sulfate/Sodium Chloride Solution
- Morphine Sulfate Solution 20 mg/5 mL
- Moxifloxacin-Bromfenac Solution
- Mvasi (Zirabev preferred)
- Mydayis
- Mydcombi Solution 1%-2.5%
- Myhibbin Suspension 200 mg/mL
- Mylotarg (Rx benefit)
- Myobloc (Rx benefit)
- Naglazyme (Rx benefit)
- Naloxone Hydrochloride Solution 0.4 mg/mL
- Naltrexone Tablets 50 mg (NDC: 62135-0242-60)
- Naproxen controlled-release
- Naproxen delayed-release
- Naproxen EQ
- Naproxen extended-release
- Naproxen suspension
- Narcosoft Herbal Laxative
- Nasacort
- Nasacort AQ
- Nascobal
- Nasonex
- Natural Cycles Contraceptive
- Neffy
- Nemludio
- Neosalus
- Neosalus CP
- Neostigmine Methylsulfate 5 mg/5 mL
- Neostigmine Methylsulfate Injection
- Neotuss Plus Liquid
- Nerivio device
- Neuac
- Neulasta (Fulphila or Udenyca preferred)
- Neulasta Onpro (Fulphila or Udenyca preferred)
- Neupogen (Nivestym preferred)
- Neuriva
- Nexiclon XR
- Nexium
- Nexplanon (Rx benefit)
- Nexvazyme (Rx benefit)
- Ngenla
- Niktimvo (Rx benefit)
- Nitrofurantoin 25 mg macrocrystals capsules (for members 12 years of age or older)
- Nitrofurantoin Suspension
- Nitrolingual
- Nitrolingual 400 mcg Spray (NDC: 21724-01-0050)
- Norepinephrine/Sodium Chloride Injection 4 mg/250 mL
- Norepinephrine/Sodium Chloride Injection 8 mg/250 mL
- Norepinephrine Injection 32 mg/250 mL
- Norgesic
- Norgesic Forte
- Noritate
- Norliqva
- Novacort External gel 2-1-1%
- Nucynta extended-release
- Nucynta immediate-release
- Nulojix (Rx benefit)
- Nuvail
- Nuvisc Injection
- Nypozi
- Nystatin Suspension 100,000 units (NDC: 62135-08-1346)
- Nyvepria (Fulphila or Udenyca preferred)
- Ocrevus (Rx benefit)
- Ocrevus Zunovo (Rx benefit)
- Ofirmev
- Ogivri
- Ojemda
- Olanzapine 5 mg tablets (excluded NDC: 00832607950)
- Olanzapine 7.5 mg tablets (excluded NDC: 00832608050)
- Omidria
- Omnaris
- Oncaspar (Rx benefit)
- Ondansetron 16 mg ODT
- Onexton (1.2%/3.75%)
- Onivyde (Rx benefit)
- Onmel
- Onpattro (Rx benefit)
- Ontruzant Injection 150 mg
- Ontruzant Injection 420 mg
- Onyda
- Onyda XR Suspension 0.1 mg/mL
- Onzetra Xsail
- Opdivo (Rx benefit)
- Opdivo Quantig Injection
- Opdualag (Rx benefit)
- Opill
- Opsynvi
- Opuviz (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)
- Oxycodone 15 mg tablets
- Oxytocin/Sodium Chloride Injection 30 units/500 mL
- Oxytocin/Sodium Chloride Injection
- Oxytrol
- Ozobax liquid
- Ozurdex (Rx benefit)
- Padcev (Rx benefit)
- Pandel 0.1% Cream
- Paragard (Rx benefit)
- Paradel 5 mg capsules
- Pataday
- Patanase
- Patanol
- Paxil CR
- Pavblu (Rx benefit)
- Pazeo
- Pedmark (Rx benefit)
- Pemetrexed Injection (manufactured by Accord)
- Pemetrexed Injection (manufactured by Avyxa)
- Pemetrexed Injection (manufactured by Bluepoint)
- Pemetrexed Injection (manufactured by Hospira)
- Pemfexy (Rx benefit)
- Pennsaid 2%
- Pepaxto (Rx benefit)
- Pepcid
- Perjeta (Rx benefit)
- Perphenazine/Amitriptyline
- Pexeva
- Phenazopyridine Hydrochloride
- Phenohydro
- Phenylephrine/Sodium Chloride Injection
- Phenylephrine/Sodium Chloride Injection 0.4 mg/5 mL
- Phenylephrine/Sodium Chloride Injection 10 mg/250 mL
- Phenylephrine/Sodium Chloride Injection 20 mg/250 mL
- Phenylephrine/Sodium Chloride Injection 25/250 mL
- Phenylephrine/Sodium Chloride Injection 50/250 mL
- Phenylephrine/Sodium Chloride Injection 80 mg/250 mL
- Phenylephrine/Sodium Chloride Solution
- Phenylephrine Solution 200 mg/250 mL
- Phosphasal
- Piasky Injection 340 mg/2 mL
- Pizensy
- Plenity
- Plexion cleanser (sulfacetamide/sulfur 9.8-4.8%)
- Plexion cloths (sulfacetamide/sulfur 9.8-4.8%)
- Plexion cream (sulfacetamide/sulfur 9.8-4.8%)
- Plexion lotion (sulfacetamide/sulfur 9.8-4.8%)
- Pluvicto (Rx benefit)
- Polivy (Rx benefit)
- Polocaine Injection 1%
- Polocaine Injection 2%
- Pombiliti (Rx benefit)
- Portrazza (Rx benefit)
- Posfrea
- Posimir
- Posluma
- Potassium Acetate Injection

Brand and Generic Versions (continued)

- Potassium Chloride 15 MEQ ER Tablets
- Potassium Phosphate/ Sodium Chloride Injection
- Poteligeo (Rx benefit)
- Prascion cleanser
- Praxbind
- Pradaxa
- Prednisolone/Bromfenac Solution 1-0.075%
- Prednisolone/Moxifloxacin/ Bromfenac Solution
- Prednisolone/Moxifloxacin/ Ketorolac Solution
- Prednisolone Orally Disintegrating Tablets
- Prednisolone Solution 15 mg/5 mL (NDC: 62135-02-5045)
- Prednisolone Solution 15 mg/5 mL (NDC: 62135-02-5024)
- Prena 1 Chewable Tablets
- Prena 1 Pearl
- Prena 1 True
- Prestalia
- Prevacid
- Prevident
- Prilosec
- Primlev
- ProAir Digihaler
- ProAir RespiClick inhaler
- Procentra
- Procrit (Retacrit preferred)
- Proctocort suppositories
- Proctofoam-HC
- Proctosol-HC cream
- Prodrin
- Prolastin-C (Rx benefit)
- Promiseb
- Propranolol/ hydrochlorothiazide
- Propel
- Propel Contour
- Propel Mini
- Protonix
- Provenge (Rx benefit)
- Prozac Weekly
- Pyridium
- Qalsody
- Qdolo
- Qlosi
- Qnasl
- Quillichew
- Quillivant XR oral solution
- Quviviq
- Qwo
- Rapivab (sulfacetamide/ sulfur 9-4%)
- Rayos
- Rebif (medical benefit)
- Reblozyl (Rx benefit)
- Rebyota
- Recedo
- Reclast (Rx benefit)
- Refissa
- Rejoyn
- Releuko (Nivestym preferred)
- Rellexii
- Reltone
- Reltone capsules
- Relyvrio
- 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)
- Revuforj
- Rextovy Spray 4 mg/ 0.25 mL
- Rezvoglar
- Rezzayo (Rx benefit)
- Rhinocort Aqua
- Riabni
- Riomet
- Risperdal orally disintegrating tablets
- Rituxan (Rx benefit)
- Rituxan Hycela (Rx benefit)
- Rivfloza (Rx benefit)
- Roctavian (Rx benefit)
- Rocuronium Bromide Injection 50 mg/5 mL (NDC: 73177-0159-02)
- Rocuronium Bromide Injection 50 mg/5 mL (NDC: 71266-20-0209)
- Rolvedon
- Rosadan
- Rosanil
- Rosula (sulfacetamide/sulfur 5%)
- Rosula liquid (sulfacetamide/ sulfur 10-4.5%)
- Roszet
- Roxybond
- Ruxience (Rx benefit)
- Ryaltris
- Rybrevant (Rx benefit)
- Rylaze (Rx benefit)
- Ryplazim (Rx benefit)
- Rystiggo (Rx benefit)
- Rytelo
- Ryzneuta (Rx benefit)
- Salicylic Acid
- Salicylic Acid ER
- Salicylic Acid Wart Remover
- Salsalate 500 mg tablets
- Salsalate 750 mg tablets
- Saphnelo (Rx benefit)
- Sarafem tablets
- Sarclisa (Rx benefit)
- Savaysa
- Saxenda
- Scartrate Cream
- Scenesse (Rx benefit)
- Seglentis
- Segliline 5 milligram tablets
- Semglee
- Sernivo
- Sertraline capsules
- Seysara
- SF 5000 Plus Cream
- Siklos
- Silenor
- Silvasorb
- Simlandi
- Simponi Aria
- Singulair 4 mg packets
- Sinuva
- Sitagliptin/Metformin Tablets 50 mg-500 mg
- Sitagliptin/Metformin Tablets 50 mg-1000 mg
- Skytrofa
- Sleep Calm Sublingual Tablets
- Slynd
- Skyla (Rx benefit)
- Sodium Bicarbonate
- Sodium Citrate/Gentamicin Injection
- Sodium Citrate Lock Flush
- Sodium Fluoride Gel
- Sodium Sulfacetamide/Sulfur
- Sofdra Gel 12.45%
- Sogroya
- Sohonos
- Solesta (Rx benefit)
- Soliris (Rx benefit)
- Solodyn
- Solosec
- Somatrem
- Somatropin (medical benefit)
- Somatuline (Rx benefit)
- Sonafine
- Soaanz
- Sotradecol
- Sotrovimab
- Spevigo (Rx benefit)
- Spinraza (Rx benefit)
- Spiriva Handihaler
- Spiriva Respimat 1.25 mcg/actuation
- Sporanox 10 milligrams/ milliliter solution
- Sprix
- SSS cream, foam
- Stimufend (Fulphila or Udenyca preferred)
- Strata Gel
- Succinylcholine Injection 100 mg/5 mL
- Succinylcholine Injection 200 mg/10 mL
- Sugammadex Injection 200 mg/2 mL
- Sulfacleanse 8/4
- Sulfamethoxazole-Trimethoprim Suspension 200 mg-40 mg/5 mL (NDC: 62135-08-7324)
- Sulfamethoxazole-Trimethoprim Suspension 200 mg-40 mg/5 mL (NDC: 62135-08-7352)
- Sumaxin Pad (sulfacetamide/sulfur 10-4%)
- Sumaxin skin cleanser kit (sulfacetamide/sulfur 10-4%)
- Sumaxin wash liquid
- Supartz
- Supprelin LA (Rx benefit)
- Sustol
- Susvimo
- Sutab tablets
- Syfovre (Rx benefit)
- Sylvant (Rx benefit)
- Sympazan
- Synagis (Rx benefit)
- Synerderm
- Synjoyn
- Synvisc
- Synvisc-One
- Tacrolimus ointment (only NDCs: 00093-3428-10, 00093-3428-30, 00093-3428-92, 16729-0421-01, 16729-0421-10, 16729-0421-12)
- Tagamet
- Talicia
- Talvey (Rx benefit)
- Tarka
- Tarpeyo
- Tascenso ODT
- Taytulla
- Tazorac (for members ≥ 35 years of age)
- Tecartus (Rx benefit)
- Tecelra (Rx benefit)
- Tecentriq (Rx benefit)
- Tecvayli (Rx benefit)
- Tekturna
- Temodar vials (Rx benefit)
- Tempo Smart Button
- Tempo Welcome Kit
- Tepezza (Rx benefit)
- Terlivaz
- Testopel (Rx benefit)
- Testosterone Cypionate (medical benefit)
- Testosterone Enanthate (medical benefit)
- Testosterone 37.5 mg
- Testosterone 87.5 mg
- Tetracaine
- Tevimbra Injection
- Texacort 2.5% Solution
- Tezruly
- Thalitone
- Theophylline Solution 80 mg/15 mL (NDC: 62135-05-5651)
- Theophylline Solution 80 mg/15 mL (NDC: 62135-05-5624)
- Therapevo
- Thiamine Hydrochloride/ Sodium Chloride Solution
- Thyquidity

Brand and Generic Versions (continued)

- Ticovac
- Timolol/Brimonidine/
Dorzolamide
- Timolol/Brimonidine/
Dorzolamide/Bimatoprost
- Timolol/Dorzolamide/
Bimatoprost
- Tirosint
- Tivdak (Rx benefit)
- Tivorbex (effective date
01/01/19)
- Tolak 4% cream
- Tolectin
- Tolsura
- Torsemide 20 mg tablets
(except NDCs: 65862-
0127-01, 68084-0539-01,
50111-0917-03, 00054-
0077-29, 00054-0077-25,
31722-0531-01)
- Tosymra
- Tramadol Hydrochloride
75mg Tablets
- Travoprost Ophthalmic
Drops 0.004% (excluded
NDC: 70069058601)
- Travoprost Ophthalmic
Drops 0.004% (excluded
NDC: 70069058701)
- Trazimera
- Treanda
- Trelstar Mixject (Rx benefit)
- Tresni Suppository
- Tretin-X
- Treximet (effective date
01/01/19)
- Triamcinolone (Kenalog)
Spray
- Trianex (triamcinolone)
0.05% ointment
- Triesence (Rx benefit)
- Trifena Pad
- Triluma
- Triluron
- Triptodur (Rx benefit)
- Trivisc (sodium hyaluronate)
- Trodelvy (Rx benefit)
- Trogarzo (Rx benefit)
- Tropicamide/Cyclopentolate/
Phenylephrine/Ketorolac
Solution
- Tropicamide/Phenylephrine
Solution 1-2.5%
- Tropicamide/Cyclopentolate/
Phenylephrine/ Ketorolac/
Proparacaine Topical
Ophthalmic Solution
- Trudhesa
- Tryngolza Injection
- Tyruko (Rx benefit)
- Tysabri (Rx benefit)
- Tzield (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
- Uzedly
- Vabysmo (Rx benefit)
- Vafseo 150 mg tablets
- Vafseo 300 mg tablets
- Valproic Acid Solution
250 mg/5 mL
(NDC: 62135-01-9624)
- Valproic Acid Solution
250 mg/5 mL
(NDC: 62135-01-9645)
- Valproic Acid Solution
500 mg/10 mL
(NDC: 62135-08-7424)
- Valproic Acid Solution
500 mg/10 mL
(NDC: 62135-08-7459)
- Vanatol LQ
- Vanatol S
- Vanoxide HC
- Varophen
- Vectibix (Rx benefit)
- Vegzelma (Rx benefit)
- Veklury
- Veltin
- Venelex Ointment
- Venexa Tablets
- Veopoz (Rx benefit)
- Veramyst
- Verapamil 120 mg SR
Capsules (NDC: 52536-08-
8001)
- Verapamil 180 mg SR
Capsules (NDC: 52536-08-
8201)
- Verapamil 240 mg SR
Capsules (NDC: 52536-08-
8401)
- Verdeso 0.05% Foam
- Vevye
- Vigafyde Solution
100 mg/mL
- Vilamit MB
- Vilevex MB
- Viltepso
- Vimovo
- Virtussin
- Virtussin DAC
- Visco-3
- Vitamedmd Redichew
Rx tablets
- Vitapearl
- Vitatruue
- Vivimusta (Rx benefit)
- Vivjoa
- Voltaren 1% gel
- Voquezna tablets
- Voranigo
- VTOL liquid
- Vuity
- Vusion 0.25%-0.15%
ointment
- Vyalev
- Vyepti (Rx benefit)
- Vyleesi
- Vyloy (Rx benefit)
- Vyondys 53
- Vytone 1.9%-1% cream
- Vyvanse Chewable Tablets
- Vyvgart (Rx benefit)
- Vyzulta
- Wegovy
- Weight Control Products
- Winlevi
- Winrevair (medical benefit)
- Woundgelha Matrix Gel
- Xaciato
- Xalix
- Xaracoll
- Ycanth
- Xelpros
- Xelstrym
- Xenpozyme (Rx benefit)
- Xeomin (Rx benefit)
- Xeroform Gauze
- Xeroform Pads
- Xhance
- Ximino
- Xipere (Rx benefit)
- Xofigo (Rx benefit)
- Xolair vials
- Xolegel 2% gel
- Xyosted
- Xyzmune capsules
- Yervoy (Rx benefit)
- Yesafili (Rx benefit)
- Yescarta (Rx benefit)
- Yondelis (Rx benefit)
- Yoni Fit Kit
- Yonsa
- Yorvipath Injection
- Yosprala
- Yuffylyma
- Yusimry
- Yutiq (Rx benefit)
- Yuvaferm
- Zalvit
- Zantac
- Zarxio (Nivestym preferred)
- Zegerid
- Zelapar
- Zembrace
- Zencia wash liquid
(sulfacetamide/sulfur 9-4%)
- Zenzedi (effective date
01/01/19)
- Zepbound
- Zepzelca (Rx benefit)
- Zerviate
- Zetonna
- Ziana
- Ziclocin PAK
- Ziihera (Rx benefit)
- Zilretta
- Zilxi Foam
- Zimhi (medical benefit)
- Zinplava (Rx benefit)
- Zioptan
- Zirabev (Rx benefit)
- Zirgan
- Zituvimet
- Zituvio
- Zoladex (Rx benefit)
- Zolgensma (Rx benefit)
- Zolofit oral solution/
concentrate (members $\geq$ 12
years of age)
- Zolpidem 7.5 mg capsules
- Zolpidem 5 mg tablets
(NDC: 62135-07-7890)
- Zolpidem 10 mg tablets
(NDC: 62135-07-7990)
- Zometa (Rx benefit)
- Zomig 2.5 mg tablets
(NDC: 60846-01-3030)
- Zomig 5 mg tablets
(NDC: 60846-01-3360)
- Zonisade (members $\geq$ 12
years of age)
- Zovirax oral suspension
- Ztlido
- Zulresso (Rx benefit)
- Zylfo continuous-release/
extended-release
- Zylfo immediate-release
- Zymfentra
- Zynlonta (Rx benefit)
- Zynrelef
- Zynteglo (Rx benefit)
- Zynyz (Rx benefit)

Quantity Level Limits

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

- Abilify: 1 tablet per day
- Abrysvo: 0.5 mL per lifetime
- Abstral: 4 tablets per day; restricted to 30-day supply
- Actemra ACTPen: 4 auto-injector pens per 28 days
- Actemra prefilled syringes: 4 prefilled syringes per 28 days
- Acthar gel: two 5 milliliter vials per prescription
- Actiq: 4 lozenges per day; restricted to 30-day supply
- Actonel 35 mg: 4 tablets per 28 days
- Actos 15 mg: 1 tablet per day
- Adbry: 52 prefilled syringes per 365 days
- Adcirca: 2 tablets per day
- Adempas: 90 tablets per 30 days
- Adlarity: 4 patches per 28 days
- Adalimumab-fkjp (unbranded Hulio) Prefilled Syringe 20 mg/0.4 mL: 2 syringes per 28 days
- Adalimumab-fkjp (unbranded Hulio) Prefilled Syringe 40 mg/0.8 mL: 2 syringes per 28 days
- Adalimumab-fkjp (unbranded Hulio) Auto-injector 40 mg/0.8 mL: 2 pens per 28 days
- Aemcolo: 12 tablets per 30 days
- Afinitor: limit based on instructions for use; included in split fill program
- Aimovig: 1 auto-injector/prefilled syringe per 30 days
- AirDuo: 1 inhaler per 30 days
- Ajovy: 3 prefilled syringes (225 mg ea) per 90 days
- Akynzeo: 1 capsule per day
- Albenza: 120 tablets per 30 days
- Aldara cream 5%: 24 packets every 30 days
- Alecensa: 240 capsules per 30 days
- Alunbrig: 180 tablets per 30 days
- Alyq: 2 tablets per day
- Ambien controlled-release: 1 tablet per day
- Ambien immediate-release: 1 tablet per day
- Amblify: 1 tablet per day
- Amerge tablets: 9 tablets per 30 days
- Amitiza: 2 capsules per day
- Ampyra: 60 tablets per 30 days
- Angeliq: 1 tablet per day
- Anzemet: 6 tablets per 30 days
- Apretude: 3 milliliters every 60 days
- Aptensio XR: 30 capsules per 30 days
- Aptiom 200 mg, 400 mg: 1 tablet per day
- Aptiom 600 mg, 800 mg: 2 tablets per day
- Aralen: 30 tablets per 30 days
- Arexvy: 0.5 mL per lifetime
- Arikayce: 235.2 mL per 28 days
- Asmanex: 1 inhaler per 30 days
- ArmonAir Digihaler: 1 inhaler per 30 days
- Arnuity Ellipta: 1 inhaler (30 blisters) per 30 days
- Atacand: 1 tablet per day
- Atacand HCT: 1 tablet per day
- Augtyro: 240 capsules per 30 days
- Austedo 6 mg: 720 tablets per 90 days
- Austedo 9 mg: 450 tablets per 90 days
- Austedo 12 mg: 360 tablets per 90 days
- Auvelity: 60 tablets per 30 days
- Avalide: 1 tablet per day
- Avapro: 1 tablet per day
- Avita Cream 0.025%: 45 grams every 30 days
- Avita Gel 0.025%: 45 grams every 30 days
- Axert tablets: 12 tablets per 30 days
- Ayvakit: 1 tablet per day
- Azor: 1 tablet per day
- Bafiertam: 4 capsules per day
- Balversa 3mg: 84 tablets per 28 days; included in split fill program
- Balversa 4mg: 56 tablets per 28 days; included in split fill program
- Balversa 5mg: 28 tablets per 28 days; included in split fill program
- Baqsimi: 6 units per 365 days
- Baxdela: 28 tablets per 14 days; 28 vials per 14 days
- Belbuca: 2 films per day
- Benicar: 1 tablet per day
- Benicar HCT: 1 tablet per day
- Besremi: 2 milliliters per 28 days
- Bevespi Aerosphere: 1 inhaler per 30 days
- Bijuva: 1 capsule per day
- Biktarvy: 1 tablet per day
- Bimzelx: 2 prefilled syringes/auto-injectors (2 mL) every 56 days
- Boniva 150 mg: 1 tablet per 30 days
- Bosulif: limit based on instructions for use; included in split fill program
- Braftovi: 6 capsules per day
- Breo Ellipta: 1 inhaler per 30 days
- Brexafemme: 4 tablets per 30 days
- Brisdelle: 1 tablet per day
- Briviact oral solution: 20 mL per day
- Briviact tablets: 2 tablets per day
- Bronchitol: 560 capsules per 28 days
- Brukinsa: 4 capsules per day; included in split fill program
- Butrans: 4 patches per 28 days
- Bydureon BCise pens: 4 pens per 30 days
- Bydureon BCise vials: 4 vials per 30 days
- Byetta: 2.4 mL (1 pen) per 30 days
- Bylvay 200 mcg: 1 capsule per day
- Bylvay 400 mcg: 2 capsules per day
- Bylvay 600 mcg: 1 capsule per day
- Bylvay 1200 mcg: 5 capsules per day
- Bystolic: 2 tablets per day
- Cabenuva: 6 milliliters (mL) per 28 days
- Cablivi: 1 kit per day
- Cabometyx: 1 tablet per day
- Calquence: 60 capsules per 30 days
- Camzyos: 30 capsules per 30 days

Quantity Level Limits (continued)

- Caplyta: 1 capsule per day
- Capvaxive: 0.5 mL per lifetime
- Cerdelga: 2 capsules daily
- Cibinqo: one tablet per day
- Cimzia starter kit: 6 syringes per lifetime
- Cimzia maintenance kit: 2 syringes per 28 days
- ClimaraPro: 4 patches per 28 days
- Clindamycin gel 1%: 75 grams every 30 days
- Clindamycin solution 1%: 60 mL every 30 days
- Clotrimazole 1% solution: 30 mL every 30 days
- CombiPatch: 8 patches per 28 days
- Cometriq: limited based on instructions for use
- Copaxone 20 mg/mL: 1 prefilled syringe per day
- Copaxone 40 mg/mL: 12 prefilled syringes per 28 days
- Copiktra: 2 capsules per day
- Corlanor: 60 tablets per 30 days
- Cosentyx 125 mg/5 mL vials: 3 vials (5 mL per vial) per 28 days
- Cosentyx 150 mg Prefilled Syringe: 2 syringes per 56 days (NDC: 00078-0639-98)
- Cosentyx Sensoready 150 mg Pen: 2 pens per 56 days (NDC: 00078-0639-41)
- Cosentyx Unoready 300 mg/2mL Pen: 1 pen per 56 days (NDC: 00078-1070-68)
- Cotellic: 21 tablets per 28 days
- Cresemba: 1 vial per day; 2 capsules per day
- Crestor: 1 tablet per day
- Crexont: 300 capsules per 30 days
- Cuprimine: 8 capsules per day
- Cymbalta 20 mg: 60 capsules per 30 days
- Cymbalta 30 mg: 60 capsules per 30 days
- Cymbalta 60 mg: 60 capsules per 30 days
- Daklinza: 1 tablet per day
- Daurismo 100 mg: 30 tablets per 30 days
- Daurismo 25 mg: 60 tablets per 30 days
- Daybue: 3600 mL per 30 days
- Depen Titratabs: 8 tablets per day
- Descovy: 1 tablet per day
- Detrol LA 2 mg: 1 capsule per day
- Dexcom G6 reader: 1 reader per 365 days
- Dexcom G6 transmitter: 4 transmitters per 365 days
- Dexcom G7 reader: 1 reader per 365 days
- Dexcom G6 sensor: 3 sensors per 30 days
- Dexcom G7 sensor: 3 sensors per 30 days
- Diacomit 250 mg: 12 capsules/packets per day
- Diacomit 500 mg: 6 capsules/packets per day
- Dihydroergotamine mesylate injections-60 vials/ampules (1 mL per vial) per 90 days
- Dihydroergotamine mesylate nasal spray-24 vials (3 kits) per 90 days
- Diovan: 1 tablet per day
- Diovan HCT: 1 tablet per day
- Dipentum: 4 capsules per day
- Doptelet: 15 tablets per 365 days
- Dovato: 1 tablet per day
- Dovonex Cream 0.005%: 120 grams every 30 days
- Dovonex Ointment 0.005%: 120 grams every 30 days
- Dovonex Solution 0.005%: 120 mL every 30 days
- Duavee: 1 tablet per day
- Dulera: 1 inhaler per 30 days
- Dupixent: 26 syringes per 365 days
- Effexor XR 37.5 mg: 1 capsule/tablet per day
- Effexor XR 75 mg: 1 capsule/tablet per day
- Elidel cream: 60 grams per 30 days
- Eliquis Starter Pack: 74 tabs every 30 days
- Eliquis 2.5 mg: 60 tabs every 30 days
- Eliquis 5 mg: 74 tabs every 30 days
- Elmiron: 3 capsules per day
- Emcyt: 30-day supply; limit based on instructions for use
- Emend: limit based on instructions for use
- Emgality 100 mg syringes: 3 syringes per 30 days
- Emgality 120 mg pens/syringes: 6 prefilled pens/syringes per 180 days
- Empaveli: 200 milliliters per 30 days
- Emverm: 12 tablets per 30 days
- Enbrel 50 mg/mL pens: 4 pens per 28 days
- Enbrel 50 mg/mL syringes: 4 syringes per 28 days
- Enbrel 25 mg/mL syringes: 8 syringes per 28 days
- Enbrel 25 mg/mL vials: 8 vials per 28 days
- Enspryng: 1 prefilled syringe per 28 days
- Enstilar Foam: 120 grams per 30 days
- Entocort: 3 capsules per day
- Entresto: 2 tablets per day
- Entyvio 108 mg subcutaneous pens: 1.36 mL per 28 days
- Entyvio 300 mg intravenous vials: 1 vial per 56 days
- Envarsus XR: 1 tablet per day
- 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
- Exxua: 30 tablets per 30 days
- Eylea: One 0.05 mL injection every 4 weeks
- Fabhalta: 60 capsules per 30 days
- Famvir: 30 tablets per 365 days
- Fanapt: 2 tablets per day
- Fanapt titration pak: 8 tablets per 365 days
- Farxiga: 1 tablet per day
- Farydak: 6 capsules per 21 days
- Fasenra pens: 3 pens per 180 days
- Fasenra prefilled syringes: 3 syringes per 180 days

Quantity Level Limits (continued)

- Fensolvi: 1 kit per 157 days
- Fentora: 4 tablets per day; restricted to 30-day supply
- Fetzima: 30 capsules per 30 days
- Filsuvez: 93.6 grams per 28 days
- Fintepla: 360 milliliters per 30 days
- Firdapse: 240 tablets per 30 days
- Flector: 2 patches per day; restricted to 30-day supply
- Fleqsuvy: 480 mL per 30 days
- Fluocinonide 0.01% solution: 90 mL every 30 days
- Fluocinonide 0.05% solution: 60 mL every 30 days
- Fluorouracil 5% cream: 40 grams every 30 days
- Fluorouracil 2% solution: 10 mL every 30 days
- Fluorouracil 5% solution: 10 mL every 30 days
- Forteo: One pen (2.4 milliliters) per 30 days
- Fosamax 35 mg: 4 tablets per 28 days
- Fosamax 70 mg: 4 tablets per 28 days
- Fotivda: 21 capsules per 28 days
- FreeStyle Libre 2 Plus sensor: 2 sensors per 30 days
- FreeStyle Libre 2 reader: 1 reader per 365 days
- FreeStyle Libre 2 sensor: 2 sensors per 28 days
- FreeStyle Libre 3 reader: 1 reader per 365 days
- FreeStyle Libre 14 day reader: 1 reader per 365 days
- FreeStyle Libre 14 day sensor: 2 sensors per 28 days
- FreeStyle Libre 3 sensor: 2 sensors per 28 days
- FreeStyle Libre 3 Plus Sensors: 2 sensors per 30 days
- Frova tablets: 9 tablets per 30 days
- Fruzaqla: 21 capsules per 28 days
- Fycompa: 1 tablet per day
- Fycompa oral suspension: 680 milliliters per 28 days
- Gardasil 9: 3 doses per lifetime
- Gattex: 30 vials per 30 days
- Gavreto: four capsules per day
- Genvoya: 1 tablet per day
- Giazto: 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
- Glucagon Emergency Kit: 6 kits per 365 days
- Glyxambi: 1 tablet per day
- Gvoke: 6 syringes/auto-injectors (1.2 milliliters) per 365 days
- Hadlima Prefilled Syringe 40 mg/0.4 mL: 2 syringes per 28 days
- Hadlima PushTouch Auto-injector 40 mg/0.4 mL: 2 pens per 28 days
- Hadlima Prefilled Syringe 40 mg/0.8 mL: 2 syringes per 28 days
- Hadlima PushTouch Auto-injector 40 mg/0.8 mL: 2 pens per 28 days
- Harvoni: 1 tablet per day
- Hetlioz: 1 capsule per day
- Hycamtin: 30-day supply; limit based on instructions for use
- Hydrocortisone Butyrate 0.1% cream: 45 grams every 30 days
- Hydrocortisone Butyrate 0.1% ointment: 45 grams every 30 days
- Hyftor: 30 grams per 30 days
- Ibrance: 21 tablets per 28 days
- Ibsrela: 60 tablets per 30 days
- Idhifa: 1 tablet per day
- Ilumya: 5 syringes per 12 months
- Imbruvica 70 mg capsules: one capsule per day
- Imbruvica 140 mg capsules: 3 capsules per day
- Imbruvica 420 mg tablets: one tablet per day
- Imbruvica 560 mg tablets: one tablet per day
- Imbruvica oral suspension: 216 milliliters per 30 days
- Imitrex tablets: 9 tablets per 30 days
- Imitrex nasal spray: 9 sprays per 30 days
- Imitrex injection: 4 kits per 30 days
- Impavido: 3 capsules per day
- Incruse Ellipta: 30 blisters per 30 days
- Inflectra: limit based on instruction for use
- Ingrezza: 60 capsules per 30 days
- Inlyta 1 mg tablets: 180 tablets per 30 days; included in split fill program
- Inlyta 5 mg tablets: 120 tablets per 30 days; included in split fill program
- Inqovi: 5 tablets per 28 days
- Intermezzo: 1 tablet per day
- Invokamet/Invokamet XR: 2 tablets per day
- Invokana: 1 tablet per day
- Inrebic: 4 capsules per day
- Iqirvo: 30 tablets per 30 days
- Iressa: 1 tablet per day
- Iressa: 30-day supply; limit based on instructions for use
- Isotretinoin: 60 capsules per 30 days
- Isturisa 1 mg tablets: 8 tablets per day
- Isturisa 5 mg tablets: 2 tablets per day
- Isturisa 10 mg tablets: 6 tablets per day
- Iwilfin: 240 tablets per 30 days
- Jakafi: limit based on instructions for use; included in split fill program
- Janumet/Janumet XR: 2 tablets per day
- Januvia: 1 tablet per day
- Jardiance: 1 tablet per day
- Jaypirca 50 mg: 30 tablets per 30 days
- Jaypirca 100 mg: 60 tablets per 30 days
- Jentadueto/Jentadueto XR: 2 tablets per day
- Jesduvroq 1 mg: 30 tablets per 30 days
- Jesduvroq 2 mg: 30 tablets per 30 days
- Jesduvroq 4 mg: 30 tablets per 30 days
- Jesduvroq 6 mg: 30 tablets per 30 days
- Jesduvroq 8 mg: 90 tablets per 30 days
- Jynarque: 2 tablets per day
- Kalydeco: 60 tablets per 30 days
- Kazano: 2 tablets per day
- Kerendia: 1 tablet per day
- Kesimpta: 0.4 mL (one pen/syringe) per 28 days
- Ketoconazole Cream 2%: 60 grams every 30 days
- Kevzara: 2.28 milliliters (2 syringes) per 30 days
- Kineret: 240 vials per 30 days

Quantity Level Limits (continued)

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

Quantity Level Limits (continued)

- 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
- Ocrevus Zunovo: 4 vials (40 milliliters) per 365 days
- Odactra: 1 tablet per day
- Odefsey: 1 tablet per day
- Odomzo: 30 capsules per 30 days
- Ofev: 2 capsules per day
- Ohtuvayre: 150 mL per 30 days
- Ojjaara: 30 tablets per 30 days
- Omvoh 100 mg pens: 2 auto-injectors (2 mL) every 28 days
- Omvoh 300 mg vials: 45 mL per 365 days
- Ongentys: 30 capsules per 30 days
- Olumiant: 30 tablets per 30 days
- Olysio: 1 capsule per day
- Omeclamox: 80 capsules/tablets per 180 days
- Omnipod Dash kit: 1 kit per 365 days
- Omnipod Dash pods: 15 pods per 30 days
- Omnipod 5 G6-G7 insulin pump kit: 1 kit per 365 days
- Omnipod 5 G6-G7 insulin pump pods: 15 pods per 30 days
- Omnipod 5 G6-Libre 2 Plus insulin pump kit: 1 kit per 365 days
- Omnipod 5 G6-Libre 2 Plus insulin pump pods: 15 pods per 30 days
- Onglyza: 1 tablet per day
- Opfolda: 8 capsules per 28 days
- Opsumit: 1 tablet per day
- Opzelura: 60 grams per 30 days (limit of six 60 grams tubes per 365 days)
- 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
- Orgovyx: 30 tablets per 30 days
- Oriahnn: 60 capsules per 30 days
- Orilissa 150 mg tablets: 30 tablets per 30 days
- Orilissa 200 mg tablets: 60 tablets per 30 days
- Orkambi: 4 tablets per day
- Orserdu: 30 tablets per 30 days
- Oseni: 1 tablet per day
- Otezla: 2 tablets per day
- Otrexup: 4 auto-injector pens per 30 days
- Oxervate: 56 milliliters per lifetime
- Oxtellar XR 150 mg: one tablet per day
- Oxtellar XR 300 mg: one tablet per day
- Oxtellar XR 600 mg: 4 tablets per day
- Ozempic: 3 milliliters per 30 days
- Palforzia 300 mg maintenance kit: 30 sachets per 30 days
- Palforzia initial dose escalation kit – two kits per year
- Palforzia up-dosing kits – one kit per year per dosing level
- Palynziq 2.5 mg/0.5 mL: 6 syringes/cartons per 30 days
- Palynziq 10 mg/0.5 mL: 30 syringes/cartons per 30 days
- Palynziq 20 mg/mL: 90 syringes/cartons per 30 days
- Panretin 0.1% gel: 60 grams every 30 days
- Paxlovid 150/100 mg: 20 tablets every 180 days
- Paxlovid 300/100 mg: 30 tablets every 180 days
- Pemazyre: 14 tablets per 21 days
- Penbraya: 2 injections per lifetime
- Phospholine Eye Drops: 5 mL per 30 days
- Piqray 200 mg pack: 28 tablets per 28 days
- Piqray 250 mg pack: 56 tablets per 28 days
- Piqray 300 mg pack: 56 tablets per 28 days
- Plaquenil: 90 tablets per 30 days
- Pliaglis 7%: 7% cream-30 grams per 25 days
- Pneumovax-23: 3 doses per lifetime
- Pomalyst: 1 capsule per day
- Ponvory: 1 tablet per day
- Praluent: 2 syringes/pens per 28 days
- Prefest: 1 tablet per day
- Premphase: 1 tablet per day
- Prempro: 1 tablet per day
- Prevnar-13: 4 doses per lifetime
- Prevnar 20: 0.5 mL per lifetime
- Prevpac: 112 capsules/tablets per 180 days
- Prevymis solution: 24 milliliters per day
- Prevymis tablets: 1 tablet per day
- Pristiq: 1 tablet per day
- Progesterone capsules: 2 capsules per day
- Prudoxin: 60 grams per 90 days
- Purified Cortrophin Gel: two 5 milliliter vials per prescription
- Pyrukynd: 60 tablets per 30 days
- Qbrexza: 30 cloths per 30 days
- Qelbree: 2 capsules per day
- Qinlock: 90 tablets per 30 days
- Qtern: 1 tablet per day
- Qulipta: 30 tablets per 30 days
- Radicava ORS oral suspension: 50 milliliters per 28 days
- Ranexa: 2 tablets per day
- Rasuvo: 4 auto-injector pens per 30 days
- Recorlev: 240 tablets per 30 days
- Rectiv 0.4% ointment: 30 grams every 30 days
- Regranex 0.01% gel: 30 grams every 30 days
- Relistor tablets: 90 tablets per 30 days
- Relistor syringes/vials: 30 prefilled syringes or 30 vials per 30 days
- Relpax tablets: 12 tablets per 30 days
- Remicade: limit based on instructions for use
- Renflexis: limit based on instructions for use
- Repatha 140 mg/mL: 2 syringes/pens per 28 days
- Repatha 420 mg/mL: 1 cartridge per 28 days
- Restasis: 60 single-use vials per 30 days
- Retevmo 40 mg capsules: 2 capsules per day
- Retevmo 80 mg capsules: 4 capsules per day
- Revatio injectable vials: 1,125 milliliters per 30 days
- Revatio oral suspension: 112 milliliters per 30 days
- Revatio tablets: 90 tablets per 30 days
- Revlimid: 30-day supply; limit based on instructions for use
- Rexulti: 1 tablet per day

Quantity Level Limits (continued)

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

Quantity Level Limits (continued)

- Tradjenta: 1 tablet per day
- Tremfya: 2 syringes per 84 days
- Tretinoin 0.025% cream: 45 grams every 30 days
- Tretinoin 0.05% cream: 45 grams every 30 days
- Tretinoin 0.1% cream: 45 grams every 30 days
- Tretinoin 0.01% gel: 45 grams every 30 days
- Tretinoin 0.025% gel: 45 grams every 30 days
- Triamcinolone 0.1% cream: 454 grams every 30 days
- Triazolam: 1 tablet per day
- Tribenzor: 1 tablet per day
- Trijardy XR: 2 tablets per day
- Trikafta: 84 tablets per 28 days
- Trintellix: 30 tablets per 30 days
- Truqap: 64 tablets per 28 days
- Trulance: 30 tablets per 30 days
- Trulicity: 4 pens (2 mL) per 30 days
- Truvada: 30 tablets per 365 days
- Tryvio: 30 tablets per 30 days
- Tyruko: one vial (300 mg/15 mL) per 30 days
- Tukysa: 4 tablets per day
- Turalio: 4 capsules per day
- Twirla patches: 3 patches per 28 days
- Twynsta: 1 tablet per day
- Tyenne prefilled syringes/auto-injectors: 4 prefilled syringes/pens per 28 days
- Tykerb: 30-day supply; limit based on instructions for use
- Tymlos: One pen (1.56 milliliters) per 30 days
- Tyrvaya: 8.4 milliliters per 30 days
- Tysabri: one vial (300 mg/15 mL) per 30 days
- Ubrelvy: 16 tablets per 30 days
- Uceris: 1 tablet per day
- Uloric: 30 tablets per 30 days
- Upneeq: 30 single-use containers per 30 days
- Utibron: 60 capsules per 30 days
- Valchlor 0.016% gel: 60 grams every 30 days
- Valtoco: 10 doses per 30 days
- Valtrex 500 mg: 10 tablets per 30 days
- Valtrex 1000 mg: 30 tablets per 365 days
- Vanflyta: 56 tablets per 28 days
- Various acetaminophen containing products: 4 grams a day
- Varubi: 4 tablets per 28 days; restricted to 28-day supply
- Vascepa 1 gram: 4 capsules per day
- Vascepa 0.5 grams: 8 capsules per day
- Vaxneuvance: 1 dose per lifetime
- Velsipity: 30 tablets per 30 days
- Vectical Ointment: 100 grams per 30 days
- Veltassa: limited based on instructions for use
- Vemlidy: 1 tablet per day
- Venclexta: limited based on instructions for use
- Veozah: 30 tablets per 30 days
- Verkazia: 120 vials per 30 days
- Verquvo: 1 tablet per day
- Verzenio: 60 tablets per 30 days; included in split fill program
- Viberzi: 2 tablets per day
- Victoza: 3 pens (9 mL) per 30 days
- Viekira: 4 tablets per day
- Viibryd: 30 tablets per 30 days
- Vioice: 60 tablets per 30 days
- Vitrakvi 100 mg: 60 capsules per 30 days
- Vitrakvi 25 mg: 180 capsules per 30 days
- Vitrakvi 20 mg/mL oral solution: 300 mL per 30 days
- Vivitrol: 1 vial per 28 days
- Vocabria: 28 tablets per 365 days
- Vonjo: 120 capsules per 30 days
- Voquezna Dual Pak: 112 tablets/capsules per 30 days
- Voquezna Triple Pak: 112 tablets/capsules per 30 days
- Vosevi: 1 tablet per day
- Votrient: 800 mg per day; included in split fill program
- Vowst: 12 capsules per lifetime
- Voxzogo: 30 vials per 30 days
- Vraylar: One capsule per day
- Vtama: 60 grams per 30 days
- Vumerity: 4 capsules per day
- Vyjuvek: 10 mL per 28 days
- Vyndamax: 1 capsule per day
- Vyndaqel: 4 capsules per day
- Vytarin: 1 tablet per day
- Vyvanse: 30 capsules per 30 days
- Wainua: one single-dose auto-injector (45 mg) per 30 days
- Wakix: 2 tablets per day
- Welireg: 90 tablets per 30 days
- Wellbutrin XL: 1 tablet per day
- Winrevair: 2 kits per 21 days
- Xadago: 1 tablet per day
- Xarelto Stater Pack: 51 tabs every 30 days
- Xarelto Suspension: 620 mL every 30 days
- Xarelto 2.5 mg: 60 tabs every 30 days
- Xarelto 10 mg: 30 tabs every 30 days
- Xarelto 15 mg: 30 tabs every 30 days
- Xarelto 20 mg: 30 tabs every 30 days
- Xcopri: 2 tablets per day
- Xdemvy: 10 mL every 180 days
- Xeljanz 5 mg: 2 tablets per day
- Xeljanz 10 mg: 2 tablets per day
- Xeljanz XR 11 mg: 1 tablet per day
- Xeljanz XR 22 mg: 1 tablet per day
- Xeljanz oral solution: 240 milliliters per 30 days
- Xepi: One tube per 30 days
- Xermelo: 84 tablets per 28 days
- Xiaflex: limit based on instructions for use
- Xigduo XR: 2 tablets per day
- Xiidra: 60 single-use vials per 30 days
- Xolair 75 milligram auto-injector pens/prefilled syringes: 2 auto-injector pens/prefilled syringes per 28 days
- Xolair 150 milligram auto-injector pens/prefilled syringes: 4 auto-injector pens/prefilled syringes per 28 days
- Xolair 300 milligram auto-injector pens/prefilled syringes: 2 auto-injector pens/prefilled syringes per 28 days
- Xolremdi: 120 capsules per 30 days
- Xospata: 90 tablets per 30 days
- Xphozah: 60 tablets per 30 days
- Xtandi 40 mg: 120 capsules/tablets per 30 days
- Xtandi 80 mg: 60 capsules/tablets per 30 days

Quantity Level Limits (continued)

- Xulane: 9 patches per 84 days
- Xultophy: 5 pens (15 mL) per 30 days
- Xuriden: 4 packets per day
- Xywav: 540 mL per 30 days
- Xyrem: 540 mL per 30 days
- Yondelis: limited based on instructions for use
- Yupelri: 90 mL (30 vials) per 30 days
- Zavesca: 3 capsules per day
- Zavzpret: 8 units per 30 days
- Zegalogue: 6 kits (3.6 milliliters) per 365 days
- Zejula: 90 capsules per 30 days
- Zelboraf: 8 tablets per day; included in the split fill program
- Zepatier: 1 tablet per day
- Zeposia: 30 capsules per 30 days
- Zetia: 1 tablet per day
- Zilbrysq: 22.68 mL per 28 days
- Zofran: 30 tablets per 30 days
- Zokinvy: 8 capsules per day
- Zolinza: limit based on instructions for use; included in split fill program
- Zolpimist: 7.7 milliliters per 30 days
- Zomig nasal spray: 12 sprays per 30 days
- Zomig tablets: 12 tablets per 30 days
- Zonalon: 60 grams per 90 days
- Zonisade: 750 mL per 30 days
- Zoryve 0.15% cream: 60 grams per 30 days
- Zoryve 0.3% foam: 60 grams per 30 days
- Zurzuvae 20 mg capsules: 28 capsules per 180 days
- Zurzuvae 25 mg capsules: 28 capsules per 180 days
- Zurzuvae 30 mg capsules: 14 capsules per 180 days
- Zykadia: 5 capsules per day
- Zypitamag: 1 tablet per day
- Ztalmy: 1100 mL per 30 days
- Zytiga: 4 tablets per day; included in split fill program
- Zyvox oral suspension: 12 bottles (1800 mL) per 30 days
- Zyvox tablets: 2 tablets per day

Split Fill Program

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

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

Step Therapy Program

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

Medication(s) Requiring Step Therapy ³				Formulary Alternatives(s)
Acne Myorisan Zenatane				Claravis
Antidepressants Pristiq				Venlafaxine capsules, Venlafaxine ER capsules
Blood Pressure Medication Candesartan Candesartan/HCTZ	Amlodipine/ valsartan	Olmesartan/ amlodipine/HCTZ	Telmisartan/HCTZ Telmisartan/ amlodipine	Amlodipine/ olmesartan Losartan/HCTZ Irbesartan Telmisartan Valsartan Valsartan/HCTZ
Cholesterol Lowering Medications Lescol extended-release Lescol immediate-release Livalo Nikita				Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin
Diabetes⁴ Alogliptin Alogliptin/ metformin Alogliptin/ pioglitazone	Janumet Janumet XR Januvia Glyxambi Jentadueto	Jentadueto XR Kazano Kombiglyze XR Nesina Onglyza	Oseni Saxagliptin Tradjenta	Metformin
Erythropoiesis-Stimulating Agent (ESA) Epogen Procrit				Retacrit
Filgrastim Granulocyte Colony-Stimulating Factor (G-CSF) Granix Neupogen				Nivestym
Gastrointestinal Medications Delzicol Dipentum				Balsalazide, Mesalamine ER 0.375 mg capsules, Mesalamine 800 mg tablets, Sulfasalazine
Growth Hormone Humatrope Ngenla Nutropin NuSpin				Genotropin, Norditropin

continued >

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

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

Step Therapy Program (continued)

Medication(s) Requiring Step Therapy ³				Formulary Alternatives(s)	
Immune Modulators				Hadlima Renflexis	
Adalimumab-fkjp	Humira 20mg	Rinvoq	(subcutaneous)		
Avsola	Ilumya	Siliq	Stelara intravenous		
Bimzelx	Inflectra	Skyrizi intravenous	injection		
Cimzia	Infliximab	injection	Stelara		
Cosentyx	Kineret	Skyrizi	subcutaneous		
Enbrel	Omvo	injection	Taltz		
Erelzi	Orencia	Simponi	Xeljanz		
Humira 10mg	Remicade				
Interleukin-6 Receptor Antagonist				Tyenne	
Actemra	Tofidence				
Pegfilgrastim Granulocyte Colony-Stimulating Factor (G-CSF)				Fulphila, Udenyca Prefilled Autoinjector, Udenyca Prefilled Syringe, Udenyca Onbody Injector	
Fylnetra	Neulasta Onpro	Nyvepria	Stimufend		
Neulasta					
Stimulants				Modafinil	
Nuvigil					
Vascular Endothelial Growth Factor (VEGF) Inhibitor				Zirabev	
Alimysys	Avastin	Mvasi	Vegzelma		

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

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

Specialty Drug Benefit

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

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

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

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

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

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

Specialty Drug Benefit (continued)

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

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

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

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

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

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

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

Specialty Drug Copay Card Assistance Program

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

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

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

Prescription Drug Benefit Exclusions⁹

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

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

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

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

