

# Cleveland Clinic Employee Health Plan Prescription Drug Formulary



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# Cleveland Clinic Health Benefit Program

## Drug Formulary

### April 2026

## 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

Spiriva HandiHaler (tiotropium) (brand only)

Spiriva Respimat (tiotropium)\*

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)

Asmanex 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)\*

#### Beta Agonists, Oral

Alupent (metaproterenol) syrup\*, tablet\*

Brethine (terbutaline) tablet\*

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

#### Beta Agonists, Oral (cont.)

Proventil (albuterol) tablet\*, syrup\*

Vospire ER (albuterol extended release) tablet\*

#### Cough/Cold

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

#### Leukotriene Modulator

Accolate (zafirlukast)\*

Singulair (montelukast)\*

#### Miscellaneous Agents

Alyftrek (vanzacaftor/tezacaftor/deutivacaftor)  
(PA) (QL) (SP)

Beriner (C1 inhibitor) (PA) (SP)

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

Brinsupri (brensocatic) (PA) (QL) (SP)

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

Cayston (aztreonam) inhalation solution (SP)

Cinqair (reslizumab) (PA) (SP)

Cinryze (C1 inhibitor) (PA) (SP)

Cuvposa (glycopyrrolate)\* (PA) (QL)

Daliresp (roflumilast) (QL)\*

Elixophyllin (theophylline) elixir

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

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

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

Exdensur (depemokimab) (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\*

Jascayd (nerandomilast) (PA) (QL) (SP)

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)

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

#### Miscellaneous Agents (cont.)

Rhapsido (remibrutinib) (PA) (QL) (SP)

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

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

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

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 Hulo) (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) (generic only)

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)

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

(PA)—Indicates the drug requires prior authorization.

(CC)—Copay Card

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

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

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

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

## Drug Formulary Medications by Category (continued)

### ANALGESICS (cont.)

#### Gout

Benemid (probenecid)\*  
Colcrys (colchicine)  
Uloric (febuxostat)\* (PA) (QL)  
Zyloprim (allopurinol)\*

#### Migraine

Amerge (naratriptan)\* (QL)  
Cafegot (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)  
Ubrelyv (ubrogepant) (CC) (PA) (QL) (SP)  
Zavzpret (zavegepant) (PA) (QL) (SP)  
Zomig (zolmitriptan)\* (PA; required for nasal spray) (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 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)

### ANALGESICS (cont.)

#### Nonsteroidal Anti-Inflammatory Drugs

##### (NSAIDs) (cont.)

Relafen (nabumetone)\*  
Solaraze (diclofenac gel)\* (PA)  
Toradol (ketorolac)\* (QL)  
Voltaren (diclofenac)\*

#### Opioid Analgesics

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

#### Opioid Antagonist

ReVia (naltrexone)\*

#### Salicylates

Dolobid (diflunisal)\*  
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\*  
Mycelex Troche (clotrimazole)\* (QL)  
Mycostatin (nystatin) tablet\*, suspension\*  
Nizoral (ketoconazole)\*  
Noxafil (posaconazole) (PA) (SP) tablets\*  
Vfend (voriconazole)\* (SP)

##### Antifungals, Topical

Lotrisone (clotrimazole/betamethasone) cream\*  
Mycolog II (nystatin/triamcinolone)\*  
Mycostatin (nystatin) cream\*, ointment\*, powder\* (QL)

### ANTI-INFECTIVES (cont.)

#### (Antibiotics/Antifungals/Antivirals)

##### Antivirals, Topical (cont.)

Naftin (naftifine) cream\*, 1% gel\*  
Nizoral (ketoconazole) cream\* (QL)  
Selsun Rx (selenium sulfide) shampoo\*

##### Antivirals, Injectable

Apretude (cabotegravir) (PA) (QL) (SP)  
Cabenuva (cabotegravir/rilpivirine) (PA) (QL) (SP)  
Fuzeon (enfuvirtide) (SP)  
Pegasys (peginterferon alfa-2a) (PA) (SP)  
Pegintron (peginterferon alfa-2b) (PA) (SP)  
Prevymis (letermovir) (PA) (QL) (SP)  
Sunlenca (lenacapavir) (PA) (QL) (SP)  
Sylatron (peginterferon alfa-2b) (SP)  
Yeztugo (lenacapavir) (PA) (QL) (SP)

##### Antivirals, Oral

Aptivus (tipranavir) (SP)  
Atripla\* (efavirenz/emtricitabine/tenofovir) (SP)  
Baraclude (entecavir) tablets\* (generic only), oral solution (SP)  
Biktary (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)  
Eplusa (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) (generic only)  
Invirase (saquinavir) (SP)  
Isentress (raltegravir) (SP)  
Kaletra (lopinavir/ritonavir)\* solution (SP)  
Lagevrio (molnupiravir) (QL)  
Lexiva (fosamprenavir) (SP)  
Livtency (maribavir) (PA) (QL) (SP)  
Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)

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\*\*\*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)*

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

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

Norvir (ritonavir) tablets\* (generic only), oral packet, oral solution (SP)  
Odefsey (emtricitabine/rilpivirine/tenofovir) (QL) (SP)  
Olysio (simeprevir) (PA) (QL) (SP)  
Paxlovid (nirmatrelvir/ritonavir) (QL)  
Prevymis (letermovir) (PA) (QL) (SP)  
Prezista (darunavir)\* tablets (600 mg and 800 mg tablets generic only), oral suspension (SP)  
Rebetol (ribavirin)\* (SP)  
Rescriptor (delavirdine) (SP)  
Retrovir (zidovudine)\* (SP)  
Reyataz (atazanavir) capsules\* (generic only), oral packet (SP)  
Rukobia (fostemsavir) (PA) (QL) (SP)  
Selzentry (maraviroc) tablets\* (generic only), oral solution (SP)  
Sovaldi (sofosbuvir) (PA) (QL) (SP)  
Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (SP)  
Sunlencra (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)\* (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 disoproxil fumarate) tablets (300 mg tablets generic only), oral powder (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) (generic only)  
Zovirax (acyclovir) capsule\*, tablet\*

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

#### Antivirals, Topical

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

#### Antibiotics, Oral Cephalosporins

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

#### Erythromycins/Macrolides

Biaxin (clarithromycin)\* (extended-release tablets excluded)  
Dificid (fidaxomicin)\* (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)\*  
Blujepa (gepotidacin) (PA) (QL)

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

#### Miscellaneous *(cont.)*

Campral (acamprosate calcium)\*  
Cleocin (clindamycin)\*  
Dapsone (dapson)\*  
Emverm (mebendazole) (PA) (QL)  
Flagyl (metronidazole)\*  
Humatin (paromomycin)\*  
Impavido (miltefosine) (PA) (QL) (SP)  
Lampit (nifurtimox) (PA) (QL) (SP)  
Neomycin (neomycin)\*  
Orlynvah (sulopenem etzadroxil and probenecid) (PA) (QL)  
Pivya (pivmecillinam) (PA) (QL)  
Sivextro (tedizolid) (CC) (PA) (QL) (SP)  
Tindamax (tinidazole)\*  
Vancocin (vancomycin)\*  
Xifaxan (rifaximin) (PA) (SP)  
Zyvox (linezolid)\* (QL) (generic only; oral suspension for members 0-11 years of age)

#### Antibiotics, Topical

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

#### Antimalarials

Aralen (chloroquine phosphate)\* (QL)  
Lariam (mefloquine)\*  
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 ≥ 75 years of age or pregnant within 32-36 weeks gestational age)  
ActHIB (haemophilus b conjugate vaccine) (\$0 copay)

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## Drug Formulary Medications by Category (continued)

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

#### Vaccines (cont.)

Adacel (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay; for members  $\geq 7$  years of age)

Afluria Quadrivalent [influenza virus vaccine (inactivated)]

Arexvy [respiratory syncytial virus vaccine (recombinant, adjuvanted)] (\$0 copay; for members  $\geq 75$  years of age)

Bexsero [meningococcal (group B) vaccine] (\$0 copay)

Boostrix (tetanus toxoids/diphtheria/acellular pertussis) (\$0 copay; for members  $\geq 10$  years of age)

Capvaxive (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)]

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  $\geq 9$  months to  $\leq 55$  years of age)

MenQuadFi [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay;  $\geq 2$  years of age)

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

#### Vaccines (cont.)

Menveo [meningococcal (groups A / C / Y and W-135) conjugate vaccine] (\$0 copay; 2-vial formulation for members  $\geq 2$  months through 55 years of age; 1-vial formulation for members  $\geq 10$  years to  $\leq 55$  years of age)

M-M-R II (measles, mumps, and rubella virus vaccine) (\$0 copay)

Moderna (COVID-19 Vaccine, mRNA) (\$0 copay; for members  $\geq 6-11$  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  $\geq 10$  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  $\geq 5-11$  years of age)

Pfizer COVID-19 Vaccine [COVID-19 Vaccine (mRNA)] (\$0 copay)

Pneumovax-23 (pneumococcal polysaccharide) (\$0 copay; for members  $\geq 65$  years of age) (QL)

Prenar-13 (pneumococcal conjugate) (\$0 copay; for members  $\geq 2$  months-25 years of age) (QL)

Prenar-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  $\geq 50$  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)

Vaqtia (hepatitis A vaccine) (\$0 copay; for members 12 months through 18 years of age)

Varivax (varicella virus vaccine) (\$0 copay)

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

#### Vaccines (cont.)

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)\*

Univasc (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) (QL)\*

Hyzaar (losartan/hydrochlorothiazide)\*

Micardis (telmisartan)\*

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

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

#### Antiarrhythmic Agents

Betapace (sotalol)\*  
Cordarone (amiodarone)\*  
Mexitil (mexiletine)\*  
Multaq (dronedarone) (restricted to Cardiology)  
Norpac (disopyramide)\*  
Norpac 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)  
Visken (pindolol)\*  
Zebeta (bisoprolol)\*  
Ziac (bisoprolol/hydrochlorothiazide)\*

#### Calcium Channel Blockers

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

#### Cholesterol-Lowering Agents

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

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

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

Lipofen (fenofibrate)\*  
Livalo (pitavastatin)\* (PA) (ST) (QL)  
Lovaza (omega-3-acid ethyl esters)\* (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)\*  
Redemlo (plozasiran) (PA) (QL) (SP)  
Repatha (evolocumab) (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

Adynovate (recombinant pegylated antihemophilic factor) (PA) (QL) (SP)  
Aggrenox (dipyridamole extended release/ aspirin)\* (generic only)  
Agrylin (anagrelide)\*  
Alprolix [Coagulation Factor IX (Recombinant), [Fc Fusion Protein]] (PA) (QL) (SP)  
Arixtra (fondaparinux)\*  
Brilinta (ticagrelor)\* (QL)  
Cabliivi (caplacizumab) (PA) (QL) (SP)  
Coumadin (warfarin)\*\*  
Effient (prasugrel)\*  
Eliquis (apixaban) (QL)  
Idelvion [Coagulation Factor IX (Recombinant), Albumin Fusion Protein] (PA) (QL) (SP)  
Kovaltry (antihemophilic factor) (PA) (QL) (SP)  
Lovenox (enoxaparin)\*  
Persantine (dipyridamole)\*  
Plavix (clopidogrel)\*  
Pletal (cilostazol)\*  
Trental (pentoxifylline)\*  
Xarelto (rivaroxaban) (QL) (oral suspension excluded for members 12 years of age and older)

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

#### 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)\*  
Inspra (eplerenone)\*  
Lasix (furosemide)\*  
Lozol (indapamide)\*  
Maxzide (triamterene/hydrochlorothiazide)\*  
Midamor (amiloride)\*  
Moduretic (amiloride/hydrochlorothiazide)\*  
Zaroxolyn (metolazone)\*

#### Nitrates

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

#### Orthostatic Hypotension

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

#### Pulmonary Arterial Hypertension

Adcirca (tadalafil)\* (PA) (QL) (SP)  
Adempas (riociguat) (PA) (QL) (SP)  
Alyq (tadalafil)\* (PA) (QL) (SP)  
Flolan (epoprostenol)\* (SP)  
Letairis (ambrisentan)\* (PA) (QL) (SP)  
Opsumit (macitentan)\* (PA) (QL) (SP)  
Orenitram (treprostinil) (PA) (QL) (SP)  
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)  
Upravi (selexipag) (PA) (SP)  
Ventavis (iloprost) (SP)

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

### CARDIOVASCULAR *(cont.)*

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

##### Miscellaneous Agents

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

### CENTRAL NERVOUS SYSTEM

#### Alzheimer's

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

#### Anticonvulsants

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

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

#### Anticonvulsants *(cont.)*

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)\* (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)\*  
Ztalmu (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)  
Ludimil (maprotiline)\*

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

#### Miscellaneous Antidepressants *(cont.)*

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

#### Antiparkinson's

Crexont (carbidopa/levodopa extended release) (PA) (QL)  
Eldepryl (selegiline) capsules\*  
Mirapex (pramipexole)\*  
Mirapex ER (pramipexole extended release)\*  
Nouriaz (istradefylline) (CC) (PA) (QL) (SP)  
Nuplazid (pimavanserin) (PA) (QL) (SP)  
Ongentys (opicapone) (PA) (QL) (SP)  
Parcopa (carbidopa/levodopa orally disintegrating tablets)\*  
Parlodel (bromocriptine)\* (2.5 mg tablets only)  
Requip (ropinirole)\*  
Requip XL (ropinirole extended release)\*  
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)\*

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## Drug Formulary Medications by Category (continued)

### 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) (QL)  
Provigil (modafinil)\* (QL)  
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)\*  
Cobenfy (xanomeline/trospium) (PA) (QL)  
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) (generic only)

#### Multiple Sclerosis Agents (cont.)

Avonex (interferon beta-1a)\* (PA) (SP)  
Bafiertam (monomethyl fumarate) (PA) (QL) (SP)  
Betaseron (interferon beta-1b) (PA) (SP)  
Copaxone (glatiramer acetate)\* (PA) (QL) (SP)  
Extavia (interferon beta-1b) (PA) (SP)  
Gilenya\* (fingolimod) (PA) (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; 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)  
Belbuca (buprenorphine) (PA) (QL)  
Daybue (trofinetide) (PA) (QL) (SP)  
Evrysdi (risdiplam) (PA) (QL) (SP)  
Firdapse (amifampridine) (PA) (QL) (SP)  
Ingrezza (valbenazine) (PA) (QL) (SP)  
Lucemyra (lofexidine)\* (PA) (QL)  
Mestinon Timespan (pyridostigmine extended-release)\*  
Mestinon (pyridostigmine)\*  
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)  
Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase) prefilled syringes (PA) (QL) (SP)  
Wainua (eplontersen) (PA) (QL) (SP)  
Wakix (pitolisant) (PA) (QL) (SP)  
Xenazine (tetrabenazine)\* (SP) (generic only)  
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)  
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)  
Spevigo (spesolimab) (PA) (QL) (SP)  
Steqeyma (ustekinumab-stba) (PA) (QL) (SP) (Yesintek preferred)  
Taltz (ixekizumab) (PA) (QL) (SP)  
Vtama (tapinarof) (PA) (QL) (SP)  
Yesintek (ustekinumab-kfce) (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)  
Mirvaso (brimonidine) gel\* (PA) (QL) (generic only)  
Soolantra (ivermectin) cream\* (PA) (QL) (generic only)

#### 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\*

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

(PA)—Indicates the drug requires prior authorization.

(CC)—Copay Card

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

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

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

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

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

### DERMATOLOGICAL *(cont.)*

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

Elocon (mometasone) cream\*, lotion\*, ointment\*  
Hytone (hydrocortisone) cream\*, lotion\*, ointment\* (QL)  
Kenalog (triamcinolone) lotion\*  
Lidex (fluocinonide) 0.05% cream\*, solution\* (QL)  
Temovate (clobetasol) cream\*, gel\*, ointment\*, solution\*  
Temovate-E (clobetasol emollient) cream\*  
Ultravate (halobetasol) cream\*, ointment\*  
Westcort (hydrocortisone valerate) ointment\*

#### Miscellaneous

Adbry (tralokinumab) (PA) (QL) (SP)  
Anzupgo (delgocitinib) (PA) (QL) (SP)  
Cibinqo (abrocitinib) (PA) (QL) (SP)  
Drysol (aluminum chloride hexahydrate)\*  
Drysol Dab-O (aluminum chloride hexahydrate)\*  
Dupixent (dupilumab) (PA) (QL) (SP) (excluded for chronic spontaneous urticaria)  
Ebglyss (lebrikizumab) (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 (ritlecitinib) (PA) (QL) (SP)  
Nemluvio (nemolizumab) (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)

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

#### 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)

#### Human Growth Hormone

Genotropin (somatropin) (PA) (SP)  
Increlex (mecasermin) (PA) (SP)  
Norditropin (somatropin) (PA) (SP)  
Serostim (somatropin) (PA) (SP) (ST)  
Tev-Tropin (somatropin) (PA) (SP) (ST)  
Voxzogo (vosoritide) (PA) (QL) (SP)

#### Hypoglycemic Agents

Actos (pioglitazone)\* (QL)  
Actoplus Met (pioglitazone/metformin) tablets\*  
Amaryl (glimepiride)\*  
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 preferred)  
Glynase (glyburide)\*  
Invokana (canagliflozin) (PA) (QL) (Farxiga preferred)  
Invokamet (canagliflozin/metformin) (PA) (QL) (Farxiga preferred)  
Invokamet XR (canagliflozin/metformin) (PA) (QL) (Farxiga preferred)  
Janumet (sitagliptin/metformin) (QL) (ST) (Saxagliptin preferred)  
Janumet XR (sitagliptin/metformin) (QL) (ST) (Saxagliptin preferred)  
Januvia (sitagliptin) (QL) (ST) (Saxagliptin preferred)  
Jardiance (empagliflozin) (PA) (QL) (Farxiga preferred)  
Jentadueto (linagliptin/metformin) (QL) (ST) (Saxagliptin preferred)

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

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

Jentadueto XR (linagliptin/metformin) (QL) (ST) (Saxagliptin preferred)  
Kazano (alogliptin/metformin)\* (QL) (ST) (Saxagliptin preferred)  
Kombiglyze XR (saxagliptin/metformin)\* (QL) (ST) (Saxagliptin preferred)  
Metaglip (glipizide/metformin)\*  
Micronase (glyburide)\*  
Mounjaro (tirzepatide) (PA) (QL)  
Nesina (alogliptin)\* (QL) (ST) (Saxagliptin preferred)  
Onglyza (saxagliptin)\* (QL) (ST)  
Oseni (alogliptin/pioglitazone)\* (QL) (ST) (Saxagliptin preferred)  
Ozempic (semaglutide) (PA) (QL)  
Prandin (repaglinide)\*  
Precose (acarbose)\*  
Qtern (dapagliflozin/saxagliptin) (PA) (QL) (Farxiga preferred)  
Segluromet (ertugliflozin/metformin) (PA) (QL) (Farxiga preferred)  
Soliqua (insulin human glargine/lixisenatide) (PA) (QL)  
Steglatro (ertugliflozin) (PA) (QL) (Farxiga preferred)  
Steglujan (ertugliflozin/sitagliptin) (PA) (QL) (Farxiga preferred)  
SymlinPen (pramlintide)  
Synjardy (empagliflozin/metformin) (PA) (QL) (Farxiga preferred)  
Synjardy XR (empagliflozin/metformin) (PA) (QL) (Farxiga preferred)  
Tradjenta (linagliptin) (Saxagliptin preferred) (ST)  
Trijardy XR (empagliflozin/linagliptin/metformin) (PA) (QL) (Farxiga preferred)  
Trulicity (dulaglutide) (PA) (QL)  
Victoza (liraglutide)\* (PA) (QL) (generic only; \$0 copay for NDCs 71288-0563-85 and 71288-0563-84; excluding NDCs: 00480-3667-20, 00480-3667-22, 00169-4060-12, 00169-4060-13)  
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)

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

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

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

## Drug Formulary Medications by Category (continued)

### ENDOCRINE/DIABETES (cont.)

#### Insulin Therapy (cont.)

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 R FlexPen (insulin human regular) (PA)  
(Humulin R 100 units/mL preferred)  
NovoLog (insulin human aspart) (PA) (Humalog 100 units/mL preferred)  
NovoLog Mix 70/30 (insulin human aspart NPL/aspart) (PA) (Humalog Mix preferred)  
Toujeo (insulin human glargine) (PA) (Lantus preferred)  
Tresiba (insulin human degludec) (PA) (Lantus preferred)

#### Metabolic Bone Disorders

Actonel (risedronate)\* (QL)  
Bilidyos (denosumab) (PA) (SP)  
Bilprevda (denosumab) (PA) (SP)  
Evenity (romosozumab) (PA) (QL) (SP)  
Forteo (teriparatide)\* (PA) (QL) (SP) (only generic NDC: 00093-1106-16)  
Fosamax (alendronate)\* (QL)  
Jubbonti (denosumab) (PA) (SP)  
Prolia (denosumab) (PA) (SP)  
Teriparatide (PA) (QL) (SP)  
Tymlos (abaloparatide) (PA) (QL) (SP)  
Wyost (denosumab) (PA) (SP)  
Xgeva (denosumab) (PA) (SP)

#### Thyroid Supplement

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

#### Miscellaneous

Aqneursa (levacetylleucine) (PA) (QL) (SP)  
Buphenyl (sodium phenylbutyrate)\* (SP) (generic only)  
Cerdelga (eliglustat) (PA) (QL) (SP)  
Crenessity (crinecerfont) (PA) (QL) (SP)  
Danocrine (danazol)\*  
DDAVP (desmopressin acetate)\*  
Dibenzylamine (phenoxybenzamine)  
Dostinex (cabergoline)\*  
Fensolvi (leuprolide) (PA) (QL) (SP)  
Fortical (calcitonin)\*  
Galafold (migalastat) (PA) (QL) (SP)  
Isturisa (osilodrostat) (PA) (QL) (SP)  
Jesduvroq (daprodustat) (PA) (QL) (SP)

### ENDOCRINE/DIABETES (cont.)

#### Miscellaneous (cont.)

Jynarque (tolvaptan) (PA) (QL) (SP)  
Kerendia (finerenone) (PA) (QL)  
Korlym (mifepristone)\* (PA) (SP)  
Miplyffa (arimocloamol) (PA) (QL) (SP)  
Mycapssa (octreotide) (PA) (QL) (SP)  
Nulibry (fosdenopterin) (PA) (QL) (SP)  
Orfadin (nitisinone) capsules\* (generic only), oral solution (SP)  
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)  
Velphoro (sucroferric oxyhydroxide) (PA) (QL)  
Xiaflex (collagenase clostridium histolyticum) (PA) (QL) (SP)  
Yorvipath (palopegteriparatide) (PA) (QL) (SP)  
Zavesca (migLUstat)\* (PA) (QL) (SP)

### GASTROINTESTINAL

#### Antidiarrheals

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

#### Antiemetic/Antivertigo

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

### GASTROINTESTINAL (cont.)

#### 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

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

#### Miscellaneous

Amitiza (lubiprostone)\* (QL)  
Anusol-HC (hydrocortisone) cream\*  
Apriso (mesalamine)\*  
Asacol HD (mesalamine)\* (QL)  
Azulfidine (sulfasalazine)\*  
Canasa (mesalamine)\*  
Cerezyme (imiglucerase) (PA) (SP)  
Chronulac (lactulose)\*  
Colazal (balsalazide)\*  
Colyte (polyethylene glycol/potassium/sodium)\*  
Cortenema (hydrocortisone)\*  
Ctexli (chenodiol) (PA) (QL) (SP)  
Delzicol (mesalamine)\* (ST)  
Entocort (budesonide extended release)\* (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)  
Livdelzi (seladelpar) (PA) (QL) (SP)  
Livmarli (maralixibat) (PA) (QL) (SP)  
Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)  
Lotronex (alosetron)\* (PA)  
Motegrity (prucalopride)\* (QL)  
MoviPrep (polyethylene glycol)  
Omvo (mirikizumab) (PA) (QL) (SP)  
Opfolda (migLUstat) (PA) (QL) (SP)  
Rowasa (mesalamine)\*  
Sephience (sepiapterin) (PA) (QL) (SP)

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(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)*

### GASTROINTESTINAL *(cont.)*

#### Miscellaneous *(cont.)*

Strensiq (asfotase alfa) (PA) (SP)  
Symproic (naldemedine) (PA) (QL) (SP)  
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)\*  
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)  
Actimmune (interferon gamma-1b) (SP)  
Doptelet (avatrombopag) (PA) (QL) (SP)  
Fulphila (pegfilgrastim-jmdb) (PA) (QL) (SP)  
Leucovorin (leucovorin)\*  
Leukine (sargramostim) (SP)  
Mircera (methoxy peg-epoetin beta) (SP)

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

#### Adjunctive Agents *(cont.)*

Mulpleta (lusutrombopag) (PA) (QL) (SP)  
Neumega (oprelvekin) (SP)  
Promacta (eltrombopag)\* (PA) (SP)  
Udenyca (pegfilgrastim-cbqv) (PA) (QL) (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)  
Valchlor (mechlorethamine) (PA) (QL) (SP)

#### Antiandrogens

Erleada (apalutamide) (PA) (QL) (SP)  
Nubeqa (darolutamide) (PA) (QL) (SP)  
Zytiga (abiraterone acetate)\* (250 mg tablets generic only) (PA) (QL) (SP)

#### Antiestrogens

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

#### Antimetabolites

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

#### Immunosuppressant Therapies

Arcalyst (rilonacept) (PA) (SP)  
Besremi (ropeginterferon alfa-2b) (PA) (QL) (SP)  
Cellcept (mycophenolate)\* (SP) (generic only)  
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) (generic only)  
Neoral (cyclosporine) capsules\*, oral solution\* (SP) (generic only)  
Prograf (tacrolimus) ) capsules\* (generic only), oral granules (SP) (PA: Only for Oral Granules)  
Rapamune (sirolimus)\* (SP)

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

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

Rezurock (belumosudil) (PA) (QL) (SP)  
Sandimmune (cyclosporine) capsules\*, solution (SP)  
Tavalisse (fostamatinib) (PA) (QL) (SP)  
Wayrilz (rilzabrutinib) (PA) (QL) (SP)  
Zilbrysq (zilucoplan) (PA) (QL) (SP)  
Zortress (everolimus) (SP)\* (generic only)

#### Miscellaneous Antineoplastics

Adcetris (brentuximab vedotin) (PA) (SP)  
Afinitor (everolimus) (QL) (SP)\* (generic only; 10 mg tablets excluded)  
Alecensa (alectinib) (PA) (QL) (SP)  
Alunbrig (brigatinib) (PA) (QL) (SP)  
Arimidex (anastrozole)\* (SP)  
Aromasin (exemestane)\* (SP)  
Augtyro (reprotectinib) (PA) (QL) (SP)  
Avmapki Fakzynja (avutometinib/defactinib) (PA) (QL) (SP)  
Aykavit (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)  
Daurismo (glasdegib) (PA) (QL) (SP)  
Eligard (leuprolide) (PA) (SP)  
Emcyt (estramustine) (SP)  
Ensacove (ensartinib) (PA) (QL) (SP)  
Erivedge (vismodegib) (PA) (SP)  
Farydak (panobinostat) (PA) (QL) (SP)  
Femara (letrozole)\* (SP)  
Fotivda (tivozanib) (PA) (QL) (SP)  
Fruzaqla (fruquintinib) (PA) (QL) (SP)  
Gavreto (pralsetinib) (PA) (QL) (SP)  
Gilotrif (afatinib) (PA) (SP)  
Gleevec (imatinib)\* (PA) (QL) (SP) (generic only)  
Gomekli (mirdametinib) (PA) (QL) (SP)  
Hernexeo (zongertinib) (PA) (QL) (SP)  
Hycamtin (topotecan) (PA) (QL) (SP)  
Hyrnuo (sevabertinib) (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)  
Inluriyo (imlunestrant) (PA) (QL) (SP)  
Inlyta (axitinib) (PA) (QL) (SP)  
Inqovi (decitabine/cedazuridine) (PA) (QL) (SP)  
Inrebic (fedratinib) (PA) (QL) (SP)

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## Drug Formulary Medications by Category (continued)

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC (cont.)

#### Miscellaneous Antineoplastics (cont.)

Iressa (gefitinib) (PA) (QL) (SP)  
Iwifin (eflornithine) (PA) (QL) (SP)  
Jakafi (ruxolitinib) (PA) (SP)  
Jaypirca (pirtobrutinib) (PA) (QL) (SP)  
Kisqali (ribociclib) (PA) (QL) (SP)  
Kisquali Femara (ribociclib/letrozole) (PA) (QL) (SP)  
Komzifti (ziftomenib) (PA) (QL) (SP)  
Koselugo (selumetinib) (PA) (QL) (SP)  
Krazati (adagrasib) (PA) (QL) (SP)  
Kyprolis (carfilzomib) (PA) (SP)  
Lazcluze (lazertinib) (PA) (QL) (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) (generic only)  
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)  
Revuforj (revumenib) (PA) (QL) (SP)  
Romvimza (vimseltinib) (PA) (QL) (SP)  
Rozlytrek (entrectinib) (PA) (QL) (SP)  
Rubraca (rucaparib) (PA) (QL) (SP)  
Rydapt (midostaurin) (PA) (QL) (SP)  
Sandostatin (octreotide)\* (SP)  
Semblix (asciminib) (PA) (QL) (SP)  
Sprycel (dasatinib)\* (QL) (SP) (generic only)  
Stivarga (regorafenib) (PA) (SP)  
Sutent (sunitinib)\* (QL) (SP) (generic only)  
Tafinlar (dabrafenib) (PA) (QL) (SP)  
Tagrisso (osimertinib) (PA) (QL) (SP)  
Talzenna (talazoparib) (PA) (QL) (SP)  
Tarceva (erlotinib)\*\* (PA) (QL) (SP)  
Targretin (bexarotene)\* (PA) (QL) (SP)  
Tasigna (nilotinib) (QL) (SP)  
Tazverik (tazemetostat) (PA) (QL) (SP)  
Tepmetko (tepotinib) (PA) (QL) (SP)

### IMMUNOSUPPRESSANT/ ANTINEOPLASTIC (cont.)

#### Miscellaneous Antineoplastics (cont.)

Thalomid (thalidomide) (SP)  
Tibsovo (ivosidenib) (PA) (QL) (SP)  
Truqap (capivasertib) (PA) (QL) (SP)  
Tukyasa (tucatinib) (PA) (QL) (SP)  
Turalio (pepidartinib) (PA) (QL) (SP)  
Tykerb (lapatinib)\* (SP) (generic only)  
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)  
Voranigo (vorasidenib) (PA) (QL) (SP)  
Votrient (pazopanib)\* (QL) (SP) (generic only)  
Welireg (belzutifan) (PA) (QL) (SP)  
Xalkori (crizotinib) (PA) (SP)  
Xospata (gilteritinib) (PA) (QL) (SP)  
Xpovio (selinexor) (PA) (QL) (SP)  
Xtandi (enzalutamide) (PA) (QL) (SP)  
Zegfrovy (sunvozertinib) (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)\*  
Cyclella (ethinyl estradiol/desogestrel)\*  
Depo-Provera (medroxyprogesterone)\*  
Erostep 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/estrol) (PA) (QL)  
NuvaRing (ethinyl estradiol/etonogestrel)\* (only generic EluRyng)  
Ogestrel (ethinyl estradiol/norgestrel)\*

### OBSTETRICS/GYNECOLOGY (cont.)

#### Contraceptives (cont.)

Ortho Tri-Cyclen (ethinyl estradiol/norgestimate)\*  
Ortho-Cept (ethinyl estradiol/desogestrel)\*  
Ortho-Cyclen (ethinyl estradiol/norgestimate)\*  
Ortho-Novum 1/35 (ethinyl estradiol/norethindrone)\*  
Ortho-Novum 1/50 (mestranol & norethindrone)\*  
Ortho-Novum 7/7/7 (ethinyl estradiol/norethindrone)\*  
Ortho Tri-Cyclen Lo (ethinyl estradiol/norgestimate)\*  
Phexxi (lactic acid/citric acid/potassium bitartrate)  
Seasonale (ethinyl estradiol/levonorgestrel)\*  
Trivora (ethinyl estradiol/levonorgestrel)\*  
Twirla (ethinyl estradiol/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)\*  
Lynkuet (elinzanetant) (PA) (QL)  
Methergine (methylegonovine)\*  
Myfembree (relugolix/estradiol/norethindrone) (PA) (QL) (SP)  
OriaHnn (elagolix/estradiol/norethindrone) (PA) (QL) (SP)

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

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

#### Miscellaneous *(cont.)*

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

### OPHTHALMIC

#### Anti-Infectives

Bacitracin (bacitracin)\*  
Bleph-10 (sulfacetamide) solution\*  
Ciloxan (ciprofloxacin)\*  
Garamycin (gentamicin)\*  
Ilotycin (erythromycin)\*  
Neosporin (bacitracin/neomycin/ polymyxin B) ointment\*  
Neosporin (gramicidin/neomycin/ polymyxin B) solution\*  
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)\*  
Ocufer (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)\*  
Mydriacyl (tropicamide)\*

#### 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)] (S0 copay; for members ≥ 75 years of age or pregnant within 32-36 weeks gestational age)  
 Accolate (zafirlukast)\*  
 Accuneol (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) (S0 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) (S0 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)\*  
 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)\*  
 AirDuo (fluticasone/salmeterol)\* (generic only; S0 copay)  
 Ajovy (fremanezumab-vfrm) (CC) (PA) (QL) (SP)  
 Akynzeo (netupitant/palonosetron) (PA) (QL)

### A cont.

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)\*  
 Alprolix [Coagulation Factor IX (Recombinant), [Fc Fusion Protein] (PA) (QL) (SP)  
 Altace (ramipril)\*  
 Alunbrig (brigatinib) (PA) (QL) (SP)  
 Alupent (metaproterenol) syrup\*, tablet\*  
 Alyftrek (vanzacaftor/tezacaftor/deutivacaftor) (PA) (QL) (SP)  
 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)  
 Ansaïd (flurbiprofen)\*  
 Antabuse (disulfiram)\*  
 Antivert (meclizine)\* (50 mg tablets excluded)  
 Anusol-HC (hydrocortisone) cream\*  
 Anzemet (dolasetron) (QL)  
 Anzupgo (delgocitinib) (PA) (QL) (SP)  
 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)  
 Aqneursa (levacetylleucine) (PA) (QL) (SP)  
 Aralen (chloroquine phosphate)\* (QL)  
 Aranesp (darbeoetin alfa) (SP)  
 Arava (leflunomide)\* (SP)  
 Arcalyst (riloncept) (PA) (SP)  
 Arcapta (indacaterol) Neohaler  
 Arexvy [respiratory syncytial virus vaccine (recombinant, adjuvanted)] (S0 copay; for members ≥ 75 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)\*  
 Arnuity Ellipta (fluticasone) (QL)  
 Aromasin (exemestane)\* (SP)  
 Artane (trihexyphenidyl)\*  
 Arthrotec (diclofenac sodium delayed release/misoprostol)\*  
 Asacol HD (mesalamine)\* (QL)  
 Asmanex, Asmanex HFA (mometasone) (S0 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  
 Attriby (acoramidis) (PA) (QL) (SP)  
 Aubagio (teriflunomide)\* (PA) (SP) (generic only)  
 Augmentin (amoxicillin/clavulanate)\*  
 Augmentin XR (amoxicillin/clavulanate XR)\*  
 Augtyro (repotrectinib) (PA) (QL) (SP)  
 Auralgan (antipyrine/benzocaine)\*  
 Austedo (deutetabenazine) (PA) (QL) (SP)  
 Auvelity (dextromethorphan/bupropion) (PA) (QL)  
 Avalide (irbesartan/hydrochlorothiazide)\*  
 Avapro (irbesartan)\*  
 Avelox (moxifloxacin)\*  
 Aviane (ethinyl estradiol/levonorgestrel)\*  
 Avinza (morphine extended release)  
 Avmapki Fakzynyja (avutometinib/defactinib) (PA) (QL) (SP)  
 Avodart (dutasteride)\*  
 Avonex (interferon beta-1a) (PA) (SP)  
 Aygestin (norethindrone acetate)\*  
 Ayyakit (avapritinib) (PA) (QL) (SP)  
 Azilect (rasagiline)\*  
 Azopt (brinzolamide)\*  
 Azor (amlodipine/olmesartan)\*  
 Azulfidine (sulfasalazine)\*

### B cont.

Banzel (rufinamide) tablets, oral suspension\*(CC) (PA) (SP)  
 Baraclude (entecavir) tablets\*, oral solution (SP)  
 Basaglar (insulin human glargine) (PA) (Lantus preferred)  
 Baqsimi (glucagon) (QL)  
 Belbuca (buprenorphine) (PA) (QL)  
 Benadryl (diphenhydramine)\* (50 mg only)  
 Benemid (probenecid)\*  
 Benicar (olmesartan)\*  
 Benicar HCT (olmesartan/hydrochlorothiazide)\*  
 Benlysta (belimumab) (SP) (PA)  
 Bentlyl (dicyclomine) capsule\*, tablet\*  
 Berinert (C1 inhibitor) (PA) (SP)  
 Besremi (ropeginterferon alfa-2b) (PA) (QL) (SP)  
 Betagan (levobunolol)\*  
 Betapace (sotalol)\*  
 Betaseron (interferon beta-1b) (PA) (SP)  
 Bethkis (tobramycin for inhalation) (PA) (SP)  
 Betimol (timolol)  
 Betoptic S (betaxolol)  
 Bevespi Aerosphere (glycopyrrolate/formoterol) (QL)  
 Bexsero [meningococcal (group B) vaccine] (S0 copay)  
 Biaxin (clarithromycin)\* (extended-release tablets excluded)  
 Bijuva (estradiol/progesterone) (PA) (QL)  
 Biktary (bictegravir/emtricitabine/tenofovir alafenamide) (QL) (SP)  
 Bildyos (denosumab) (PA) (SP)  
 Bilprevda (denosumab) (PA) (SP)  
 Biltricide (praziquantel)\*  
 Bimzex (bimekizumab) (PA) (QL) (SP)  
 Bleph-10 (sulfacetamide) solution\*  
 Blocadren (timolol)\*  
 Blujepa (gepotidacin) (PA) (QL)  
 Boostrix (tetanus toxoids/diphtheria/acellular pertussis) (S0 copay; for members ≥ 10 years of age)  
 Bosulif (bosutinib) (PA) (QL) (SP)  
 Braftovi (encorafenib) (PA) (QL) (SP)  
 Breo Ellipta (fluticasone/vilanterol) (QL)  
 Brethine (terbutaline) tablet\*  
 Brevicon (ethinyl estradiol/norethindrone)\*  
 Brexafemme (ibrexafungerp) (PA) (QL) (SP)  
 Brilinta (ticagrelor)\* (QL)  
 Brinsupri (brensocatic) (PA) (QL) (SP)  
 Briviact (brivaracetam) (PA) (QL)  
 Bronchitol (mannitol) (PA) (QL) (SP)  
 Brovana (arformoterol)\*  
 Brukinsa (zanubrutinib) (PA) (QL) (SP)  
 Bumex (bumetanide)\*

### 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)

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## Drug Formulary Medications Alphabetically (continued)

<b>B cont.</b>	<b>C cont.</b>	<b>C cont.</b>	<b>D cont.</b>
Buphenyl (sodium phenylbutyrate)* (SP) (generic only)	Cipro XR (ciprofloxacin extended release)*	Crexont (carbidopa/levodopa extended release) (PA) (QL)	Diovan (valsartan)*
Buspar (buspirone)*	Claravis (isotretinoin)*	Crixivan (indinavir) (SP)	Diovan HCT (valsartan/ hydrochlorothiazide)*
Byetta (exenatide) (PA) (QL)	Cleocin (clindamycin)*	Crolom (cromolyn)*	Diprolene (augmented betamethasonedipropionate) cream*, gel*, ointment*
Bystolic (nebivolol)* (QL)	Cleocin T (clindamycin) lotion*, pads*, solution* (QL)	Ctexli (chenodiol) (PA) (QL) (SP)	Diprolene AF (augmented betamethasonedipropionate) cream*
<b>C</b>	Climara (estradiol)*	Cuprimine (penicillamine)* (PA) (QL) (SP)	Diprosone (betamethasone dipropionate) cream*
Cablivi (caplacizumab) (PA) (QL) (SP)	ClimaraPro (estradiol/levonorgestrel) (PA) (QL)	Cutivate (fluticasone) cream*, lotion*, ointment*	Ditropan (oxybutynin)*
Cabenuva (cabotegravir/rilpivirine) (PA) (QL) (SP)	Clinoril (sulindac)*	Cuvposa (glycopyrrolate)* (PA) (QL)	Ditropan XL (oxybutynin extended release)*
Cabometyx (cabozantinib) (PA) (QL) (SP)	Clozaril (clozapine)*	Cyclessa (ethinyl estradiol/desogestrel)*	Diuril (chlorthiazide)*
Cafergot (ergotamine/cafeine)*	Cobenvy (xanomeline/trospium) (PA) (QL)	Cyclogyl (cyclopentolate)*	Divigel (estradiol) gel*
Calan (verapamil)*	Codeine (codeine sulfate) 30 mg tablets*	Cyclophosphamide capsules*, tablets (SP)	Dolobid (diflunisal)*
Calan SR (verapamil extended release)*	Cogentin (benztropine)*	Cymbalta (duloxetine)* (QL)	Dolophine (methadone)*
Campral (acamprosate calcium)*	Colzalat (balsalazide)*	Cyproheptadine tablets*, syrup*	Domeboro Otic (aluminum acetate/ acetic acid)*
Camzyos (mavacamten) (PA) (QL) (SP)	Colcrlys (colchicine)	Cytotec (misoprostol)*	Doptelet (avatrombopag) (PA) (QL) (SP)
Canasa (mesalamine)*	Colyte (polyethylene glycol/ potassium/sodium)*	Cytovene (ganciclovir) (SP)	Dostinex (cabergoline)*
Caplyta (lumateperone) (PA) (QL)	Combigan (brimonidine/timolol)*	<b>D</b>	Dovato (dolutegravir/lamivudine) (QL) (SP)
Capoten (captopril)*	CombiPatch (estradiol/norethindrone) (PA) (QL)	D.H.E. (dihydroergotamine)* (PA) (QL)	Dovonex (calcipotriene)* (QL)
Capozide (captopril/ hydrochlorothiazide)*	Combivent Respimat (ipratropium/ albuterol) inhaler	Daklinza (daclatasvir) (PA) (QL) (SP)	Drisdol (ergocalciferol)*
Caprelsa (vandetanib) (PA) (SP)	Combivir (zidovudine/lamivudine)* (SP)	Daliresp (roflumilast)* (QL)	Drysol (aluminum chloride hexahydrate)*
Capvaxive (pneumococcal conjugate) (S0 copay) (QL)	Cometriq (cabozantinib) capsules (PA) (QL) (SP)	Danocrine (danazol)*	Drysol Dab-O (aluminum chloride hexahydrate)*
Carafate (sucralfate) tablet*	Comirnaty (COVID-19 Vaccine, mRNA) (S0 copay)	Dapsone (dapson)* (PA) (QL) (SP)	Duavee (conjugated estrogens/ bazedoxifene) (PA) (QL)
Carbatrol (carbamazepine extended release)*	Compazine (prochlorperazine) suppository*, tablet*	Daptacel (diphtheria/tetanus toxoids/ acellular pertussis) (S0 copay)	Duetact (pioglitazone/glimepiride) tablets*
Cardizem (diltiazem)*	Complera (emtricitabine/rilpivirine/ tenofovir) (SP)	Daurismo (glasdegib) (PA) (QL) (SP)	Dulera (mometasone/formoterol) (S0 copay)
Cardizem CD (diltiazem extended release)*	Comtan (entacapone)*	Daybue (trofinetide) (PA) (QL) (SP)	Duoneb (ipratropium/albuterol)*
Cardizem SR (diltiazem extended release)*	Condylox (podofilox) topical gel	DDAVP (desmopressin acetate)*	Duragesic (fentanyl)*
Cardura (doxazosin)*	Condylox (podofilox) topical solution*	Decadron (dexamethasone)*	Dupixent (dupilumab) (PA) (QL) (SP) (excluded for chronic spontaneous urticaria)
Carnitor (levocarnitine)*	Copaxone (glatiramer acetate)* (PA) (QL) (SP)	Decadron (dexamethasone) solution*	Duricef (cefadroxil) capsule*
Casodex (bicalutamide)*	Copegus (ribavirin)* (SP)	Deltasone (prednisone)*	Dyazide (triamterene/ hydrochlorothiazide)*
Cataflam (diclofenac)*	Copiktra (duvelisib) (PA) (QL) (SP)	Delzicol (mesalamine)* (ST)	Dynapen (dicloxacillin)*
Catapres (clonidine) tablet*	Cordarone (amiodarone)*	Demadex (torsemide)*	
Catapres-TTS (clonidine) patch*	Coreg (carvedilol)*	Demerol (meperidine)*	<b>E</b>
Cayston (aztreonam) inhalation solution (SP)	Corlanor (ivabradine)* (PA) (QL)	Depakene (valproic acid)*	Ebglyss (lebrikizumab) (PA) (QL) (SP)
Ceclor (cefaclor)*	Cortef (hydrocortisone)*	Depakote (divalproex)*	Edurant (rilpivirine) (SP)
Ceftin (cefuroxime)*	Cortenema (hydrocortisone)*	Depo-Provera (medroxyprogesterone)*	E.E.S. (erythromycin ethylsuccinate)*
Celebrex (celecoxib)* (excluding 400 mg capsules)	Cortisporin (bacitracin/hydrocortisone neomycin/polymyxin B) ointment*	Depen Titratabs (penicillamine)* (PA) (QL) (SP)	Effexor (venlafaxine)*
Celexa (citalopram)*	Cortisporin Otic (hydrocortisone/ neomycin/polymyxin B)*	Derma-smoothe (fluocinolone)* 0.01% oil	Effexor XR (venlafaxine extended- release) capsules*, tablets* (PA) (QL)
Cellcept (mycophenolate)* (SP) (generic only)	Cortone Acetate (cortisone)*	Descovy (emtricitabine/tenofovir) (PA) (QL) (SP)	Effient (prasugrel)*
Celontin (methsuximide)	Corzide (nadolol/bendroflumethiazide)*	Desyrel (trazodone)*	Efudex (fluorouracil)* (QL)
Cerdelga (eliglustat) (PA) (QL) (SP)	Cosentyx (secukinumab) (PA) (QL) (SP)	Detrol (tolterodine)*	Egrifta (tesamorelin) (PA) (SP)
Cerezyme (imiglucerase) (PA) (SP)	Cosopt (dorzolamide/timolol)*	Detrol LA (tolterodine)* (QL) (ST) (only 2 mg capsules)	Elavil (amitriptyline)*
Chronulac (lactulose)*	Cotellic (cobimetinib) (PA) (QL) (SP)	Dexedrine (dextroamphetamine)*	Eldepryl (selegiline) capsules*
Cibinqo (abrocitinib) (PA) (QL) (SP)	Coumadin (warfarin)**	Diabeta (glyburide)*	Elidel (pimecrolimus)* (PA)
Ciloxan (ciprofloxacin)*	Cozaar (losartan)*	Diacomit (stiripentol) (PA) (QL) (SP)	Eligard (leuprolide) (PA) (SP)
Cimzia (certolizumab) (PA) (QL) (SP) (excluded for Psoriasis)	Creon (amylase/lipase/protease)	Diastat (diazepam rectal gel)*	Elimite (permethrin) cream*
Cinqair (reslizumab) (PA) (SP)	Crestor (rosuvastatin)* (QL)	Dibenzyline (phenoxybenzamine)	
Cinryze (C1 inhibitor) (PA) (SP)		Differin (adapalene) gel* (0.3% gel only) (PA)	
Cipro (ciprofloxacin)*		Difucid (fidaxomicin)* (PA)	
		Diflucan (fluconazole) tablet*, suspension*	
		Dilantin (phenytoin)**	
		Dilaudid (hydromorphone)*	

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## Drug Formulary Medications Alphabetically (continued)

<b>E cont.</b> Eliquis (apixaban) (QL) Elixophyllin (theophylline) elixir Ella (ulipristal) Elocon (mometasone) cream*, lotion*, ointment* Elmiron (pentosan polysulfate sodium) (PA) (QL) Emcyt (estramustine) (SP) Emend (prepopitant) capsules, oral suspension (PA) (QL) Empaveli (pegcetacoplan) (PA) (QL) (SP) Emgality (galcanezumab-gnlm) (CC) (PA) (QL) (SP) Emsam (selegiline transdermal) (PA) Emtriva (emtricitabine) (SP) Enablex (darifenacin)* Enbrel (etanercept) (PA) (QL) (SP) (excluded for Psoriasis) Engerix-B 20 mcg/mL [hepatitis B vaccine (recombinant)] (\$0 copay) Ensacove (ensartinib) (PA) (QL) (SP) Enspryng (satralizumab) (PA) (QL) (SP) Entresto (sacubitril/valsartan) (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) Eplusa (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 Estrostep Fe (ethinyl estradiol/norethindrone/ferrous fumarate)* Eulexin (flutamide)* Evenity (romosozumab) (PA) (QL) (SP) Evista (raloxifene)* Exdensus (depemokimab) (PA) (QL) (SP) Evoxac (cevimeline)* Evrysdi (risdiplam) (PA) (QL) (SP) Exelon (rivastigmine)* Exjade (deferasirox)* (PA) (SP) Extavia (interferon beta-1b) (PA) (SP)	<b>E cont.</b> Exxua (gepirone) (PA) (QL) <b>F</b> 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)* Fensolvi (leuprolide) (PA) (QL) (SP) Fiasp (insulin human aspart) (PA) (Humalog 100 units/mL preferred) Filspari (sparsentan) (PA) (QL) (SP) Filsuvez (birch triterpenes) (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 Flouxin Otic (ofloxacin)* Fluarix Quadrivalent [influenza virus vaccine (inactivated)] 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)] FML (fluorometholone) 0.1% solution* Focalin (dexmethylphenidate)* Folic Acid* Forteo (teriparatide)* (PA) (QL) (SP) (only generic NDC: 00093-1106-16) Fortical (calcitonin)* Fosamax (alendronate)* (QL) Fotivda (tivozanib) (PA) (QL) (SP) Fruzaqla (fruquintinib) (PA) (QL) (SP)	<b>F cont.</b> Fulphila (pegfilgrastim-jmdb) (PA) (QL) (SP) Fuzeon (enfuvirtide) (SP) Fycompa (perampanel) (CC) (PA) (QL) (SP) <b>G</b> Gabitril (tiagabine)* Galafold (migalastat) (PA) (QL) (SP) Garamycin (gentamicin)* Gardasil 9 [human papillomavirus vaccine (9-valent)] (\$0 copay; for members 9-45 years of age) Gattex (teduglutide) (PA) (QL) (SP) Gavreto (pralsetinib) (PA) (QL) (SP) Gengraf (cyclosporine)* (SP) Genotropin (somatropin) (PA) (SP) Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) (QL) (SP) Geodon (ziprasidone)* Gilenya* (fingolimod) (PA) (QL) (SP) Gilotrif (afatinib) (PA) (SP) Glatoxa* (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 preferred) GoLYTELY (polyethylene glycol-electrolyte solution)* Gomekli (mirdametinib) (PA) (QL) (SP) Gastek (timothy grass pollen allergen extract) (PA) (QL) Gvoke (glucagon) (QL) <b>H</b> 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) (\$0 copay; for members 12 months through 18 years of age) Hepsera (adefovir)* (SP) Hernexeo (zongertinib) (PA) (QL) (SP) Hiberix (haemophilus b conjugate vaccine) (\$0 copay) Humalog (insulin human lispro) Humalog Mix 50/50 (insulin human lispro NPL/lispro)	<b>H cont.</b> Humalog Mix 75/25 (insulin human lispro NPL/lispro) Humatin (paromomycin)* 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)] (\$0 copay) Hyrnuo (sevabertinib) (PA) (QL) (SP) Hytone (hydrocortisone) cream*, lotion*, ointment* (QL) Hytrin (terazosin)* Hyzaar (losartan/hydrochlorothiazide)* <b>I</b> Ibrance (palbociclib) (PA) (QL) (SP) Ibsrela (tenapanor) (PA) (QL) Iclusig (ponatinib) tablets (PA) (SP) Idelvion [Coagulation Factor IX (Recombinant), Albumin Fusion Protein] (PA) (QL) (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) Inderal (propranolol)* Inderal LA (propranolol extended-release)* Indocin (indomethacin)* Infanrix (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay) Ingrezza (valbenazine) (PA) (QL) (SP) Inluriyo (imlunestrant) (PA) (QL) (SP) Inlyta (axitinib) (PA) (QL) (SP) Inqovi (decitabine/cedazuridine) (PA) (QL) (SP) Inrebic (fedratinib) (PA) (QL) (SP) Inspra (eplerenone)* Insulin human degludec (PA) (Lantus preferred) Insulin Lispro 100 units/mL
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## Drug Formulary Medications Alphabetically (continued)

### I cont.

Intal (cromolyn sodium) inhalation solution\*  
 Intelence\* (etravirine) (SP) (generic only)  
 Intuniv (guanfacine extended release)  
 Invega (paliperidone extended release)  
 Invirase (saquinavir) (SP)  
 Invokamet (canagliflozin/metformin) (PA) (QL) (Farxiga preferred)  
 Invokamet XR (canagliflozin/metformin) (PA) (QL) (Farxiga preferred)  
 Invokana (canagliflozin) (PA) (QL) (Farxiga preferred)  
 IPOL [poliovirus vaccine (inactivated)] (\$0 copay)  
 Iqirvo (elafibrinor) (PA) (QL) (SP)  
 Iressa (gefitinib) (PA) (QL) (SP)  
 Isentress (raltegravir) (SP)  
 Isordil (isosorbide dinitrate)\* (except 40 mg tablets)  
 Isturisa (osilodrostat) (PA) (QL) (SP)  
 Iwlifm (eflornithine) (PA) (QL) (SP)

### J

Jadenu (deferasirox)\*\*\* (PA) (SP)  
 Jakafi (ruxolitinib) (PA) (SP)  
 Janumet (sitagliptin/metformin) (QL) (ST) (Saxagliptin preferred)  
 Janumet XR (sitagliptin/metformin) (QL) (ST) (Saxagliptin preferred)  
 Januvia (sitagliptin) (QL) (ST) (Saxagliptin preferred)  
 Jardiance (empagliflozin) (PA) (QL) (Farxiga preferred)  
 Jascayd (nerandomilast) (PA) (QL) (SP)  
 Jaypirca (pirtobrutinib) (PA) (QL) (SP)  
 Jentadueto (linagliptin/metformin) (QL) (ST) (Saxagliptin preferred)  
 Jentadueto XR (linagliptin/metformin) (QL) (ST) (Saxagliptin preferred)  
 Jesduvroq (daprodustat) (PA) (QL) (SP)  
 Jubbonti (denosumab) (PA) (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) (Saxagliptin preferred)  
 Keflex (cephalexin)\*  
 Kenalog (triamcinolone) lotion\*  
 Keppra (levetiracetam)\*  
 Keppra XR (levetiracetam)\*  
 Kerendia (finerenone) (PA) (QL)  
 Kevzara (sarilumab) (PA) (QL) (SP)  
 Kesimpta (ofatumumab) (PA) (QL) (SP)

### K cont.

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) (Saxagliptin preferred)  
 Komzifti (ziftomenib) (PA) (QL) (SP)  
 Korlym (mifepristone)\* (PA) (SP)  
 Koselugo (selumetinib) (PA) (QL) (SP)  
 Kovaltry (antithrombotic factor) (PA) (QL) (SP)  
 Kravati (adagrasib) (PA) (QL) (SP)  
 Kuvan (sapropterin) (PA) (SP)  
 Kwell (lindane) lotion\*, shampoo\*  
 Kyprolis (carfilzomib) (PA) (SP)  
 Kytril (granisetron)\* (QL)

### L

Lazcluze (lazertinib) (PA) (QL) (SP)  
 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)

### L cont.

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 (ritrilecitinib) (PA) (QL) (SP)  
 Lithobid (lithium carbonate extended release)\*  
 Lithotabs (lithium carbonate)\*  
 Livalo (pitavastatin)\* (PA) (ST) (QL)  
 Livdelzi (seladelpar) (PA) (QL) (SP)  
 Livmarli (maralixibat) (PA) (QL) (SP)  
 Livtency (maribavir) (PA) (QL) (SP)  
 Lo/Ovral (ethinyl estradiol/norgestrel)\*  
 Lodine immediate-release (etodolac)\* (only 400 mg tablets, 500 mg tablets)  
 Loestrin (ethinyl estradiol/norethindrone)\*  
 Loestrin 24 Fe (ethinyl estradiol/norethindrone/ferrous fumarate)\*  
 Loestrin Fe (ethinyl estradiol/norethindrone/ferrous fumarate)\*  
 Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)  
 Lomotil (diphenoxylate/atropine)\*  
 Loniten (minoxidil) tablet\*  
 Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)  
 Lopid (gemfibrozil)\*  
 Lopressor (metoprolol)\*  
 Lorbreina (lorlatinib) (PA) (QL) (SP)  
 Lortab (hydrocodone/acetaminophen) elixir\*, tablets\* (QL)  
 Lotemax (loteprednol)\*  
 Lotensin (benazepril)\*  
 Lotensin HCT (benazepril/hydrochlorothiazide)\*  
 Lotrel (amlodipine/benazepril)\*  
 Lotrisone (clotrimazole/betamethasone) cream\*  
 Lotronex (alosetron)\* (PA)  
 Lovaza (omega-3-acid ethyl esters)\* (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\*

### L cont.

Luvox (fluvoxamine immediate-release) tablets\*  
 Lynparza (olaparib) (PA) (QL) (SP)  
 Linzess (linaclotide) (PA) (QL)  
 Lynkuet (elinzanetant) (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)\*  
 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)\*

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\*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.

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

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

## Drug Formulary Medications Alphabetically (continued)

### M cont.

Mestinon (pyridostigmine)\*  
 Mevacor (lovastatin)\*  
 Mexitil (mexiletine)\*  
 Micardis (telmisartan)\*  
 Micronase (glyburide)\*  
 Micronor (norethindrone)\*  
 Midamor (amiloride)\*  
 Miebo (perfluorohexyloctane) (PA) (QL) (SP)  
 Migranal (dihydroergotamine)\* (PA) (QL)  
 Minipress (prazosin)\*  
 Minitran (nitroglycerin) patches\*  
 Minivelle (estradiol)\*  
 Minocin (minocycline) capsule\*  
 Miplyffa (arimoclomol) (PA) (QL) (SP)  
 Mirapex (pramipexole)\*  
 Mirapex ER (pramipexole extended release)\*  
 Mircera (methoxy peg-epoetin beta) (SP)  
 Mircette (ethinyl estradiol/desogestrel)\*  
 Mirvaso (brimonidine) gel\* (PA) (QL) (generic only)  
 M-M-R II (measles, mumps, and rubella virus vaccine) (S0 copay)  
 Mobic (meloxicam)\*  
 Moderna (COVID-19 Vaccine, mRNA) (S0 copay; for members ≥ 6-11 years of age)  
 Modicon (ethinyl estradiol/norethindrone)\*  
 Moduretic (amiloride/hydrochlorothiazide)\*  
 Monodox (doxycycline monohydrate)\* (except 75 mg, 150 mg)  
 Monopril (fosinopril)\*  
 Monopril-HCT (fosinopril/hydrochlorothiazide)\*  
 Motegrity (prucalopride)\* (QL)  
 Motrin (ibuprofen) tablets\*, suspension\*  
 Mounjaro (tirzepatide) (PA) (QL)  
 MoviPrep (polyethylene glycol)  
 MS Contin (morphine extended release)\*  
 MS IR (morphine) tablets\*, solution\*  
 Multaq (dronedarone) (restricted to Cardiology)  
 Mulpleta (lusutrombopag) (PA) (QL) (SP)  
 Mycapssa (octeotide) (PA) (QL) (SP)  
 Mycelex Troche (clotrimazole)\* (QL)  
 Mycolog II (nystatin/triamcinolone)\*  
 Mycostatin (nystatin) cream\*, ointment\*, powder\* (QL)  
 Mycostatin (nystatin) tablet\*, suspension\*  
 Mydracyl (tropicamide)\*  
 Myfembree (relugolix/estradiol/norethindrone) (PA) (QL) (SP)  
 Myfortic (mycophenolic acid)\* (SP) (generic only)  
 Myleran (busulfan) (SP)  
 Myrbetriq (mirabegron)\* (PA) (QL)

### M cont.

Mysoline (primidone)\*  
**N**  
 Naftin (naftifine) cream\*, 1% gel\*  
 Namenda (memantine)\*  
 Namenda XR (memantine)\*  
 Naprosyn (naproxen)\*  
 Navane (thiothixene)\*  
 Nayzilam (midazolam) (PA) (QL) (SP)  
 Nemlurio (nemolizumab) (PA) (QL) (SP)  
 Neomycin (neomycin)\*  
 Neoral (cyclosporine) capsules\*, oral solution\* (SP) (generic only)  
 Neosporin (bacitracin/neomycin/polymixin B) ointment\*  
 Neosporin (gramicidin/neomycin/polymixin B) solution\*  
 Nerlynx (neratinib) (PA) (QL) (SP)  
 Nesina (alogliptin)\* (QL) (ST) (Saxagliptin preferred)  
 Neumega (oprelvekin) (SP)  
 Neurontin (gabapentin)\*  
 Nexavar (sorafenib)\* (QL) (SP) (generic only)  
 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)  
 Nitro-Bid (nitroglycerin) ointment  
 Nitro-Dur (nitroglycerin) patches\*  
 Nitrolingual (nitroglycerin) spray\*  
 Nitrostat (nitroglycerin) SL tablets  
 Nizoral (ketoconazole)\*  
 Nizoral (ketoconazole) cream\* (QL)  
 Nolvadex (tamoxifen)\*  
 Norco (hydrocodone/acetaminophen)\* (QL)  
 Norditropin (somatotropin) (PA) (SP)  
 Norflex (orphenadrine)\*  
 Norpace (disopyramide)\*  
 Norpace CR (disopyramide)  
 Norpramin (desipramine)\*  
 Northera (droxidopa)\* (PA) (QL) (SP)  
 Norvasc (amlodipine)\*  
 Norvir (ritonavir) tablets\* (generic only), oral packet, oral solution (SP)  
 Nourianz (istradefylline) (CC) (PA) (QL) (SP)  
 Novavax (COVID-19 Vaccine, subunit) (S0 copay)  
 Novolin R FlexPen (insulin human regular) (PA) (Humulin R 100 units/mL preferred)

### N cont.

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)  
 NuvaRing (ethinyl estradiol/etonogestrel)\* (only generic EluRyng)  
 Nuvigil (armodafinil)\* (ST) (QL)  
 Nuzvra (omadacycline) (PA) (QL) (SP)  
 Nydravid (isoniazid)\*  
 Nymalize (nimodipine) oral solution (PA) (QL) (SP)

### O

Ocufen (flurbiprofen)\*  
 Ocuflox (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)  
 Ojjaara (mometinib) (PA) (QL) (SP)  
 Olumiant (baricitinib) (PA) (QL) (SP)  
 Olysio (simeprevir) (PA) (QL) (SP)  
 Omnicef (cefdinir)\*  
 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) capsules\* (generic only), oral solution (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)

### O cont.

Orlynhv (sulopenem etzadroxil and probenecid) (PA) (QL)  
 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) (Saxagliptin preferred)  
 Otezla (apremilast) (PA) (QL) (SP)  
 Otrexup (methotrexate injection) (PA) (QL) (SP)  
 Oxsoralen-Ultra (methoxsalen) (PA) (SP)  
 Oxtellar XR (oxcarbazepine)\* (PA) (QL) (SP)  
 Oxycontin (oxycodone extended release)  
 Ozempic (semaglutide) (PA) (QL)

### P

Palforzia [peanut (arachis hypogaea) allergen powder-dnfp] (PA) (QL) (SP)  
 Palynziq (pegvaliase) (PA) (QL) (SP)  
 Pamelor (nortriptyline)\*  
 Pamine (methscopolamine)\*  
 Panretin (alitretinoin) (SP) (QL)  
 Parcopa (carbidopa/levodopa orally disintegrating tablets)\*  
 Parafon Forte DSC (chlorzoxazone)\* (500 mg tablets only)  
 Paregoric (paregoric)\*  
 Parlodel (bromocriptine)\* (2.5 mg tablets only)  
 Parnate (tranylcypromine)\*  
 Paxil (paroxetine)\*  
 Paxlovid (nirmatrelvir/ritonavir) (QL)  
 PedvaxHIB (haemophilus b conjugate vaccine) (S0 copay)  
 Pegasys (peginterferon alfa-2a) (PA) (SP)  
 Pegintron (peginterferon alfa-2b) (PA) (SP)  
 Pemazyre (pemigatinib) (PA) (QL) (SP)  
 Penbraya [Meningococcal (Groups A / B / C / W / Y) Vaccine] (S0 copay; for members ≥ 10 through 25 years of age) (QL)  
 Pen-Vee K (penicillin VK)\*  
 Pennsaid (diclofenac sodium solution)\* (PA) (only 1.5% solution)

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

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

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

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

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

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

## Drug Formulary Medications Alphabetically (continued)

### P cont.

Pentacel (diphtheria/tetanus toxoids/  
acellular pertussis/poliovirus/  
haemophilus b conjugate vaccine)  
(S0 copay)  
Pepcid (Famotidine) 40 mg/5 mL  
suspension\* (for members < 1 year  
of age only)  
Percocet (oxycodone/acetaminophen)\*  
(QL)  
Percodan (oxycodone/aspirin)\*  
Perforomist (formoterol)\*  
Peridex (chlorhexidine gluconate)\*  
Persantine (dipyridamol)\*  
Pertzze (amylase/lipase/protease)  
Pfizer COVID-19 Vaccine [COVID-19  
Vaccine (mRNA)] (S0 copay)  
Pfizer-BioNTech (COVID-19 Vaccine,  
mRNA) (S0 copay; for members  
≥ 5-11 years of age)  
Phenergan (promethazine)\*  
Phenobarbital (phenobarbital)\*  
Phexxi (lactic acid/citric acid/potassium  
bitartrate)  
Pivya (pivmecillinam) (PA) (QL)  
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)\*  
Plegriidy (peginterferon beta-1a) (PA) (SP)  
Plendil (felodipine extended release)\*  
Pletal (cilostazol)\*  
Pneumovax-23 (pneumococcal  
polysaccharide) (S0 copay; for  
members ≥ 65 years of age) (QL)  
Poly-Vi-Flor  
Poly-Vi-Flor with Iron  
Polysporin (bacitracin/polymyxin B)\*  
Polytrim (trimethoprim/polymyxin B)\*  
Pomalyst (pomalidomide) (PA) (QL) (SP)  
Ponvory (ponesimod) (PA) (QL) (SP)  
Praluent (alirocumab) (CC) (PA) (QL) (SP)  
(only NDCs: 72733-5901-02, 72733-  
5902-02)  
Prandin (repaglinide)\*  
Pravachol (pravastatin)\*  
Precose (acarbose)\*  
Pred Forte (prednisolone acetate)\*  
Prefest (estradiol/norgestimate) (PA) (QL)  
Prelone (prednisolone) syrup\*  
Premarin (conjugated estrogens)  
tablets\*, vaginal cream  
Premphase (conjugated estrogens/  
medroxyprogesterone) (PA) (QL)  
Prempro (conjugated estrogens/  
medroxyprogesterone) (PA) (QL)  
Prenatal Plus\*

### P cont.

Prevnar-13 (pneumococcal conjugate)  
(S0 copay; for members ≥ 2 months-  
18 years of age) (QL)  
Prevnar-20 (pneumococcal conjugate)  
(S0 copay) (QL)  
Prevpac (lansoprazole, amoxicillin, and  
clarithromycin)\*  
Prevymis (letermovir) (PA) (QL) (SP)  
Prezista (darunavir) tablets (600 mg  
and 800 mg tablets generic only), oral  
suspension (SP)\*  
Priftin (rifapentine)  
Principen (ampicillin)\*  
Prinivil (lisinopril)\*  
Prinzide (lisinopril/hydrochlorothiazide)\*  
Priorix (measles, mumps, and rubella  
virus vaccine) (S0 copay)  
Pro-Banthine (propantheline)\*  
ProAir HFA (albuterol) inhaler\*  
Proamate (midodrine)\*  
Pravachol (pravastatin)\*  
Precose (acarbose)\*  
Procardia XL (nifedipine extended  
release)\*  
Prograf (tacrolimus) capsules\* (generic  
only), oral granules (SP) (PA: **Only for  
Oral Granules**)  
Prolensa (bromfenac)\* solution  
Prolia (denosumab) (PA) (SP)  
Prolinx (fluphenazine)\*  
Proloprim (trimethoprim)\*  
Promacta (eltrombopag)\* (PA) (SP)  
Prometrium (progesterone)\* (QL)  
Propylthiouracil (propylthiouracil)\*  
ProQuad (measles, mumps, rubella, and  
varicella virus vaccine) (S0 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\*  
Proventil (albuterol) tablet\*, syrup\*  
Proventil HFA (albuterol) inhaler\*  
Provera (medroxyprogesterone)\*  
Provigil (modafinil)\* (QL)  
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)

### Q cont.

Qinlock (ripresnib) (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)\* (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)] (S0 copay)  
Recorlev (levoketoconazole) (PA) (QL) (SP)  
Redempro (plozasiran) (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) (PA) (QL) (SP)  
Requip (ropinirole)\*  
Requip XL (ropinirole extended release)\*  
Rescriptor (delavirdine) (SP)  
Restasis (cyclosporine) (single-use vials  
only)\* (CC) (PA) (QL) (SP)  
Restoril (temazepam)\* (PA except 15 mg  
and 30 mg strengths) (QL)  
Retevmo (selpercatinib) (PA) (QL) (SP)  
Retin-A (tretinoin) gel\* (QL)  
Retrovir (zidovudine)\* (SP)  
Revatio (sildenafil)\* (PA) (SP) (generic  
only)  
ReVia (naltrexone)\*  
Revlimid (lenalidomide) (PA) (QL) (SP)  
Revuforj (revumenib) (PA) (QL) (SP)  
Rezurock (belumosudil) (PA) (QL) (SP)  
Reyataz (atazanavir) capsules\* (generic  
only), oral packet (SP)  
Reyovow (lasmiditan) (CC) (PA) (QL) (SP)  
Rezdiffra (resmetirom) (PA) (QL) (SP)  
Rhapsido (remibrutinib) (PA) (QL) (SP)  
Rheumatrex (methotrexate)  
Rifadin (rifampin)\*  
Rilutek (riluzole)\* (SP)  
Rinvoq (upadacitinib) (PA) (QL) (SP)  
Risperdal (risperidone)\*  
Ritalin (methylphenidate)\*

### R cont.

Ritalin LA (methylphenidate extended  
release)\*  
Ritalin-SR (methylphenidate extended  
release)\*  
Robaxin (methocarbamol)\*  
Rocaltrol (calcitriol)\*  
Rocklatan (netarsudil/latanoprost) (PA)  
(QL)  
Romvimza (vimseltinib) (PA) (QL) (SP)  
Rotarix (rotavirus vaccine) (S0 copay)  
RotaTeq (rotavirus vaccine) (S0 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)  
Rydapt (midostaurin) (PA) (QL) (SP)  
Rytary (carbidopa/levodopa extended  
release) (PA) (QL)  
Rythmol (propafenone)\*  
Rythmol SR (propafenone extended  
release)\*

### S

Sabril (vigabatrin)\* (PA) (SP)  
Salagen (pilocarpine)\*  
Samsca (tolvaptan) (PA) (QL) (SP)  
Sanctura (trospium)\*  
Sanctura XR (trospium extended  
release)\*  
Sandimmune (cyclosporine) capsules\*,  
solution (SP)  
Sandostat (octreotide)\* (SP)  
Saphris (asenapine)\* (PA) (QL)  
Savella (milnacipran) (PA) (QL)  
Seasonale (ethinyl estradiol/  
levonorgestrel)\*  
Scemblix (asciminib) (PA) (QL) (SP)  
Sectral (acebutolol)\*  
Secuado (asenapine) (PA) (QL)  
Segluromet (ertugliflozin/  
metformin) (PA) (QL) (Farxiga  
preferred)  
Selsun Rx (selenium sulfide) shampoo\*  
Selzentry (maraviroc) tablets\* (generic  
only), oral solution (SP)  
Sensipar (cinacalcet)\* (PA) (SP) (generic  
only)  
Sephience (sepiapterin) (PA) (QL) (SP)  
Serax (oxazepam)\*  
Serevent Diskus (salmeterol)  
Sermorelin Acetate (PA) (SP)  
Seroquel (quetiapine)\*  
Seroquel XR (quetiapine extended-  
release)\* (QL)  
Serostim (somatotropin) (PA) (SP) (ST)  
Serpasil (reserpine)\*

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\*\*\*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.

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

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

## Drug Formulary Medications Alphabetically (continued)

<b>S cont.</b>	<b>S cont.</b>	<b>T cont.</b>	<b>T cont.</b>
Shingrix (zoster vaccine recombinant, adjuvanted) (\$0 copay; for members ≥ 50 years of age) (QL)	Sumycin (tetracycline)*	Tenex (guanfacine)*	Trileptal (oxcarbazepine) tablets*, suspension*
Silvadene (silver sulfadiazine)*	Sunosi (solriamfetol) (PA) (QL) (SP)	Tenivac (diphtheria/tetanus toxoids) (\$0 copay)	Trilipix (fenofibric acid delayed release)*
Simponi (golimumab) (PA) (SP)	Sunlenca (lenacapavir) (PA) (QL) (SP)	Tenoretic (atenolol/chlorthalidone)*	Trilisate (choline magnesium trisilicylate)*
Sinemet (carbidopa/levodopa)*	Suprax (cefixime) capsules*, oral suspension*	Tenormin (atenolol)*	Trintellix (vortioxetine) (PA) (QL)
Sinemet CR (carbidopa/levodopa extended release)*	Sustiva (efavirenz)* (SP) (generic only)	Teriparatide (PA) (QL) (SP)	Trivora (ethinyl estradiol/levonorgestrel)*
Sinequan (doxepin)* capsules (tablets excluded)	Sutent (sunitinib)* (QL) (SP) (generic only)	Tessalon (benzonatate)* (only 100 mg & 200 mg)/Tev-Tropin (somatropin) (PA) (SP) (ST)	Trizivir (abacavir/lamivudine/zidovudine)* (SP)
Singular (montelukast)*	Sylatron (peginterferon alfa-2b) (SP)	Tezspire (tezepelumab) (PA) (QL) (SP)	Trulicity (dulaglutide) (PA) (QL)
Siklos (hydroxyurea) (CC) (PA) (QL)	Symbicort (budesonide/formoterol)*	Theo-Dur (theophylline)*	Trumenba [meningococcal (group B) vaccine] (\$0 copay)
Sivextro (tedizolid) (CC) (PA) (QL) (SP)	Symdeko (tezacaftor/ivacaftor) (PA) (QL) (SP)	Thorazine (chlorpromazine)*	Truqap (capivasertib) (PA) (QL) (SP)
Skyclarys (omaveloxolone) (PA) (QL) (SP)	SymmlinPen (pramlintide)	Tibsovo (ivosidenib) (PA) (QL) (SP)	Trusopt (dorzolamide)*
Skyrizi (risankizumab-rzaa) (PA) (QL) (SP) (ST)	Symmetrel (amantadine)*	Tigan (trimethobenzamide)*	Truvada (emtricitabine/tenofovir)* (QL) (SP)
Solaraze (diclofenac gel)* (PA)	Synarel (nafarelin) (PA) (SP)	Tiglutik (riluzole) (PA) (QL) (SP)	Tryvio (aproclitentan) (PA) (QL) (SP)
Soliqua (insulin human glargine/lixisenatide) (PA) (QL)	Synjardy (empagliflozin/metformin) (PA) (QL) (Farxiga preferred)	Tikosyn (dofetilide)*	Tyrvaya (varenicline solution) (PA) (QL) (SP)
Soma (carisoprodol)*	Synjardy XR (empagliflozin/metformin) (PA) (QL) (Farxiga preferred)	Timoptic (timolol)*	Turalio (pexidartinib) (PA) (QL) (SP)
Somavert (pegvisomant) injection (PA) (SP)	Synthroid (levothyroxine) (only tablets)**	Timoptic-XE (timolol)*	Tukysa (tucatinib) (PA) (QL) (SP)
Sonata (zaleplon)* (QL)	Syprine (trientine) (PA) (SP)	Tindamax (tinidazole)*	Twinrix (hepatitis A and B recombinant vaccine) (\$0 copay; for members 12 months through 18 years of age)
Soolantra (ivermectin) cream* (PA) (QL) (generic only)	<b>T</b>	Tivicay (Dolutegravir) (SP)	Twirla (ethinyl estradiol/levonorgestrel) (PA) (QL)
Soriatane (acitretin)* (SP)	Tabloid (thioguanine) (QL) (SP)	TOBI (tobramycin) inhalation solution* (PA) (SP)	Tyenne (tocilizumab-aazg) (PA) (QL) (SP)
Sotyktu (deucravacitinib) (PA) (QL) (SP)	Tafinlar (dabrafenib) (PA) (QL) (SP)	TOBI (tobramycin) Podhaler (PA) (SP)	Tykerb (lapatinib)* (SP) (generic only)
Sovaldi (sofosbuvir) (PA) (QL) (SP)	Tagrisso (osimertinib) (PA) (QL) (SP)	TobraDex (tobramycin/dexamethasone) suspension*, ointment	Tylenol with Codeine (acetaminophen/codeine)* (QL)
Spevigo (spesolimab) (PA) (QL) (SP)	Takzhzyro (lanadelumab-flyo) (PA) (QL) (SP)	Tobrex (tobramycin) solution*	Tymlos (abaloparatide) (PA) (QL) (SP)
Spikevax (COVID-19 Vaccine, mRNA) (\$0 copay)	Taltz (ixekizumab) (PA) (QL) (SP)	Tofidence (tocilizumab-bavi) (Tyenne preferred) (PA) (QL) (SP)	Tyvaso (treprostinil) (PA) (SP)
Spiriva HandiHaler (tiotropium) (brand only)	Talwin NX (pentazocine/naloxone)*	Tofranil (imipramine)*	Tyzeka (telbivudine) (SP)
Spiriva Respimat (tiotropium)*	Talzenna (talazoparib) (PA) (QL) (SP)	Tofranil-PM (imipramine pamoate)*	
Spritam (levetiracetam) (CC) (PA) (QL) (SP)	Tambocor (flecainide)*	Topamax (topiramate)*	<b>U</b>
Spravato (esketamine) (PA) (QL) (SP)	Tamiflu (oseltamivir) capsules*, suspension* (QL) (\$0 copay)	Toprol XL (metoprolol extended-release)*	Ubrelvy (ubrogepant) (CC) (PA) (QL) (SP)
Sprycel (dasatinib)* (QL) (SP) (generic only)	Tapazole (methimazole)*	Toradol (ketorolac)* (QL)	Udenyca (pegfilgrastim-cbqv) (PA) (QL) (SP)
Stadol NS (butorphanol)*	Tarceva (erlotinib)** (PA) (QL) (SP)	Toujeo (insulin human glargine) (PA) (Lantus preferred)	Uceris (budesonide extended release) (PA) (QL)
Stalevo (carbidopa/entacapone/levodopa)*	Targretin (bexarotene)* (PA) (QL) (SP)	Tracleer (bosentan)* (PA) (QL) (SP)	Uloric (febuxostat)* (PA) (QL)
Steqeyma (ustekinumab-stba) (PA) (QL) (SP) (Yesintek preferred)	Tasigna (nilotinib) (QL) (SP)	Tradjenta (linagliptin) (ST) (Saxagliptin preferred)	Ultracet (tramadol/acetaminophen)* (QL)
Steglatro (ertugliflozin) (PA) (QL) (Farxiga preferred)	Tavalisse (fostamatinib) (PA) (QL) (SP)	Trandate (labetalol)* (400 mg tablets are excluded)	Ultram (tramadol)*
Steglujan (ertugliflozin/sitagliptin) (PA) (QL) (Farxiga preferred)	Tazorac (tazarotene) cream*, gel* (for members < 35 years of age only)	Tranxene (clorazepate)*	Ultram ER (tramadol extended release)*
Stelazine (trifluoperazine)*	Tazverik (tazemetostat) (PA) (QL) (SP)	Travatan Z (travoprost)	Ultravate (halobetasol) cream*, ointment*
Stimate (desmopressin) (SP)	TDVax (diphtheria/tetanus toxoids) (\$0 copay)	Travoprost*	Univasc (moexipril)*
Stivarga (regorafenib) (PA) (SP)	Tecfidera (dimethyl fumarate)* (generic only; excluding NDCs: 00378-0399-91, 00378-0399-18, 43598-0430-60, 00378-0396-14, 43598-0429-52) (PA) (QL) (SP)	Trelegy Ellipta (fluticasone/umeclidinium/vilanterol) (PA)	Upneeq (oxymetazoline) (PA) (QL) (SP)
Strattera (atomoxetine)* (QL)	Tegretol (carbamazepine)*	Trental (pentoxifylline)*	Upravi (selexipag) (PA) (SP)
Strensiq (asfotase alfa) (PA) (SP)	Tegretol-XR (carbamazepine extended release)*	Tresiba (insulin human degludec) (PA) (Lantus preferred)	Uroxatral (alfuzosin)*
Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (SP)	Temodar (temozolomide)* (generic oral tablets only) (SP)	Tri-Vi-Flor*	Urso (ursodiol)*
Suboxone (buprenorphine/naloxone sublingual tablets)* (PA) (QL)	Temovate (clobetasol) cream*, gel*, ointment*	Tricor (fenofibrate)*	
Subutex (buprenorphine)* (PA)	Temovate-E (clobetasol emollient) cream*	Trijardy XR (empagliflozin/linagliptin/metformin) (PA) (QL) (Farxiga preferred)	<b>V</b>
Sucraid (sacrosidase) (PA) (QL) (SP)	Temovate-E (clobetasol emollient) cream*	Trikafta (elexacaftor/tezacaftor/ivacaftor) (PA) (QL) (SP)	Vagifem (estradiol vaginal inserts)* (QL)
Sular (nisoldipine extended release)*	Tepmetko (tepotinib) (PA) (QL) (SP)	Trilafon (perphenazine)*	Valchlor (mechlorethamine) (PA) (QL) (SP)
Sulfamylon (mafenide) cream, lotion (SP)			Valcyte (valganciclovir) (SP)* (generic only)

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## Drug Formulary Medications Alphabetically (continued)

<b>V cont.</b>	<b>V cont.</b>	<b>W cont.</b>	<b>Z</b>
Valium (diazepam)*	Viihryd (vilazodone)* (PA) (QL)	Wellbutrin SR (bupropion extended release)*	Zanaflex (tizanidine)*
Valtoco (diazepam) (PA) (QL) (SP)	Vijoice (alpelisib) (PA) (QL) (SP)	Wellbutrin XL (bupropion extended release)* (QL)	Zarontin (ethosuximide)*
Valtrex (valacyclovir)* (QL)	Vimpat (lacosamide)*	Westcort (hydrocortisone valerate) ointment*	Zaroxolyn (metolazone)*
Vancocin (vancomycin)*	Viramune (nevirapine)* (SP)		Zavesca (migLUstat)* (PA) (QL) (SP)
Vanflyta (quizartinib) (PA) (QL) (SP)	Viramune XR (nevirapine)* (SP)		Zavzpret (zavegepant) (PA) (QL) (SP)
Vaqta (hepatitis A vaccine) (\$0 copay; for members 12 months through 18 years of age)	Viread (tenofovir disoproxil fumarate)* tablets (300 mg tablets generic only), (SP)		Zebeta (bisoprolol)*
Varivax (varicella virus vaccine) (\$0 copay)	Viroptic (trifluridine)*	<b>X</b>	Zegalogue (dasiglucagon) (QL)
Varubi (rolapitant) (PA) (QL)	Visken (pindolol)*	Winrevair (sotatercept) (PA) (QL) (SP)	Zegfroy (sunvozertinib) (PA) (QL) (SP)
Vascepa (icosapent ethyl) (restricted to Cardiology) 1 gm capsules* (PA) (QL)	Vistaril (hydroxyzine pamoate)*	Wyost (denosumab) (PA) (SP)	ZeJula (niraparib) (PA) (QL) (SP)
Vaseretic (enalapril/hydrochlorothiazide)*	Vitekta (elvitegravir) (SP)	Xadago (safinamide) (PA) (QL)	Zelboraf (vemurafenib) (PA) (QL) (SP)
Vasocidin (sodium sulfacetamide/prednisolone)*	Vitrakvi (larotrectinib) (PA) (QL) (SP)	Xalatan (latanoprost)*	Zemaira (alpha1-proteinase inhibitor) (PA) (SP)
Vasotec (enalapril)*	Vivitrol (naltrexone) (PA) (QL) (SP)	Xalkori (crizotinib) (PA) (SP)	Zepatier (elbasvir/grazoprevir) (PA) (SP)
Vaxelis [diphtheria/tetanus toxoids/acellular pertussis/hepatitis B (Recombinant)/poliovirus (inactivated)/haemophilus influenzae B conjugate (adsorbed vaccine)] (\$0 copay)	Vocabria (cabotegravir) (PA) (QL) (SP)	Xanax (alprazolam)*	Zeposia (ozanimod) (PA) (QL) (SP)
Vaxneuvance (pneumococcal conjugate) (\$0 copay) (PA) (QL)	Voltaren (diclofenac) solution*	Xarelto (rivaroxaban) (QL) (oral suspension excluded for members 12 years of age and older)	Zerit (stavudine)* (SP)
Velphoro (sucroferric oxyhydroxide) (PA) (QL)	Vonjo (pacritinib) (PA) (QL) (SP)	Xcopri (cenobamate) (PA) (QL) (SP)	Zestoretic (lisinopril/hydrochlorothiazide)*
Velsipity (etrasimod) (PA) (QL) (SP)	Voranigo (vorasidenib) (PA) (QL) (SP)	Xdemvy (lotilaner) (PA) (QL)	Zestril (lisinopril)*
Veltassa (patiromer) (PA) (QL) (SP)	Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (PA) (QL) (SP)	Xeljanz (tofacitinib) (PA) (QL) (SP)	Zetia (ezetimibe)* (QL)
Vemlidy (tenofovir alafenamide) (PA) (QL) (SP)	Vosol (acetic acid)*	Xeljanz XR (tofacitinib) (PA) (QL) (SP)	Ziac (bisoprolol/hydrochlorothiazide)*
Venclexta (venetoclax) (PA) (QL) (SP)	Vosol HC (acetic acid/hydrocortisone)*	Xeloda (capecitabine)* (PA) (SP)	Ziagen (abacavir)* (SP) (generic only)
Ventavis (iloprost) (SP)	Vospire ER (albuterol extended release) tablet*	Xenazine (tetrabenazine)* (SP) (generic only)	Zilbrysq (zilucoplan) (PA) (QL) (SP)
Ventolin HFA (albuterol) inhaler*	Voquezna Dual Pak (vonoprazan/amoxicillin) (PA) (QL)	Xermelo (telotristat ethyl) (PA) (QL) (SP)	Zithromax (azithromycin)*
Veozah (fezolinetant) (PA) (QL)	Voquezna Triple Pak (vonoprazan/amoxicillin/clarithromycin) (PA) (QL)	Xgeva (denosumab) (PA) (SP)	Zocor (simvastatin)*
VePesid (etoposide)*	Votrient (pazopanib)* (QL) (SP) (generic only)	Xiaflex (collagenase clostridium histolyticum) (PA) (QL) (SP)	Zofran (ondansetron)* (QL)
Verelan PM (verapamil extended release)*	Vowst (fecal microbiota) (PA) (QL) (SP)	Xifaxan (rifaximin) (PA) (SP)	Zokinvy (lonafarnib) (PA) (QL) (SP)
Verkazia (cyclosporine) (PA) (QL) (SP)	Voxzogo (vosoritide) (PA) (QL) (SP)	Xiandra (lifitegrast) (CC) (PA) (QL) (SP)	Zolinza (vorinostat) (QL) (SP)
Verquvo (vericiguat) (PA) (QL) (SP)	Vraylar (cariprazine) (PA) (QL)	Xolair (omalizumab) (vials excluded) (PA) (QL) (SP)	Zolofl (sertraline)*
Versed (midazolam)*	Vtama (tapinarof) (PA) (QL) (SP)	Xolremdi (mavorixafor) (PA) (QL) (SP)	Zomig (zolmitriptan)* (PA; required for nasal spray) (QL)
Vesanoid (tretinoin)* (SP) (only generic NDC: 00555-0808-02)	Vumerity (diroximel fumarate) (PA) (QL) (SP)	Xopenex (levalbuterol)*	Zonegran (zonisamide)*
VESIcare (sildenafil)*	Vyjuvek (beremagene geperpavec) (PA) (QL) (SP)	Xospata (gilteritinib) (PA) (QL) (SP)	Zonisade (zonisamide; excluded for members 12 years of age and older) (QL)
Vfend (voriconazole)* (SP)	Vyndamax (tafamidis) (PA) (QL) (SP)	Xphozah (tenapanor) (PA) (QL) (SP)	Zortress (everolimus)* (SP) (generic only)
Vibramycin (doxycycline hyclate)* (generic 50 mg, 100 mg capsules only)	Vyvanse (lisdexamfetamine)* (PA) (QL) (PA requirement waived when generic claim submitted by in-network pharmacy with appropriate ADHD diagnosis code)	Xpovio (selinexor) (PA) (QL) (SP)	Zoryve (roflumilast) (PA) (QL) (SP)
Victoza (liraglutide)* (PA) (QL) (generic only; \$0 copay for NDCs 71288-0563-85 and 71288-0563-84; excluding NDCs: 00480-3667-20, 00480-3667-22, 00169-4060-12, 00169-4060-13)	Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase) prefilled syringes (PA) (QL) (SP)	Xromi (hydroxyurea) (PA) (QL)	Zovia (ethinyl estradiol/ethynodiol diacetate)*
Videx (didanosine) (SP)	<b>W</b>	Xtandi (enzalutamide) (PA) (QL) (SP)	Zovirax (acyclovir) capsule*, tablet*
Videx EC (didanosine)* (SP)	Wainua (eplontersen) (PA) (QL) (SP)	Xulane (ethinyl estradiol/norelgestromin)* (QL)	Ztalmy (ganaxolone) (PA) (QL) (SP)
Viekira (ombitasvir/paritaprevir/ritonavir/ dasabuvir) (PA) (QL) (SP)	Wakix (pitolisant) (PA) (QL) (SP)	Xylocaine (lidocaine) 2% gel*	Zurzuva (zuranolone) (PA) (QL) (SP)
	Wayrilz (rilzabrutinib) (PA) (QL) (SP)	Xyrem (sodium oxybate) (PA) (QL) (SP)	Zykadia (ceritinib) (PA) (QL) (SP)
	Welchol (colesevelam)	Xywav (calcium, magnesium, potassium, and sodium oxybates) (PA) (QL) (SP)	Zyloprim (allopurinol)*
	Welireg (belzutifan) (PA) (QL) (SP)		Zyprexa (olanzapine)*
	Wellbutrin (bupropion)*		Zytiga (abiraterone acetate)* (250 mg tablets generic only) (PA) (QL) (SP)
			Zyvox (linezolid)* (QL) (generic only; oral suspension for members 0-11 years of age)

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

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

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

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

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

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

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

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

# Pharmacy Management Program Medications

## Pharmaceuticals Requiring Prior Authorization

The following is a list of medications that require prior authorization before coverage is granted under the prescription drug benefit or medical benefit. 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 Hulio)
- 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)
- Adynovate (effective date 10/01/2022)
- Adzynma (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)
- 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
- Alunbrig
- Alyftrek
- 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)
- Anzupgo
- 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
- Aqneursa
- Aralast NP (medical benefit)
- Arcalyst
- Arikayce (effective date 04/01/24)
- Aristada
- Aristada Initio
- Aspirin 81 mg (for female members 40 years of age or older)
- Astagraf
- Attruby
- 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)
- 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)
- Bilydos Injection
- Bilprevda Injection
- Bimzelx (effective date 04/01/24)
- Bizengri (medical benefit)
- Blincyto (medical benefit)
- Blujepa
- 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)
- Brisdelle
- Briumvi (medical benefit; effective date 04/01/23)
- Briviact
- Brixadi (medical benefit)
- Bronchitol (effective date 04/01/21)
- Brukinsa (effective date 04/01/20)
- Butrans
- Byetta
- Bylvay (effective date 01/01/22)
- Byooviz (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
- Cibirgo (effective date 07/01/22)
- Cimerli (medical benefit; effective date 04/01/23)
- Cinqair<sup>1</sup>
- Cinryze
- Cinvanti (effective date 04/01/19)
- Climara Pro (effective date 01/01/20)
- Cobenfy
- 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
- Crenessity
- Cresamba (effective date 10/01/18)
- Crexont (effective date 02/01/25)
- Crysvisa (medical benefit)

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

## Pharmaceuticals Requiring Prior Authorization (continued)

- Cuprimine (effective date 07/01/22)
- Cutaquig (medical benefit; effective date 10/01/25)
- Cuvitru (effective date 06/01/18)
- Cuvposa
- Cyramza (medical benefit)
- Daklinza
- 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 15 Day
- Diacomit (effective date 07/01/22)
- Diclofenac gel
- Diclofenac solution
- Difucid
- Dihydroergotamine mesylate injection (effective date 01/01/20)
- Dihydroergotamine mesylate nasal spray (effective date 01/01/20)
- Dipentum
- Doptelet (effective date 04/01/19)
- Duavee (effective date 01/01/20)
- Duopa (medical benefit; effective date 07/01/19)
- Dupixent<sup>1</sup>
- Dysport (medical benefit)
- Ebglyss
- Egriftra
- Elahere (medical benefit; effective date 04/01/23)
- Elaprased (medical benefit)
- Elelyso (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
- Emrelis (medical benefit)
- 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)
- Ensacove
- Enspryng (effective date 04/01/21)
- Enstilar Foam (effective date 01/01/20)
- Entocort (for quantities > 180 capsules per 365 days)
- Entyvio (medical benefit)
- Envarsus XR
- Enzeevu (medical benefit; effective date 04/01/25)
- Eplusa
- 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)<sup>1</sup>
- Evrysdi (effective date 08/11/20)
- Exdensur
- 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
- Fasenna prefilled syringes<sup>1</sup>
- Fasenna pens<sup>1</sup>
- Fensolvi (effective date 10/01/21)
- Fentora
- Feraheme (medical benefit; effective date 07/01/21)
- Firmagon (medical benefit)
- Ferriprox
- Ferrlecit (medical benefit; effective date: 03/01/26)
- Fetzima
- Fiasp (effective date 04/01/18)
- Filspari
- 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 (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)
- Galafold
- Galfant (medical benefit; effective date 04/01/19)
- Gammagard liquid (medical benefit; effective date 10/01/25)
- Gammaked (medical benefit; effective date 10/01/25)
- Gamunex-c (medical benefit; effective date 10/01/25)
- 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
- Gomekli (effective date 01/01/2026)
- 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
- Hernexeso
- Hizentra
- Humalog U-200 (effective date 01/01/19)
- Humulin U-500 (effective date 03/01/18)
- Hycamtin
- Hyftor (effective date 10/01/22)
- Hyqviva
- Hynrnoo
- Hlbrance
- Ibsrela (effective date 01/01/23)
- Idelvion (effective date 10/01/25)
- Idhifa (effective date 04/01/18)
- Ilaris
- Ilumya (effective date 04/01/19)
- Iluvien (medical benefit)
- Iwifin (effective date 10/01/24)
- Imaavy (medical benefit; effective date 01/01/2026)
- Imbruvica
- Imdelltra (medical benefit; effective date 10/01/24)
- Imfinzi (medical benefit)
- Imjudo (medical benefit; effective date 04/01/23)
- Imlycic (medical benefit)
- Impavido
- Increlex
- Infed (medical benefit; effective date: 03/01/26)
- Inflectra (medical benefit)
- Infliximab (medical benefit; effective date 07/01/22)
- Ingrezza
- Injectafer (medical benefit)
- Inluriyo
- 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
- Jascayd
- Jaypirca (effective date 10/01/23)
- Jemperli (medical benefit; effective date 10/01/21)
- Jesduvroq (effective date 10/01/23)
- Jubbonti Injection

## Pharmaceuticals Requiring Prior Authorization (continued)

- 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
- Klisyri (effective date 07/01/21)
- Komzifti
- 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
- Lazcluze
- 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)
- Leqvio<sup>1</sup> (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)
- Livalo
- Livdelzi
- Livmarli (effective date 04/01/22)
- Livtencity (effective date 10/01/2022)
- Lokelma (effective date 04/01/19)
- Lo Loestrin FE
- Lonsurf
- Loqtorzi (effective 07/01/24; medical benefit)
- Lorbrena (effective date 04/01/19)
- Lotronex
- Lucemyra (effective date 04/01/19)
- Lucentis (medical benefit)
- Lumakras (effective date 01/01/22)
- Luminopia (effective date 07/01/25)
- 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 date 01/10/18)
- Luzu
- Lyfgenia (medical benefit; effective date 10/01/24)
- Lymphir (medical benefit; effective date 04/01/25)
- Lynkuet
- Lynparza
- Lytgobi (effective date 04/01/23)
- Macugen (medical benefit)
- Margenza (medical benefit; effective date 07/01/21)
- Marinol
- Mavenclad (effective date 01/01/20)
- Mavyret
- Mayzent (effective date 07/01/19)
- Mekinist
- Mektovi (effective date 04/01/20)
- Mepsevii (medical benefit)
- MetroGel 1%
- MetroGel 1% with pump
- Metro lotion
- Miebo (effective date 04/01/24)
- Miplyffa
- Mirvaso (effective date 01/01/19)
- Mounjaro (effective date 06/01/22)
- Monjuvi (medical benefit; effective date 01/01/21)
- Monoferric (medical benefit; effective date 07/01/21)
- 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)
- Natazia
- Nayzilam (effective date 04/01/20)
- Nemluvio
- Nerlynx (effective date 06/01/18)
- Neupro
- Nexletol<sup>1</sup> (effective date 07/01/20)
- Nexlizet<sup>1</sup> (effective date 07/01/20)
- Nextstellis (effective date 10/01/21)
- Nexvzyme (medical benefit; effective date 04/01/22)
- Niktimvo (medical benefit; effective date 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)
- Novolin R FlexPen
- Novolog (effective date 03/01/18)
- Novolog Mix (effective date 03/01/18)
- Noxafil (effective date 10/01/18)
- Nubeqa (effective date 10/01/20)
- Nucala<sup>8</sup>
- Nuedexta
- Nulibry (effective date 01/01/23)
- Nulojix (medical benefit)
- Nuplazid
- Nurtec Orally Disintegrating Tablets (effective date 07/01/20)
- Nuvigil
- Nuzuza (effective date 04/01/21)
- Nymalize oral solution (effective date 04/01/21)
- Ocrevus (medical benefit)
- Ocrevus Zunovo (medical benefit; effective date 02/01/25)
- Octagam (medical benefit; effective date 10/01/25)
- Odactra (effective date 07/01/20)
- Odomzo
- Ofev
- Ogivri (medical benefit)
- 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)
- Omvoh (effective date 04/01/24)
- Oncaspar (medical benefit; effective date 04/01/19)
- Ongentys (effective date 08/01/23)
- Onivyde (medical benefit)
- Onpattro (medical benefit; effective date 04/01/19)
- Ontruzant (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
- Orlynvah
- Orserdu (effective date 10/01/23)
- Otezla
- Otrexup
- 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 date 04/01/25)

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)

- 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)
- Pivva
- Plegridy
- Pluvicto (medical benefit; effective date 01/01/23)
- Pneumovax-23 (under 65 years of age)
- Polivy (medical benefit; effective date 01/01/20)
- Pomalyst
- Pombiliti (medical benefit; effective date 04/01/24)
- Ponvory (effective date 10/01/21)
- Portrazza (medical benefit)
- Poteligeo (medical benefit; effective date 04/01/19)
- Praluent<sup>1</sup>
- Prefest (effective date 01/01/20)
- Premphase (effective date 01/01/20)
- PremPro (effective date 01/01/20)
- Prevyms (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)
- 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)
- Redemplo
- Relistor
- Remodulin
- Renflexis (medical benefit)
- Repatha<sup>1</sup>
- Restasis
- Restoril 7.5 mg (effective date 01/01/20)
- Restoril 22.5 mg (effective date 01/01/20)
- Retevmo (effective date 01/01/21)
- Retisert (medical benefit)
- Retacrit (medical benefit; effective date 01/01/25)
- Revatio
- Revlimid
- Revuforj
- Rexaphenac
- Rexulti
- Reyvow (effective date 07/01/20)
- Rezdifra (effective 07/01/24)
- Rezurock (effective date 01/01/22)
- Rezzayo (effective 07/01/24; medical benefit)
- Rhapsido
- Rheumatoid Arthritis Therapies
- Rhofade (effective date 01/01/19)
- Rhopressa (effective 10/01/18)
- Rinvoq (effective date 04/01/20)
- Rivfloza (medical benefit; effective date 04/01/24)
- Rocklatan (effective date 04/01/23)
- Roctavian (medical benefit; effective date 10/01/23)
- Romvimza
- 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)
- 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
- Samsca (effective date 04/01/20)
- Saphnelo (medical benefit; effective date 01/01/22)
- Saphris (effective date 04/01/20)
- Sarclisa (medical benefit; effective date 10/01/20)
- Savella (effective date 04/01/22)
- Scemblix (effective date 07/01/22)
- Scenesse (medical benefit; effective date 01/01/21)
- Secuado (effective date 04/01/20)
- Segluromet (effective date 06/01/18)
- Sensipar
- Sephience (effective date 01/01/2026)
- Sermorelin
- Serostim
- Shingrix (under 50 years of age)
- Signifor
- Signifor LAR
- Siliq (effective date 04/01/18)
- Simponi Aria (medical benefit)
- Sitavig
- Sivextro (effective date 10/01/20)
- Skyclarys (effective date 04/01/24)
- Skyrizi intravenous injection (effective date 07/01/22)
- Skyrizi subcutaneous injection (effective date 01/01/20)
- Solaraze
- Solesta (medical benefit; effective date 01/01/23)
- Soliqua
- Soliris (medical benefit)
- Somatuline (medical benefit; effective date 02/01/25)
- Somavert
- Soolantra
- Sorilux Foam (effective date 01/01/20)
- Sotyktu (effective date 04/01/23)
- Spevigo intravenous injection (medical benefit)
- Spevigo subcutaneous injection (Rx benefit)
- Spinraz (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)
- Steqeyma (effective 04/01/25)
- Stivarga
- Strensiq
- Sublocade (medical benefit)
- Suboxone
- Subsys
- Sunlenca (effective date 08/01/23)
- Sunosi (effective date 01/01/20)
- Supprelin LA (medical benefit)
- Syfovre (medical benefit; effective date 07/01/23)
- Sylvant (medical benefit)
- Symdeko (effective date 06/01/18)
- Symproic (effective date 04/01/18)
- 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)
- Tafiinlar
- 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 Hybreza (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)

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)

- Tiglutik (effective date 04/01/19)
- Tivdak (medical benefit; effective date 07/01/22)
- TOBI
- TOBI Podhaler
- Tofidence (effective date 04/01/24)
- Topamax immediate-release sprinkle capsules
- Toujeo
- Tracleer
- Trazimera (medical benefit)
- Trelegy Ellipta (effective date 04/01/19)
- Trelstar Mixject (medical benefit)
- Tremfya (effective date 04/01/18)
- Tresiba (effective date 03/01/18)
- Triazolam (effective date 01/01/20)
- Trijardy XR (effective date 07/01/20)
- Trikafta (effective date 04/01/20)
- Trintellix
- Triptodur (medical benefit)
- Trodelvy (medical benefit; effective date 10/01/20)
- Trogarzo (medical benefit; effective date 10/01/18)
- Trokendi XR
- Trulance
- Trulicity
- Truqap (effective date 04/01/24)
- Twiist Automated Insulin Delivery (AID) System
- 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
- Tzield (medical benefit; effective date 04/01/23)
- Ubrelvy (effective 4/1/20)
- Udenyca Onbody Injector (effective date 01/01/25)
- Udenyca Prefilled Autoinjector (effective date 01/01/25)
- Udenyca Prefilled Syringe (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)
- Valchlor
- 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)
- Velphoro
- Velsipity (effective date 04/01/24)
- Veltassa
- Vemlidy (effective date 01/01/21)
- Venclexta
- Venlafaxine ER Tablets
- Venofer (medical benefit; effective date: 03/01/26)
- 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
- Vijoice (effective date 10/01/22)
- Vitrakvi (effective date 04/01/19)
- Vivimusta (medical benefit; effective date 07/01/23)
- Vivitrol
- Vocabria (effective date 10/01/21)
- Vonjo (effective date 10/01/22)
- Voranigo
- Voquezna Dual Pak (effective date 10/01/2022)
- Voquezna tablets
- 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)
- Vyloxy (medical benefit; effective 04/01/25)
- Vyndamax (effective date 04/01/20)
- Vytorin
- Vyvgart (medical benefit; effective date 07/01/22)
- Vyvgart Hytrulo prefilled syringes
- Vyvanse (PA required for brand name for any diagnosis, or generic when submitted for any non-ADHD diagnosis)
- Wainua (effective 7/1/24)
- Wakix (effective date 04/01/20)
- Wayrilz
- Welireg (effective date 04/01/22)
- Winrevair (effective date 01/01/25)
- Wyost Injection
- Xadago
- Xalkori
- Xcopri (effective date 10/01/20)
- Xdemvy (effective date 02/01/25)
- Xeljanz
- Xeljanz XR
- Xeloda
- Xembify (medical benefit; effective date 10/01/25)
- 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)
- Xolair<sup>1</sup>
- Xolremdi (effective date 02/01/25)
- Yorvipath (effective date 01/01/2026)
- Xospata (effective date 04/01/24)
- Xpovio
- Xromi
- Xtandi
- Xuriden
- Xywav (effective date 04/01/21)
- Xyrem
- Yervoy (medical benefit)
- Yescarta (medical benefit)
- Yesintek intravenous injection (effective 04/01/25)
- Yesintek subcutaneous injection (effective 04/01/25)
- Yeztugo
- Yondelis (medical benefit)
- Yupelri (effective date 04/01/19)
- Yutiq (medical benefit)
- Zavesca (effective date 04/01/19)
- Zavzpret (effective date 08/01/23)
- Zegfrovy
- 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)
- Zomig nasal spray
- Zonalon cream
- Zoryve (effective date 01/01/23)
- Ztalmy (effective date 01/01/23)
- Zubsolv
- Zuplenz
- Zuruvae (effective date 04/01/24)
- Zusduri (medical benefit; effective date 01/01/2026)
- 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
- Concerta<sup>2</sup>
- Coreg CR
- Corgard
- Daypro
- Detrol LA 4 mg
- Ecoza cream
- Enstilar Foam
- Exforge
- Fentora
- Focalin XR<sup>2</sup>
- Hectorol
- Hydrocortisone valerate 0.2% cream
- Intermezzo
- Lamisil
- Lialda
- Micardis HCT
- Olmesartan-Amlodipine-HCTZ
- Pristiq
- Qudexy XR
- Retin-A cream
- Rozerem
- Sorilux Foam
- Sporanox capsules
- Taclonex ointment
- Taclonex Topical Suspension
- Telmisartan-Amlodipine
- Telmisartan-HCTZ
- Tribenzor
- Twynsta
- Ursodiol 300 mg capsules
- Vectical Ointment
- Vytorin
- Zemplar
- Zolpimist
- Zomig Nasal Spray

## Drugs available at a Discounted Price

The medications listed below are able to be purchased at a discounted price. The member's non-formulary 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
- 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
- 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

- Actemra
- Actigall
- Adcirca
- Adderall
- Afinitor
- Aggrenox
- AirDuo
- Ambien
- Ambien CR
- Ampyra
- Asacol HD
- Aubagio
- Baraclude tablets
- Boniva 150 mg tablets
- Bonsity
- Buphenyl
- Celebrex
- Cellcept
- Cleocin T 1% solution
- Cleocin T 1% gel
- Cleocin T 1% lotion
- Cleocin T 1% swab
- Concerta
- Coreg CR
- Corgard
- Crestor
- Cuvposa
- Cymbalta
- Daypro
- Demser
- Desferal (Rx benefit)
- Detrol LA 4 mg
- Ecoza Cream
- Epclusa
- Epipen
- Epipen Jr.
- Flector
- Fleqsuvy
- Flovent HFA
- Flovent Diskus
- Focalin XR
- Forteo
- Gilenya
- Gleevec
- Harvoni 90/400 mg tablets
- Hectorol
- Herceptin
- Imitrex Nasal
- Inderal LA
- Intelence
- Kaletra
- Latuda
- Lialda
- Lovaza
- Lyrica
- Mozobil (Rx benefit)
- Myfortic
- Neoral
- Nexavar
- Norvir tablet
- Nuvaring
- Onfi
- Onglyza
- Orfadin capsules
- Oral Contraceptives (See Contraceptive Coverage information on page 14)
- Prezista 600 mg and 800 mg tablets
- ProAir HFA inhaler
- Prograf capsules
- Promacta
- Prometrium
- Protopic
- Proventil HFA inhaler
- Radicava vials
- Remicade
- Remodulin
- Restasis dropperettes
- Retin-A Cream
- Reyataz capsules
- Revatio
- Rituxan
- Sabril
- Saphris
- Selzentry tablets
- Sensipar
- Seroquel XR
- Sprycel
- Stelara
- Strattera
- Suboxone films
- Sustiva
- Sutent
- Tarceva
- Tecfidera
- Tenormin
- Tracleer 62.5 mg tablets
- Tracleer 125 mg tablets
- Truvada
- Tykerb
- Uloric
- Ultravate
- Vagifem
- Valcyte
- Velcade
- Veletri (Rx benefit)
- Ventolin HFA inhaler
- Vibramycin
- Victoza
- Vidaza (Rx benefit)
- Viread 300 mg tablets
- Votrient
- Xenazine
- Xopenex
- Zemplar
- Zytiga
- Zyvox

### Brand and Generic Versions

- 510(k) medical devices
- Unapproved drugs
- Abecma (Rx benefit)
- Abilify Asimtufii
- Abilify MyCite
- Abilify orally disintegrating tablets
- Abilify oral solution (for members > 12 years of age)
- Abrilada
- Absorica
- Acanya
- Accelerated approval medications for non-oncologic conditions.
- Accutane
- Acetaminophen Injections
- Aciphex
- Acuvue Theravision
- Acyclovir oral solution
- Acyclovir Sodium Chloride Solution
- Aczone Gel
- Aczone Gel with Pump
- Adakveo (Rx benefit)
- Adalimumab-aacf (unbranded Idacio)
- Adalimumab-aaty (unbranded Yuflyma)
- Adalimumab-adbm (unbranded Cyltezo)
- Adrenaclick
- Adstiladrin (Rx benefit)
- Aduhelm
- Advate
- Advcate Safe Mis Lanc 21g (NDC: 50033087945)
- Advcate Safe Mis Lanc 23g (NDC: 50033087946)
- Advcate Safe Mis Lanc 28g (NDC: 50033087947)
- Adynovate (Rx benefit)
- Adzenys XR-Orally Disintegrating Tablets
- Adzynma (Rx benefit)
- Afinitor 10 mg tablets
- Afstyla
- Agamree
- Aggrastat Injection 3.75 mg/15 mL
- Ahzantive (Rx benefit)
- Aimovig
- AirDuo Digihaler
- Airsupra
- Akeega
- Akene-mycin 2% ointment
- Aklief
- Alcortin A 1-2-1% gel
- Alcortin A 1-2-1% gel packets
- Aldurazyme (Rx benefit)
- Alhemo Injection
- Aliqopa (Rx benefit)
- Alkindi Sprinkle Capsules
- Allopurinol 200 mg tablets
- Allzital
- Almotriptan
- Alphanine SD
- Alex
- Alternaria
- Altoprev
- Altreno
- Altuviio
- Alvaiz
- Alyglo

## Brand and Generic Versions (continued)

- Alymsys (Zirabev preferred)
- Amcinonide Cream 0.1%
- Amcinonide 0.1% Cream
- Amcinonide 0.1% lotion
- Amcinonide 0.1% ointment
- Ameluz (Rx benefit)
- Amjevita
- Amnesteem
- Amondys 45
- Ampicillin Injection 10 gm (NDC: 72603-0578-01)
- Amrix
- Amtagvi (Rx benefit)
- Amvisc Plus
- Amvuttra (Rx benefit)
- Amzeeq
- Ana-Lex cream
- Anaprox DS
- Andembry
- Annovera
- Antara
- Anti-Obesity Medications
- Antivert 50 mg tablets
- Anucort-HC
- Anusol-HC suppositories
- Apadaz
- Aphexda (Rx benefit)
- Aplenzin
- Apokyn
- Aprepitant Capsules 125MG (NDC: 51407070306)
- Aprepitant Capsules 40 mg (NDC: 51407070101)
- Aprepitant Capsules 40 mg (NDC: 51407070105)
- Aprepitant Capsules 80 mg (NDC: 51407070206)
- Aprepitant Capsules 80 mg (NDC: 51407070202)
- Aprepitant Pak 125 mg & 80 mg (NDC: 51407070403)
- Aralast NP (Rx benefit)
- Arazlo
- Arbli
- Arestin
- Armlupeg
- ArmonAir Digihaler
- Arynta
- Asceniv
- Aspirin 81 mg (except covered for females 12-39 years of age with pre-eclampsia)
- Astepro
- Atenolol+SyrSpend SF PH4 oral suspension
- Atridox
- Atrantil
- Atropine Sulfate Ophthalmic Ointment
- Atropine Sulfate Solution 0.01%
- Atropine Sulfate Solution 0.025%
- Atropine Sulfate Solution 0.05%
- Atovaquone Suspension 750 mg/5 mL (NDC: 62135-05-2824)
- Atovaquone Suspension 750 mg/5 mL (NDC: 62135-05-2845)
- Atropine Sulfate Injection 0.4 mg/mL
- Atropine Sulfate Injection 0.8 mg/2 mL
- Atzumi
- Aucatzyl (Rx benefit)
- Auranofin Cap 3mg (NDC: 73352009306)
- Aureobasidium Pullulans
- Aurlumyn
- Autolet Lite Mis Lancing (NDC: 08470027901)
- Autologous serum eye drops (ASED)
- Auvi-Q (non-covered for members  $\geq$  15 kilograms in weight)
- 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)
- Aved
- Avenova Sol Neutrox
- Avgemsi Injection
- Avonex (medical benefit)
- Avsola (Rx benefit)
- Avtozma Iv
- Axert
- Axid
- Avtozma Iv
- Azalgia
- Azedra (Rx benefit)
- Azelex Cream
- Azesco
- Azmiro
- Azstarys
- Baclofen 5 mg tablets
- Baclofen Kit Injection
- Barhemsys (Rx benefit)
- Basaglar Tempo Pens
- Bavencio (Rx benefit)
- Beconase AQ
- Beizray Inj
- Beleodaq (Rx benefit)
- Belrapzo (Rx benefit)
- Belsomra
- Bendeka (Rx benefit)
- Benefix
- BenzaClin
- Benzepro
- Benzonatate 150 mg capsules
- Benzoyl Peroxide Agents
- Beovu (Rx benefit)
- Beqvez
- Besponsa (Rx benefit)
- Betamethasone valerate 0.12% (Luxiq)
- Betaseron
- Bevacizumab Injection 1.25 mg
- Beyfortus (Rx benefit)
- Biaxin XL
- Bimatoprost/Brimonidine/Dorzolamide
- Binosto
- Bionect
- Bivigam
- Bizengri
- Bkemv (Rx benefit)
- Bisoprolol Fumarate Tablets 2.5mg (NDC: 52817026830)
- Blincyto (Rx benefit)
- BLT-25 KIT
- Bomynta
- Boniva IV (Rx benefit)
- Bonjesta
- Boruzu
- Botox (Rx benefit)
- Brekiya
- Brenzavvy
- Breyanzi (Rx benefit)
- Breztri
- Brimonidine/Dorzolamide Solution 0.1-2%
- Brineura (Rx benefit)
- Briumvi (Rx benefit)
- Brixadi (Rx benefit)
- Bruselix
- Bryhali
- Bucapsol
- Bupivacaine/Epinephrine Injection 0.25 mg (NDC: 81483003500)
- Bupivacaine/epinephrine 0.5% Injection (NDC: 81483003600)
- 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)
- Carbinoxamine 6mg tablets (NDC: 80705-01-2030)
- Cardamyst
- Carelessweed
- Carospir
- Carisoprodol/Aspirin/Codeine tablets
- Carticel
- Carvykti (Rx benefit)
- Casgevy (Rx benefit)
- Casirivimab/imdevimab
- Cefazolin Injection
- Cefazolin Sodium/Dextrose Solution
- Celebrex 400 mg capsules
- Cenovia
- Centany
- Centany AT
- Cequa
- Ceracade
- Ceramax Cream
- Chantix Pak 1mg (NDC: 00069046928)
- Chantix Tablets 0.5 mg & 1mg (NDC: 00069047128)
- Chantix Tablets 0.5mg (NDC: 00069046856)
- Chantix Tablets 1mg (NDC: 00069046956)
- Chlorzoxazone 250 mg tablets
- Cilostazol Tablets 100mg (NDC: 62135098660)
- Cilostazol Tablets 50mg (NDC: 62135098360)
- Cimerli (Rx benefit)

## Brand and Generic Versions (continued)

- 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
- Clearvisc
- 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%
- Clocortolone 0.1% Cream
- Columvi (Rx benefit)
- Combogesic
- Concerta 72 mg tablets
- Conexence
- Consensi
- Conzip
- Copaxone (medical benefit)
- Cordran 0.05% Cream
- Cordran 0.05% Lotion
- Cordran 0.05% Ointment
- Cordran tape 4 mcg/sqcm
- CoreMino
- Corn Smut
- 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
- Coxanto
- Crysvida (Rx benefit)
- Cuvitru
- Cyclobenzaprine 7.5 mg tablets
- Cyclobenzaprine 10mg tablets (NDC: 70512-08-7210)
- 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
- Dawnzera
- Daxxify
- Dayvigo
- Dehydroepiandrosterone (DHEA)
- Denta 5000 cream
- Dentagel
- Dermasorb AF 3%-0.5% cream
- Dermazene
- Derpixa Gel
- Desonate 0.05% gel
- Desonide 0.05% Lotion
- Dexamethasone/Moxifloxacin Solution 1-5 mg/mL
- Dexamethasone Phosphate Injection 4 mg/mL
- Dexamethasone Sodium Phosphate Injection
- Desoximetasone 0.05% cream
- Desoximetasone 0.05% ointment
- Dexcom Stelo
- Dexilant
- Dextenza
- Dextrose/Sodium Chloride Injection
- Dexycu
- DHEA vaginal suppository
- 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
- Diclofenac Potassium 50mg Tablets (Excluded NDC: 70512075010)
- Diclofenac Potassium 50mg Tablets (Excluded NDC: 70512090030)
- Dicyclomine 40mg tablets (NDC: 73352-01-1960)
- 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
- 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
- Dolobid 250 mg tablets
- Donnatal
- Doryx
- Dorzolamide Solution 2% Op (NDC: 70069050101)
- Dorzolamide Solution 2% Op (NDC: 72888007715)
- 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)
- Dupixent (only for the diagnosis of chronic spontaneous urticaria)
- Duramorph Injection
- Durlaza
- Durolane
- Durysta
- Dutoprol
- Duvyzat
- Dyanavel XR
- Dymista
- Dysport (Rx benefit)
- EC-Naprosyn
- EC-Naproxen
- ED BRON GP Liquid
- Edarbi
- Edecrin
- Edecrin
- Edluar
- Edurant Ped
- EEMT
- EEMT HS
- Enflonsia (Rx benefit; medical benefit for members 9 months of age or older)
- Ekterly
- Elahere (Rx benefit)
- Elaprase (Rx benefit)
- Elelyso (Rx benefit)
- Elepsia XR
- Eleton
- Eleton Twinpack
- Elevidys
- Elfabrio (Rx benefit)
- Eliimite Cream
- Elocate
- Elrexfio (Rx benefit)
- Elyxyb
- Elzonris (Rx benefit)
- Emblaveo
- Emflaza (both Rx and medical benefits)
- Emla 2.5% — 2.5% cream
- Emrelis (Rx benefit)
- Emrosi
- Emulsion SB
- Enbrel (only for the diagnosis of Psoriasis)
- Enbumyst
- Encelto
- 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

## Brand and Generic Versions (continued)

- Ephedrine Sulfate/Sodium Chloride Injection
- EpiCeram Skin Barrier
- Epicoccum Nigrum
- Epiduo Gel with Pump
- Epiduo Forte Gel with Pump
- Epinephrine Bitartrate/Sodium Chloride Injection
- Epinephrine Solution 8 mg/250 mL
- Epkinly (Rx benefit)
- Epogen (Retacrit preferred)
- Eprontia
- Epsolay
- Epysqli (Rx benefit)
- Epysqli Injection
- Ermeza
- Erwinaze (Rx benefit)
- Erythromycin-benzoyl peroxide 3-5% gel
- Escitalopram 15 mg capsules
- Eskata
- Esperoct
- Esterified Estrogens/Methyltestosterone
- Ethacrynic acid
- Ethacrynate Sodium
- Etodolac 200 mg capsules
- 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 Citrate/Sodium Chloride Injection
- Fentanyl/Ropivacaine Injection
- Fentanyl/Ropivacaine/Sodium Chloride Injection
- Fentanyl/Sodium Chloride
- Feonyx Tablets
- Feraheme (Rx benefit)
- Ferrlecit (Rx benefit)
- Finacea foam
- Firmagon (Rx benefit)
- First Lansoprazole
- First Omeprazole
- Flebogamma
- Flebogamma Dif
- Fleqsuvy (members  $\geq$  12 years of age)
- Flolipid
- Flonase
- Fluocinolone 0.01% body oil (only NDCs:13925-0506-04, 45802-0887-26, 51672-1356-08, 63629-8655-01, 64980-0331-04, 65162-0704-86, 68462-0591-89, 72162-1434-02)
- 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
- Flurbiprofen tablets/powder
- 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
- Folutyn (Rx benefit)
- Forfivo XL
- Fortamet
- Forzinity
- Fosamax Oral Solution
- Fosamax Plus D
- Fraiche 5,000 Gel
- Freestyle Libre diabetic test strips
- Freestyle Libre Lingo
- Freestyle Libre Rio
- Frindovyx
- Frova
- Fulvicin P/G 165 mg Tablets
- Fungizyl AC Cream
- Fungizyl AL
- Furoscix
- Fusilev (Rx benefit)
- Fyarro (Rx benefit)
- Fylnetra (Fulphila or Udenyca preferred)
- Gabarone 100 mg Tablets
- Gabarone 400 mg Tablets
- Gamifant (Rx benefit)
- gammaCore
- gammaCore Sapphire
- Gammalex
- Gammagard S/D
- 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 0.2 mg/mL (NDC: 00641621201)
- Glycopyrrolate Injection 0.4 mg/2 mL (NDC: 00641621301)
- Glycopyrrolate Injection 1 mg/5 mL
- Glyset
- Gocovri
- GoNitro
- Gralise
- Granix (Nivestym preferred)
- Grafapex
- Grafapex Injection
- Guaifenesin-codeine liquid
- Guaifenesin DAC
- Guaifenesin DAC syrup
- Guinea Pig Epithelium Extract
- Halog (halcinonide) 0.1% Cream
- Halog 0.1% ointment
- Harliku
- Hemady
- Hemangeol
- Hemgenix (Rx benefit)
- Hemmorex-HC suppositories
- Heparin/Sodium Chloride Solution 2500/500
- Hepzato (Rx benefit)
- Herceptin
- Herceptin Hylecta
- Hercessi
- Herzuma
- Homatropine Hydrobromide
- Horizant
- HPR Plus
- Hulio
- Humalog Tempo Pens
- Humatrope
- Humira
- Hurri-Freeze Mist Spray
- Hyalgan
- Hyaluronate Sodium Gel
- Hydrocaine Cream
- Hydrocodone/Acetaminophen Solution
- Hydrocortisone Acetate
- Hydrocortisone Acetate Cream 2.5%
- 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 Hcl/Sodium Chloride
- Hydromorphone/Sodium Chloride Injection 6 mg/30 mL
- Hydromorphone/Sodium Chloride Injection 10 mg/50 mL
- Hydromorphone/Sodium Chloride Injection 25 mg/25 mL
- Hydromorphone/Sodium Chloride Injection 30 mg/30 mL
- Hydromorphone/Sodium Chloride Injection 50 mg/50 mL

## Brand and Generic Versions (continued)

- Hydromorphone/Sodium Chloride Injection 50 mg/100 mL
- 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
- Ibuprofen 300mg tablets (NDC: 70512-07-9490)
- Ibuprofen 800mg tablets (NDC: 70512-07-8010)
- Idacio
- iDose
- Igalmi
- Iluvien (Rx benefit)
- Imaavy injection (Rx benefit)
- Imbruvica 140 mg tablets
- Imbruvica 280 mg tablets
- Imcivree
- Imdelltra (Rx benefit)
- Imfinzi (Rx benefit)
- Imjudo (Rx benefit)
- Imkeldi
- Imlygic (Rx benefit)
- Impoyz
- Imuldosa
- Inbrija
- Incruse Ellipta
- Indocin suppositories
- Inderal XL
- Infed (Rx benefit)
- Inflectra (Rx benefit)
- Infliximab (Rx benefit)
- Injectafer (Rx benefit)
- InnoPran XL
- Inpefa
- InPen
- Insulin Aspart
- Inzirqo
- Iodoquinol-Hydrocortisone Cream
- Iodoquinol-Hydrocortisone Gel
- Iontosone Solution
- Irbesartan Tab 75 mg (NDC: 42291094090)
- Irbesartan Tablets 150 mg (NDC: 42291094190)
- Irbesartan Tablets 300 mg (NDC: 42291094290)
- 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
- Istdox
- Itovebi
- Ivermectin 6mg Tablets
- Ivra Injection
- Ixchiq
- Ixifi
- Ixinity
- Iyuzeh
- Izervay (Rx benefit)
- Jatenzo
- Jelmyto
- Jemperli (Rx benefit)
- Jeuveau
- Jivi
- Jivi Injection
- Jobevne
- Jornay PM
- Journavx Tablets
- Jylamvo
- Kadcylla (Rx benefit)
- Kanjinti
- Kanuma (Rx benefit)
- Karbinal ER
- Kapsargo Sprinkles ER
- Katerzia
- Kefunova Cream
- Keragel
- Ketamine (Rx benefit)
- Ketamine Hcl
- Ketamine HCL 25 mg/mL Injection
- Ketamine HCl Solution 20mg/2mL
- Ketamine HVI Solution 50mg/mL
- Ketamine Injection 500mg/5ml (NDC: 81483000702)
- Ketamine/Sodium Chloride Injection 100 mg/50 mL
- 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)
- Ketorub Cream
- Keveyis
- Keytruda (Rx benefit)
- Keytruda Qlex
- Khapzory (Rx benefit)
- Khindivi
- Kimmtrak (Rx benefit)
- Kisunla (Rx benefit)
- Kloxxado
- Koate-DVI
- Konvomep
- Korsuva (Rx benefit)
- Kovaltry
- Kresladi
- Kristalose
- Krystexxa (Rx benefit)
- Kt Tape Patches (NDC: 14179002718)
- Kybella
- Kyleena (Rx benefit)
- Kymriah (Rx benefit)
- Kynmobi
- Kyxata
- Labetalol 400 mg Tablets
- Labetalol Injection 20 mg/4 mL (NDC: 00143918301)
- Lacrisert
- Lactated Ringers Injection
- 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
- 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 200mcg/5mL
- Levothyroxine injectable solution 500mcg/5mL
- Levothyroxine Solution
- Levulan (Rx benefit)
- Lexette
- Lexette Aerosol 0.05% (NDC: 51862061850)
- 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%
- Lidocaine Gel
- Lidotral + Hydrocortisone Cream
- Lidotral + Hydrocortisone Lotion
- Lidotral Solution 5%
- Liletta (Rx benefit)
- Linezolid oral suspension (members ≥ 12 years of age)
- Liptruzet
- Liquical Liquid Plus
- Liraglutide manufactured by Teva (NDCs: 00480-3667-20, 00480-3667-22)
- Lisinopril/HCTZ Tablets 10-12.5 mg (NDC: 51407056405)
- Lisinopril/HCTZ Tablets 10-12.5 mg (NDC: 51407056490)
- Lisinopril/HCTZ Tablets 20-12.5 mg (NDC: 51407056505)
- Lisinopril/HCTZ Tablets 20-12.5 mg (NDC: 51407056590)
- Lisinopril/HCTZ Tablets 20-25mg (NDC: 51407056605)
- Lisinopril/HCTZ Tablets 20-25mg (NDC: 51407056690)
- Lodine extended-release

## Brand and Generic Versions (continued)

- Lodine immediate-release 300 mg capsules
- Lofena
- Lopressor HCT
- Lopressor 10 mg/mL oral solution/injection
- 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)
- Lorazepam Injection 2 mg/mL (NDC: 81483006100)
- Loreev XR tablets
- Lorzone
- Loyon
- Lucentis (Rx benefit)
- Lumavex Capsules 159mg (NDC: 85477061030)
- Lumizyme (Rx benefit)
- Lumoxiti (Rx benefit)
- Lumryz
- Lunsumio (Rx benefit)
- Luradox
- Lurbiro
- Lutathera (Rx benefit)
- Lutrate (Rx benefit)
- Luvox extended-release
- Luxturna (Rx benefit)
- Lybalvi
- Lyfgenia (Rx benefit)
- Lymphir (Rx benefit)
- Lyozyfic Injection
- Lyrica CR
- Lyumjev
- Lyvispah
- Macugen (Rx benefit)
- Makena
- Mannitol intravenous solution
- 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 Injection
- Midazolam Hcl/Sodium Chloride
- Midazolam Hydrochloride/Sodium Chloride Injection
- Midazolam/Sodium Chloride Solution 50/50ml
- Midrin
- Mimyx Cream
- Minocycline immediate release tablets
- Minolira
- Miralax
- Mirena (Rx benefit)
- Mitomycin Solution
- Mobile Lance Mis 30g (NDC: 11917012579)
- Modeyso
- Moexipril Tablets 7.5mg (NDC: 62135096790)
- Moexipril Tablets 15mg (NDC: 62135096990)
- Monjuvi (Rx benefit)
- Monodox
- Monoferric (Rx benefit)
- Monsels Ferric Sub sulfate Paste
- Morphine/Sodium Chloride Injection 50/50ml
- Morphine Sulfate Injection Sodium Chloride
- Morphine Sulfate Injection 250/50ml
- Morphine Sulfate/Sodium Chloride Solution
- Morphine Sulfate Solution 20 mg/5 mL
- Moxifloxacin-Bromfenac Solution
- Moxifloxacin Injection
- Mucor Plumbeus
- 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
- Neosalus
- Neosalus CP
- Neostigmine Methylsulfate 5 mg/5 mL
- Neostigmine Methylsulfate Injection
- Neotuss Plus Liquid
- Nerivio device
- Neucac
- Neulasta (Fulphila or Udenyca preferred)
- Neulasta Onpro (Fulphila or Udenyca preferred)
- Neupogen (Nivestym preferred)
- Neuriva
- Neurorub Cream
- New-to-market medications not yet reviewed by the EHP P&T committee.
- Nexiclon XR
- Nexium
- Nexplanon (Rx benefit)
- Nexviazyme (Rx benefit)
- Ngenla
- Niktimvo (Rx benefit)
- Nilotinib Tartrate Capsules
- Nitrofurantoin 25 mg macrocrystals capsules (for members 12 years of age or older)
- Nitrofurantoin Suspension
- Nitrolingual
- Nitrolingual 400 mcg Spray (NDC: 21724-01-0050)
- Norepin/Sodium Chloride Injection 16/250ml
- 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%
- NovoEight
- Novolin 70/30
- Novolin N
- Novolin R vials
- Nucynta extended-release
- Nucynta immediate-release
- Nulojix (Rx benefit)
- Nutropin AQ NuSpin
- Nuvail
- Nuvisc Injection
- Nuwiq
- Nypozi
- Nystatin Suspension 100,000 units (NDC: 62135-08-1346)
- Nyvepria (Fulphila or Udenyca preferred)
- Obizur
- Ocaliva
- Ocrevus (Rx benefit)
- Ocrevus Zunovo (Rx benefit)
- Ofirmev
- Ogivri (Rx benefit)
- Ojemda
- Olanzapine 5 mg tablets (excluded NDC: 00832607950)
- Olanzapine 7.5 mg tablets (excluded NDC: 00832608050)
- Omidria
- Omlyclo
- Omnaris
- Omnitrope
- Oncaspar (Rx benefit)
- Ondansetron 16 mg ODT
- Onexton (1.2%/3.75%)
- Onivyde (Rx benefit)
- Onmel
- Onpattro (Rx benefit)
- Ontruzant Injection 150 mg (Rx benefit)
- Ontruzant Injection 420 mg (Rx benefit)
- 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
- Orphengescic forte tablets
- Orthovisc
- Osenvelt
- Osmolex ER
- Ospomyv
- Otulfi
- 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 Injection 30 units/3 mL (NDC: 83298051705)
- Oxytocin/Sodium Chloride Injection 30 units/500 mL
- Oxytocin/Sodium Chloride Injection
- Oxytrol

## Brand and Generic Versions (continued)

- Ozobax liquid
- Ozurdex (Rx benefit)
- Padcev (Rx benefit)
- Palsonify
- Pandel 0.1% Cream
- Panzyga
- Paragard (Rx benefit)
- Parlodel 5 mg capsules
- Pataday
- Patanase
- Patanol
- Paxil CR
- Paxlyte Cap
- Pavblu (Rx benefit)
- Pazeo
- Pedmark (Rx benefit)
- Pemetrexed Injection (manufactured by Accord)
- Pemetrexed Injection (manufactured by Avyxa)
- Pemetrexed Injection (manufactured by Blueprint)
- Pemetrexed Injection (manufactured by Hospira)
- Pemfexy (Rx benefit)
- Pennsaid 2%
- Pepaxto (Rx benefit)
- Pepcid
- Perjeta (Rx benefit)
- Perphenazine/Amitriptyline
- Pexeva
- Phenazopyridine Hydrochloride
- Phenobarb Sol 20mg/5mL (NDC: 62135096247)
- Phenohydro
- Phenyl/Sodium Chloride Injection 500 mcg
- 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
- Phentermine Tablets 8mg (NDC: 62135095990)
- 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
- Potassium Chloride 15 MEQ ER Tablets
- Potassium Phosphate/Sodium Chloride 15 mg/100 mL 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
- Privigen
- ProAir Digihaler
- ProAir RespiClick inhaler
- Procentra
- Pro Comfort TENS Units
- Procrit (Retacrit preferred)
- Proctocort suppositories
- Proctofoam-HC
- Proctosol-HC cream
- Prodrin
- Profilnine
- Prolastin-C (Rx benefit)
- Promethazine 6.25 mg/5 mL Syrup
- Promiseb
- Propranolol/hydrochlorothiazide
- Propel
- Propel Contour
- Propel Mini
- Protonix
- Provenge (Rx benefit)
- Prozac Weekly
- Pyridium
- Pyridostigmine Bromide ER
- Pzchiva
- Qalsody
- Qamzova
- Qdolo
- Qfitlia
- Qlosi
- Qnasl
- Quack Grass
- Quillichew
- Quillivant XR oral solution
- Quviviq
- Qwo
- Raldesy Solution
- Rapiblyk Injection
- Rapivab (sulfacetamide/sulfur 9-4%)
- Rayos
- Rebif (medical benefit)
- Rebinyn
- Reblozyl (Rx benefit)
- Rebyota
- Recedo
- Reclast (Rx benefit)
- Refissa
- Rejoyn
- Releuko (Nivestym preferred)
- Relexxii
- Reltone
- Reltone capsules
- Relyvrio
- Remicade
- Renal Caps
- Renflexis (Rx benefit)
- Renovo Pads
- Repaglinide Tablets 0.5 mg (NDC: 62135094690)
- Repaglinide Tablets 1 mg (NDC: 62135094790)
- Repaglinide Tablets 2 mg (NDC: 62135094890)
- Restasis multidose formulations
- Retin-A Micro Gel
- Retin-A Micro Gel Pump
- Retisert (Rx benefit)
- Rextovy Spray 4 mg/0.25 mL
- Rezvoglar
- Rezzayo (Rx benefit)
- Rhinocort Aqua
- Riabni
- Riomet
- Risperdal orally disintegrating tablets
- Rivfloza (Rx benefit)
- Rixubis
- Rocelix Cream
- 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)
- Rocuronium Injection 50 mg/5 mL (NDC: 65219044202)
- Rocuronium Injection 50mg/5ml (NDC: 65219044205)
- Rolvedon
- Ropivacaine/Sodium Chloride
- Ropivacaine/Sodium Chloride Injection 1100 mg (NDC: 73702012895)
- Rosadan
- Rosanil
- Rosula (sulfacetamide/sulfur 5%)
- Rosula liquid (sulfacetamide/sulfur 10-4.5%)
- Roszet
- Roxybond
- Ruxience (Rx benefit)
- Ryaltris
- Rybrevant (Rx benefit)
- Rybrevant Faspro
- Rylaze (Rx benefit)
- Ryoncil
- Ryplazim (Rx benefit)
- Rystiggo (Rx benefit)
- Rytelo
- Ryzneuta (Rx benefit)
- Ryzumvi
- Salicylic Acid
- Salicylic Acid ER
- Salicylic Acid Wart Remover
- Salsalate 500 mg tablets
- Salsalate 750 mg tablets
- Saphnelo (Rx benefit)
- Sarafem tablets
- Sarocladium Strictum
- Sarclisa (Rx benefit)
- Savaysa
- Saxenda
- Scartrate Cream
- Scenesse (Rx benefit)
- Seglentis
- Selarsdi
- Selegiline 5 milligram tablets
- Selenium Sulfide
- Semglee
- Sernivo
- Sertraline capsules
- Seysara
- SF 5000 Plus Cream
- Silenor
- Silvasorb
- Simlandi
- Simponi Aria (Rx benefit)
- Singulair 4 mg packets

## Brand and Generic Versions (continued)

- Sinuva
- Sitagliptin/Metformin Tablets 50 mg-500 mg
- Sitagliptin/Metformin Tablets 50 mg-1000 mg
- Sivora Cream
- Skysona
- Skyla (Rx benefit)
- Skytrofa
- Sleep Calm Sublingual Tablets
- Slynd
- Sodium Bicarbonate
- Sodium Citrate/Gentamicin Injection
- Sodium Citrate Lock Flush
- Sodium Chloride Irrigation Solution
- 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)
- Sporanox 10 milligrams/ milliliter solution
- Sprix
- SSS cream, foam
- Stimufend (Fulphila or Udenyca preferred)
- Stoboclo
- Strata Gel
- Sublocade (Rx benefit)
- Succinylcholine Chloride
- Succinylcholine Chloride Injection
- Succinylcholine Injection 100 mg/5 mL
- Succinylcholine Injection 200 mg/10 mL
- Sugammadex Injection 200 mg/2 mL
- Sugammadex 50 mg/5 mL Injection
- Sugammadex Injection 100 mg/2 mL
- Sugammadex 150 mg/3 mL Injection
- Sugammadex Injection 200 mg/4 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)
- Symbravo
- Sympazan
- 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)
- Tecentriq Hybreza (Rx benefit)
- Tecvayli (Rx benefit)
- Tekturna
- Temodar vials (Rx benefit)
- Temodar (injectable)
- Tempo Smart Button
- Tempo Welcome Kit
- TENS Therapy Units
- Tepezza (Rx benefit)
- Tepylute
- Tudorza Pressair
- 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
- Thioridazine Tablets 10mg (NDC: 62135093490)
- Thioridazine Tablets 25mg (NDC: 62135093690)
- Thioridazine Tablets 50mg (NDC: 62135093890)
- Thioridazine Tablets 100mg (NDC: 62135093990)
- Thyquidity
- Ticovac
- Timolol/Brimonidine/Dorzolamide
- Timolol/Brimonidine/Dorzolamide/Bimatoprost
- Timolol/Dorzolamide/Bimatoprost
- Tiotropium 18 mcg (brand formulation Spiriva HandiHaler is covered)
- Tirosint
- Tivdak (Rx benefit)
- Tivorbex (effective date 01/01/19)
- Tolak 4% cream
- Tolectin
- Tolsura
- Tonmya
- Torsemeide 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)
- Trazodone Tablets 300mg (NDC: 64980067501)
- Trazimera (Rx benefit)
- Treanda
- Trelstar Mixject (Rx benefit)
- Tresni Suppository
- Tretin-X
- Treximet (effective date 01/01/19)
- Triamcinolone (Kenalog) Spray
- Triamvex Kit
- 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
- Trypyr
- Tyruko (Rx benefit)
- Tysabri (Rx benefit)
- Tzield (Rx benefit)
- Uceris Foam
- Ultomiris (Rx benefit)
- Ultravate Lotion
- Unithroid
- Unloxcyt
- Uplizna (Rx benefit)
- Urea
- Urelle
- Uretron D/S
- Uribel
- Urimar-T
- Urin DS
- Uro-458
- URO-MP
- UroAv-81
- UroAv-B
- Ustell
- Uticap
- Utira-C
- Utrona-C
- Utopic
- Uzedy
- Vabysmo (Rx benefit)
- 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
- Vanrafia
- Varophen

## Brand and Generic Versions (continued)

- Vasopressin Injection  
200 units/10ml (NDC:  
00517103001)
- Vasopressin Injection  
20 units/mL (NDC:  
00517102001)
- Vasopressin Injection  
20 units/mL (NDC:  
00517102025)
- Vectibix (Rx benefit)
- Vegzelma (Rx benefit)
- Veklury
- Veltin
- Venofer (Rx benefit)
- 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
- Versacloz
- Vevye
- Vigafyde Solution  
100 mg/mL
- Vilamit MB
- Vilelev MB
- Viltepso
- Vimovo
- Virtussin
- Virtussin DAC
- Visco-3
- Vistaseal Kit
- Vitamedmd Redichew  
Rx tablets
- Vitapearl
- Vitatru
- Vivimusta (Rx benefit)
- Vivjoa
- Vizz
- Voltaren 1% gel
- Voyxact
- VTOL liquid
- Vuity
- Vusion 0.25%-0.15%  
ointment
- Vyalev
- Vykate XR
- Vyepi (Rx benefit)
- Vyleesi
- Vyloy (Rx benefit)
- Vyondys 53
- Vytone 1.9%-1% cream
- Vyvanse Chewable Tablets
- Vyvgart (Rx benefit)
- Vyvgart Hytrulo vials
- Vyzulta
- Weed Mix #7b
- Wegovy
- Weight Control Products
- Wezlana
- Widaplik
- Winlevi
- Winrevair (medical benefit)
- Woundgelha Matrix Gel
- Xaciat
- Xalix
- Xaracoll
- Xbryk
- Ycanth
- Xelpros
- Xelstrym
- Xenpozyme (Rx benefit)
- Xeomin (Rx benefit)
- Xeroform Gauze
- Xeroform Pads
- Xhance
- Xifyrm
- Ximino
- Xipere (Rx benefit)
- Xofigo (Rx benefit)
- Xolair vials
- Xolegel 2% gel
- Xyosted
- Xultophy
- Xyntha
- Xyzmune capsules
- Yervoy (Rx benefit)
- Yesafili
- Yescarta (Rx benefit)
- Yondelis (Rx benefit)
- Yoni Fit Kit
- Yonsa
- Yosprala
- Yuflyma
- Yusimry
- Yutiq (Rx benefit)
- Yutrepia
- Yuvaferm
- Zalvit
- Zantac
- Zarxio (Nivestym preferred)
- Zegerid
- Zelapar
- Zelsuvmi
- Zembrace
- Zencia wash liquid  
(sulfacetamide/sulfur  
9-4%)
- Zenzedi (effective date  
01/01/19)
- Zepbound
- Zepzelca (Rx benefit)
- Zerviate
- Zetonna
- Zevaskyn
- Zevtera Injection
- Ziana
- Ziclocin PAK
- Ziextenzo (Fulphila or  
Udenyca preferred)
- 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)
- Zolmitriptan Tablets 2.5  
mg (NDC: 42291099806)
- Zolmitriptan ODT 5mg  
(NDC: 42291099903)
- 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)
- Zomacton
- 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
- Zunveyl
- Zurnai
- Zusduri (Rx benefit)
- Zylflo continuous-release/  
extended-release
- Zylflo immediate-release
- Zymfentra
- Zynlonta (Rx benefit)
- Zynrelef
- Zynteglo (Rx benefit)
- Zynyz (Rx benefit)
- Zytiga 500 mg tablets

## 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
- 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
- Adbry: 52 prefilled syringes per 365 days
- Adcirca: 2 tablets per day
- Adempas: 90 tablets per 30 days
- Adlarity: 4 patches per 28 days
- Adynovate: 70 units/kilogram twice weekly for prophylactic therapy; up to 5 on-hand doses for emergency use
- Aemcolo: 12 tablets per 30 days
- Afinitor: limit based on instructions for use; included in split fill program
- AirDuo: 1 inhaler per 30 days
- Ajovy: 3 prefilled syringes (225 mg ea) per 90 days
- Akynzeo: 300 mg /0.5 mg capsule: 2 capsules per 30 days
- Akynzeo intravenous solution: two 235 mg/0.25 mg vials per 30 days
- 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
- Alyftrek 4mg/20 mg/50 mg: 84 tablets per 28 days
- Alyftrek 10 mg/50 mg/125 mg: 56 tablets per 28 days
- Alprolix: 24,000 units every 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
- Anzupgo: 60 grams per 30 days; sixteen 30-gram tubes per 365 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
- Aqneursa: 120 packets per 30 days
- 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
- Attruby: 112 tablets per 28 days
- Augtyro: 240 capsules per 30 days
- Austedo 6 mg: 720 tablets per 90 days
- Austedo 9 mg: 450 tablets per 90 days
- Austedo 12 mg: 360 tablets per 90 days
- Auvelity: 60 tablets per 30 days
- Avalide: 1 tablet per day
- Avapro: 1 tablet per day
- Avita Cream 0.025%: 45 grams every 30 days
- Avita Gel 0.025%: 45 grams every 30 days
- Avmapki Fakzynja: 66 tablets per 28 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
- Bildyos: 1 mL every 180 days
- Bilprevda: 1.7 mL every 28 days
- Bimzelx: 2 prefilled syringes/auto-injectors (2 mL) every 56 days
- Blujepa: 20 tablets per 180 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
- Brilinta: 60 tablets per 30 days
- Brinsupri: 30 tablets per 30 days
- Brisdelle: 1 tablet per day
- Briviact oral solution: 20 mL per day

## Quantity Level Limits (continued)

- 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
- Byetta: 2.4 mL (1 pen) per 30 days
- Bylvay 200 mcg: 1 capsule per day
- Bylvay 400 mcg: 2 capsules per day
- Bylvay 600 mcg: 1 capsule per day
- Bylvay 1200 mcg: 5 capsules per day
- Bystolic 2.5 mg: 30 tablets per 30 days
- Bystolic 5 mg: 30 tablets per 30 days
- Bystolic 10 mg: 30 tablets per 30 days
- Bystolic 20 mg: 60 tablets per 30 days
- 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
- Candesartan-HCTZ: 30 tablets per 30 days
- Candesartan: 30 tablets per 30 days
- 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
- Cobenfy Starter Pack: 56 capsules per 365 days
- Cobenfy 50 mg/20 mg: 2 capsules per day
- Cobenfy 100 mg/20 mg: 2 capsules per day
- Cobenfy 125 mg/30 mg: 2 capsules per day
- 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
- Crencosity: 60 capsules per 30 days
- Cresemba: 1 vial per day; 2 capsules per day
- Crestor: 1 tablet per day
- Crexont: 300 capsules per 30 days
- Ctexli: 90 tablets per 30 days
- Cuprimine: 8 capsules per day
- Cuvposa: three 473 mL bottles per 30 days
- 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
- Daliresp: 30 tablets per 30 days
- 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 15 Day sensor: 2 sensors per 30 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
- Ebglyss 250 mg/2 mL: 26 prefilled syringes/pens per 365 days
- Effexor XR 37.5 mg: 1 capsule/tablet per day
- Effexor XR 75 mg: 1 capsule/tablet per day
- Elrexfio: 3.8 mL per 28 days
- 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 40 mg capsules: 4 capsules per 30 days
- Emend 80 mg capsules: 4 capsules per 30 days
- Emend 125 mg capsules: 2 capsules per 30 days
- Emend Therapy Pack: 2 therapy packs per 30 days
- Emend 125mg suspension: 6 suspension packets per 30 days
- Emend intravenous solution: two 150 mg vials per 30 days
- 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

## Quantity Level Limits (continued)

- 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
- Ensacove 100 mg: two capsules per day
- Ensacove 25 mg: one capsule per day
- Enspryng: 1 prefilled syringe per 28 days
- Enstilar Foam: 120 grams per 30 days
- Entocort: 180 capsules per 365 days
- 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: 120 tablets per 30 days
- Eplclusa: 1 tablet per day
- Epipen (generic only): 4 pens per 30 days; 24 pens per 365 days
- Epipen Jr. (generic only): 4 pens per 30 days; 24 pens per 365 days
- Erivedge: limit based on instructions for use; included in split fill program
- Erleada: 4 tablets per day
- Erycette: 60 pads per 30 days
- Eryderm: 60 mL per 30 days
- Erygel: 60 grams per 30 days
- Esbriet: 9 capsules per day
- Estradiol vaginal tablets: 18 tablets per 30 days
- Eucrisa ointment: 60 grams per 30 days
- Evenity: 2 prefilled syringes per 30 days
- Evrysdi: 3 bottles (60 milligrams per bottle) per 30 days
- Exdensus: 2 prefilled syringes/pens per 365 days
- Exforge: 30 tablets per 30 days
- Exxua: 30 tablets per 30 days
- Eylea: One 0.05 mL injection every 4 weeks
- Fabhalta: 60 capsules per 30 days
- Famvir: 30 tablets per 365 days
- Fanapt: 2 tablets per day
- Fanapt titration pak: 8 tablets per 365 days
- Farxiga: 1 tablet per day
- Farydak: 6 capsules per 21 days
- Fasenra pens: 3 pens per 180 days
- Fasenra prefilled syringes: 3 syringes per 180 days
- Fensolvi: 1 kit per 157 days
- Fentora: 4 tablets per day; restricted to 30-day supply
- Fetzima: 30 capsules per 30 days
- Filspari: 30 tablets 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
- Fruzaqla: 21 capsules per 28 days
- Fycompa: 1 tablet per day
- Fycompa oral suspension: 680 milliliters per 28 days
- Galafold: 14 capsules per 28 days
- Gardasil 9: 3 doses per lifetime
- Gattex: 30 vials per 30 days
- Gavreto: four capsules per day
- Genvoya: 1 tablet per day
- Giazio: 6 tablets per day
- Gilenya: 1 tablet per day
- Gilotrif: 1 tablet per day
- Glatopa 20 mg/mL: 1 prefilled syringe per day
- Glaptopa 40 mg/mL: 12 prefilled syringes per 28 days
- Gleevec: limit based on instructions for use; included in split fill program
- Glucagon Emergency Kit: 6 kits per 365 days
- Glyxambi: 1 tablet per day
- Gomekli capsules: 84 capsules per 28 days
- Gomekli tablets: 168 tablets per 28 days
- 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
- Hernexeos: 60 tablets per 30 days
- 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
- Hyrnuo: 120 tablets per 30 days
- Ibrance: 21 tablets per 28 days
- Ibsrela: 60 tablets per 30 days
- Idelvion: 15,000 units every 30 days
- Idhifa: 1 tablet per day
- Ilumya: 5 syringes per 12 months
- Imbruvica 70 mg capsules: one capsule per day

## Quantity Level Limits (continued)

- 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
- Inflectra: limit based on instruction for use
- Ingrezza: 60 capsules per 30 days
- Inluriyo: 60 tablets 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
- Jascayd: 60 capsules per 30 days
- 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
- Jubbonti: 1 mL every 180 days
- Jynarque: 2 tablets per day
- Kalydeco: 60 tablets per 30 days
- Kazano: 2 tablets per day
- Kerendia: 1 tablet per day
- Kesimpta: 0.4 mL (one pen/syringe) per 28 days
- Ketoconazole Cream 2%: 60 grams every 30 days
- Kevzara: 2.28 milliliters (2 syringes) per 30 days
- Kineret: 240 vials per 30 days
- Kineret prefilled syringes: 18.76 mL (28 prefilled syringes) per 28 days
- Kisqali 200 dose: 21 tablets per 30 days
- Kisqali 400 dose: 42 tablets per 30 days
- Kisqali 600 dose: 63 tablets per 30 days
- Kisqali Femara 200 dose: 49 tablets per 30 days
- Kisqali Femara 400 dose: 70 tablets per 30 days
- Kisqali Femara 600 dose: 91 tablets per 30 days
- Klisyri: 5 packets per 30 days
- Kombiglyze XR: 2 tablets per day
- Komzifti: 90 capsules per 30 days
- 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
- Lazcluze 80 mg: 60 tablets per 30 days
- Lazcluze 240 mg: 30 tablets per 30 days
- 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
- Livalo: 30 tablets per 30 days
- Livdelzi: 1 capsule per day
- Livmarli 9.5 mg/mL solution: 3 mL per day
- Livmarli 19 mg/mL solution: 2 mL per day
- Livtency: 120 tablets per 30 days
- Lokelma: 30 packets per 30 days
- 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

## Quantity Level Limits (continued)

- 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
- Lynkuet: 60 capsules per 30 days
- 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: 6 mL per 30 days
- Miplyffa: 90 capsules per 30 days
- Mirvaso: 30 grams 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
- Nayzilam: 8 spray bottles per 30 days
- Nemludio: 1 pen per 28 days
- Nemludio 30 mg/0.49mL pen: 1 pen per 28 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
- Nuvigil: 30 tablets per 30 days (with the exception of the 50 mg tablets, which have a quantity limit of 60 tablets per 30 days)
- Nuzyra tablets: 30 tablets per 30 days
- Nuzyra vials: 15 vials per 30 days
- NYAMYC powder 100,000 units: 60 grams every 30 days
- Nymalize oral solution: 126 prefilled oral syringes per 21 days
- Nystatin powder 100,000 units: 60 grams every 30 days
- Nystop powder 100,000 units: 60 grams every 30 days
- 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
- Olmesartan-Amlodipine-HCTZ: 30 tablets 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
- Omvoh 100 mg pens/syringes: 2 auto-injectors/syringes (2 mL) every 28 days
- Omvoh 300 mg vials: 45 mL per 365 days
- Omvoh 300 mg pens/syringes: 2 auto-injectors/syringes (3 mL) every 28 days
- Ongentys: 30 capsules 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; six 60-gram tubes per 365 days
- Orenicia syringes: 4 syringes per 28 days
- Orenitram: 3 tablets per day
- Orenicia auto-Injector 125 mg/mL: 4 autoinjectors per 28 days
- Orenicia 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
- Orlynvah: 10 tablets per 180 days
- Orserdu: 30 tablets per 30 days
- Oseni: 1 tablet per day

## Quantity Level Limits (continued)

- 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
- Ozempic: 30 tablets 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 300/100 mg and 150/100 mg: 11 tablets every 180 days
- Paxlovid 150/100 mg Therapy Pack: 20 tablets every 180 days
- Paxlovid 300/100 mg Therapy Pack: 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
- Pivva: 21 tablets per 180 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
- Plevnar-13: 4 doses per lifetime
- Plevnar 20: 0.5 mL per lifetime
- Prevpac: 112 capsules/tablets per 180 days
- Prevymis Pak: 4 packets per day (with up to 203 days of therapy every 365 days)
- Prevymis solution: 24 milliliters per day
- Prevymis tablets 480 mg tablets: 30 tablets per 30 days (with up to 224 days of therapy every 365 days)
- Prevymis 240 mg tablets: 30 tablets per 30 days (with up to 210 days of therapy every 365 days)
- Pristiq: 1 tablet per day
- Promacta 12.5 mg: 30 tablets per 30 days
- Promacta 25 mg: 30 tablets per 30 days
- Promacta 50 mg: 60 tablets per 30 days
- Promacta 75 mg: 60 tablets per 30 days
- Progesterone capsules: 2 capsules per day
- Provigil: 60 tablets per 30 days
- 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
- Redemplo 25 mg: 1 single-dose pre-filled syringe per 90 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
- 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
- Revuforj: 60 tablets per 30 days
- Rexulti: 1 tablet per day
- Reyvow 50 mg: 4 tablets per 30 days
- Reyvow 100 mg: 8 tablets per 30 days
- Rezdiffra: 30 tablets per 30 days
- Rezurock: 30 tablets per 30 days
- Rhapsido: 60 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
- Romvimza: 8 capsules per 28 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
- 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

## Quantity Level Limits (continued)

- Seebri Neohaler: 60 capsules per 30 days
- Segluromet: 2 tablets per day
- Sephience 250 mg: 90 packets per 30 days
- Sephience 1000 mg: 180 packets per 30 days
- Seroquel XR: 2 tablets per day
- Shingrix: 1 dose per 28 days; 2 doses per lifetime
- Siklos: 30 tablets per 30 days
- 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
- Soolantra: 45 grams per 30 days
- Sorilux Foam: 120 grams per 30 days
- Sotyktu: 30 tablets per 30 days
- Sovaldi: 30 tablets per 30 days
- Spevigo 150 mg/mL prefilled syringe: 4 syringes per 28 days for the first 4 weeks, then 2 syringes every 28 days
- Spiriva Handihaler: 30 capsules per 30 days
- Spiriva Respimat: 4 grams 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
- Steqeyma 45 mg/0.5 mL prefilled syringe: 1 syringe per 12 weeks
- Steqeyma 90 mg/mL prefilled syringe: 1 syringe per 12 weeks
- Steqeyma intravenous injection: 4 vials (104 milliliters) per 365 days
- Stratterra: 30 capsules per 30 days
- Suboxone sublingual tablets: 45 tablets per 365 days (without prior authorization)
- Subsys: 4 spray units per day; restricted to 30-day supply
- Sucraid: 300 mL per 30 days
- Sunlenca: 3 mL per 26 weeks; 5 tablets per 365 days
- Sunosi: 1 tablet per day
- Sustiva capsules: 2 capsules per day
- Sustiva tablets: 1 tablet per day
- Sutent: limit based on instructions for use; included in split fill program
- Symdeko: 60 tablets per 30 days
- Symproic: 1 tablet per day
- Synera 70-70 mg patch: 2 patches per 25 days
- Synjardy/Synjardy XR: 2 tablets per day
- Tabloid: 30-day supply; limit based on instructions for use
- Taclonex Ointment: 60 grams per 30 days
- Taclonex Topical Suspension: 60 grams per 30 days
- Tacrolimus 0.03% ointment: 100 grams every 30 days
- Tacrolimus 0.1% ointment: 100 grams every 30 days
- Tafinlar: 4 capsules per day
- Tagrisso: 1 tablet per day
- Takhzyro: 2 prefilled syringes per 28 days
- 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
- Telmisartan-Amlodipine: 30 tablets per 30 days
- Telmisartan-HCTZ: 30 tablets per 30 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
- 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

## Quantity Level Limits (continued)

- 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 30 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
- Velphoro: 180 tablets per 30 days
- Verquvo: 1 tablet per day
- Verzenio: 60 tablets per 30 days; included in split fill program
- Viberzi: 2 tablets per day
- Victoza: 3 pens (9 mL) per 30 days
- Viekira: 4 tablets per day
- Viibryd: 30 tablets per 30 days
- Vijoice: 60 tablets per 30 days
- Vitrakvi 100 mg: 60 capsules per 30 days
- Vitrakvi 25 mg: 180 capsules per 30 days
- Vitrakvi 20 mg/mL oral solution: 300 mL per 30 days
- Vivitrol: 1 vial per 28 days
- Vocabria: 28 tablets per 365 days
- Vonjo: 120 capsules per 30 days
- Voquezna Dual Pak: 112 tablets/capsules per 30 days
- Voquezna tablets: 1 tablet per day
- Voquezna Triple Pak: 112 tablets/capsules per 30 days
- Voranigo: 30 tablets 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
- Vytorin: 1 tablet per day
- Vyvanse 10 mg, 20 mg, and 30 mg capsules: 60 capsules per 30 days
- Vyvanse 40 mg, 50 mg, 60 mg and 70 mg capsules: 30 capsules per 30 days
- Vyvgart Hytrulo: 4 prefilled syringes per 50 days
- Wainua: one single-dose auto-injector (45 mg) per 30 days
- Wakix: 2 tablets per day
- Wayrizl: 60 tablets per 30 days
- Welireg: 90 tablets per 30 days
- Wellbutrin XL: 1 tablet per day
- Winrevair: 2 kits per 21 days
- Wyost: 1.7 mL every 28 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
- Xpovio: 32 tablets per 28 days
- Xromi: 450 mL per 30 days
- Xtandi 40 mg: 120 capsules/tablets per 30 days
- Xtandi 80 mg: 60 capsules/tablets per 30 days
- Xulane: 9 patches per 84 days

## Quantity Level Limits (continued)

- Xuriden: 4 packets per day
- Xywav: 540 mL per 30 days
- Xyrem: 540 mL per 30 days
- Yesintek 45 mg/0.5 mL injection: 1 vial per 12 weeks
- Yesintek 90 mg/mL prefilled syringe: 1 syringe per 12 weeks
- Yesintek intravenous injection: 4 vials (104 milliliters) per 365 days
- Yeztugo tablets: 4 tablets per 365 days
- Yeztugo vials: 3 milliliters every 6 months
- Yondelis: limited based on instructions for use
- Yorvipath: 2 pens per 28 days
- 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
- Zegfrovy: 30 tablets per 30 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
- Ztalmly: 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

## Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist Fill Limits

HBP members beginning therapy with any of the medications listed below will be limited to a 1-month supply for the first two fills of therapy and any time a new strength is filled to ensure the member tolerates the medication. Additionally, HBP members can only fill one of the medications below per month:

- Byetta
- Mounjaro
- Ozempic
- Soliqua
- Trulicity

## 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 <sup>3</sup>	Formulary Alternatives(s)
<b>Acne</b> Myorisan      Zenatane	Claravis
<b>Antidepressants</b> Pristiq	Venlafaxine capsules, Venlafaxine ER capsules
<b>Anti-Human Epidermal Growth Factor Receptor 2 protein (HER-2)</b> Ogivri      Trazimera	Ontruzant
<b>Blood Pressure Medication</b> Candesartan      Amlodipine/ Candesartan/HCTZ      valsartan      Olmesartan/ amlodipine/HCTZ      Telmisartan/HCTZ Telmisartan/ amlodipine	Amlodipine/ olmesartan      Losartan/HCTZ      Telmisartan Irbesartan      Valsartan Lisinopril      Irbesartan/HCTZ      Valsartan/HCTZ Lisinopril/HCTZ      Olmesartan Losartan      Olmesartan/HCTZ
<b>Cholesterol Lowering Medications</b> Lescol extended- release      Lescol immediate- release      Livalo Nikita      Zypitamag	Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin
<b>Diabetes<sup>4</sup></b> Alogliptin      Janumet      Jentadueto XR      Oseni Alogliptin/ metformin      Janumet XR      Kazano      Saxagliptin Alogliptin/ pioglitazone      Januvia      Kombiglyze XR      Tradjenta Glyxambi      Nesina Jentadueto      Onglyza	Metformin
<b>Diabetes: Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist</b> Byetta      Ozempic      Trulicity Mounjaro      Soliqua	Liraglutide
<b>Diabetes: Insulin</b> Rapid-acting:      Short-acting:      Long-acting:      Mix: Admelog      Novolin R      Basaglar      Novolog Mix Afrezza      FlexPen      Toujeo      70/30 Apidra      Tresiba Fiasp Novolog	Rapid-acting:      Short-acting:      Long-acting:      Mix: Humalog,      Humulin R      Lantus,      Humalog insulin      100 units/ lispro      mL      insulin-      Mix 50/50 glargine-      Humalog yfgn      Mix 75/35 Humulin 70/30
<b>Diabetes: SGLT2 inhibitors</b> Glyxambi      Jardiance      Steglujan      Xigduo XR Invokamet/ Invokamet XR      Qtern      Synjardy/Synjardy Segluromet      XR Invokana      Steglatro      Trijardy XR	Farxiga

continued >

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

4. Saxagliptin is the preferred DPP-IV inhibitor product under the EHP prescription drug benefit.

## Step Therapy Program (continued)

Medication(s) Requiring Step Therapy <sup>3</sup>				Formulary Alternatives(s)
<b>Diabetes: SGLT2 inhibitors</b>				Farxiga
Glyxambi	Jardiance	Steglujan	Xigduo XR	
Invokamet/ Invokamet XR	Qtern	Synjardy/Synjardy XR		
Invokana	Segluromet	Steglatro	Trijardy XR	
<b>Erythropoiesis-Stimulating Agent (ESA)</b>				Retacrit
Epogen	Procrit			
<b>Filgrastim Granulocyte Colony-Stimulating Factor (G-CSF)</b>				Nivestym
Granix	Nypozi	Releuko	Zarxio	
Neupogen				
<b>Gastrointestinal Medications</b>				Balsalazide, Mesalamine ER 0.375 mg capsules, Mesalamine 800 mg tablets, Sulfasalazine
Delzicol	Giazo	Lialda	Pentasa	
Dipentum				
<b>Immune Modulators</b>				Hadlima                      Renflexis
Adalimumab-fkjp	Ilumya	Skyrizi intravenous injection	Steqeyma	
Avsola	Inflectra		Taltz	
Bimzex	Infliximab	Skyrizi subcutaneous injection	Xeljanz	
Cimzia	Kineret		Xeljanz XR	
Cosentyx	OmvoH	Simponi (subcutaneous)	Yesintek intravenous injection	
Enbrel	Orencia			
Erelzi	Rinvoq	Simponi Aria	Yesintek subcutaneous injection	
Humira 10mg	Siliq	Intravenous Injection		
Humira 20mg				
<b>Interleukin-6 Receptor Antagonist</b>				Tyenne
Actemra	Tofidence			
<b>Osteoporosis: Anabolic Agents</b>				Teriparatide
Evenity	Tymlos			
<b>Pegfilgrastim Granulocyte Colony-Stimulating Factor (G-CSF)</b>				Fulphila, Udenyca Prefilled Autoinjector, Udenyca Prefilled Syringe, Udenyca Onbody Injector
Fylnetra	Neulasta Onpro	Stimufend	Ziextenzo	
Neulasta	Nyvepria			
<b>Stimulants</b>				Modafinil <b>AND</b> one additional formulary stimulant (i.e. dextroamphetamine/amphetamine racemic salts extended-release capsules, methylphenidate extended-release capsules or tablets, lisdexamfetamine capsules)
Nuvigil				
<b>Vascular Endothelial Growth Factor (VEGF) Inhibitor</b>				Zirabev
Almysys	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. Saxagliptin is the preferred DPP-IV inhibitor product under the EHP prescription drug benefit.

# Specialty Drug Benefit

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

- Actemra
- Acthar gel
- Actimmune
- Adalimumab-fkjp (unbranded Hulio)
- Adempas
- Adcetris
- Adbry
- Adcirca
- Adynovate
- Afinitor
- Ajovy
- Alecensa
- Alkeran
- Alprolix
- Alunbrig
- Alyftrek
- Alyq
- Ampyra
- Anzupgo
- Apretude
- Aptivus
- Aqneursa
- Aralast NP
- Aranesp
- Arava
- Arcalyst
- Arikayce
- Arimidex
- Aristada
- Aristada Initio
- Aromasin
- Atripla
- Attriby
- Aubagio
- Augtyro
- Austedo
- Avmapki Fakzynja
- Avonex
- Ayvakit
- Bafiertam
- Balversa
- Banzel
- Baraclude
- Benlysta
- Berinert
- Besremi
- Betaseron
- Bethkis
- Bethkis
- Biktarvy
- Bimzelx<sup>5</sup>
- Bosulif
- Braftovi
- Brinsupri
- Bronchitol
- Brukinsa
- Buphenyl
- Bylvay
- Cabenuva
- Cablivi
- Cabometyx
- Camzyos
- Caprelsa
- Cayston
- Cellcept
- Cerdelga
- Cerezyme
- Cibinqo
- Cimzia<sup>5</sup>
- Cinqair<sup>6</sup>
- Cinryze
- Combivir
- Cometriq
- Complera
- Copaxone
- Copegus
- Copiktra
- Costenyx<sup>5</sup>
- Cotellic
- Crenessity
- Cresemba
- Crixivan
- Ctexli
- Cuprimine
- Cyclophosphamide
- Cystagon
- Cytovene
- Daklinza
- Daurismo
- Daybue
- Depen Titratabs
- Descovy
- Desferal
- Diacomit
- Doptelet
- Dupixent
- Ebglyss
- Edurant
- Egriftra
- Eligard
- Elrexfio
- Emcyt
- Emgality
- Empaveli
- Emtriva
- Enbrel<sup>5</sup>
- Ensacove
- Enspryng
- Eplclusa
- Epidiolex
- Epivir
- Epivir HBV
- Epoprostenol
- Epzicom
- Ergamisol
- Erivedge
- Erleada
- Esbriet
- Evenity
- Evrysdi
- Exdensus
- Exjade
- Extavia
- Fabhalta
- Fareston
- Farydak
- Fasentra pens<sup>6</sup>
- Fasentra prefilled syringes<sup>6</sup>
- Femara
- Fensolvi
- Feriprox
- Filspari
- Filsuvez
- Fintepla
- Firazyr
- Firdapse
- Flolan
- Forteo
- Fotivda
- Fruzaqla
- Fuzeon
- Fycompa
- Galafold
- Gattex
- Gavreto
- Gengraf
- Genotropin
- Genvoya
- Gilenya
- Gilotrif
- Glassia
- Gleevec
- Gleostine
- Haegarda
- Hecoria
- Hecoria
- Hepsera
- Hernexeos
- Hetlioz
- Hycamtin
- Hyftor
- Hynnuo
- Ibrance
- Idelvion
- Ilaris
- Ilumya
- Iluvien
- Imbruvica
- Impavido
- Incivek
- Increlex
- Infergen
- Ingrezza
- Inluriyo
- Inlyta
- Inqovi
- Inrebic
- Intelence
- Invirase
- Iqirvo
- Iressa
- Isentress
- Isturisa
- Iwilfin
- Jadenu
- Jakafi
- Jascayd
- Jaypirca
- Jesduvroq
- Juxtapid
- Jynarque
- Kalbitor
- Kaletra
- Kalydeco
- Kevzara
- Kesimpta
- Kineret
- Kitabis Pak
- Kisqali
- Klisyri
- Komzifti
- Korlym
- Koselugo
- Kovaltry
- Krazati
- Kuvan
- Kyprolis
- Lampit
- Lazcluze
- Lenvima
- Leqselvi
- Letairis
- Leukeran
- Leukine
- Leuprolide
- Lexiva
- Libervant
- Liffulo
- Livdelzi
- Livmarli
- Livtencity
- Lokelma
- Lonsurf
- Lorbrena
- Lumakras
- Lupkynis
- Lupron
- Lynparza
- Lysodren
- Lytgobi
- Matulane
- Mavenclad
- Mavyret
- Mayzent
- Mekinist
- Mektovi
- Miebo
- Miplyffa
- Mozobil
- Mulpleta
- Mycapssa
- Myfembree
- Myfortic
- Myleran
- Nayzilam
- Nemludio
- Neoral
- Nerlynx
- Neumega
- Nexavar
- Nexletol
- Nexlizet
- Ninlaro
- Norditropin
- Northera
- Norvir
- Nourianz
- Noxafil
- Nplate
- Nubeqa
- Nucala<sup>6</sup>
- Nuedexta
- Nulibry
- Nuplazid
- Nurtec Orally Disintegrating Tablets
- Nuzyra

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

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

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

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

## Specialty Drug Benefit (continued)

- Nymalize oral solution
- Octreotide
- Odefsey
- Odomzo
- Ofev
- Ohtuvayre
- Ojjaara
- Olumiant
- Olysio
- Omvoh<sup>5</sup>
- Onfi
- Ongentys
- Opfolda
- Opsumit
- Opzelura
- Orenzia<sup>5</sup>
- Orenitram
- Orfadin
- Orgovyx
- Oriahnn
- Orilissa
- Orkambi
- Orserdu
- Otezla
- Oxervate
- Oxsoalen
- Palforzia
- Palynziq
- Panretin
- Pegintron
- Pegasys
- Pemazyre
- Piqray
- Plegridy
- Pomalyst
- Ponvory
- Praluent<sup>8</sup>
- Prevymis
- Prezista
- Probuphine
- Prograf
- Prolastin-C
- Prolia
- Promacta
- Pulmozyme
- Purified Cortrophin Gel
- Purinethol
- Purixan
- Pyrukynd
- Qbrexza
- Qinlock
- Qulipta
- Rapamune
- Rasuvo
- Ravicti
- Rebetol
- Rebif
- Recorlev
- Redempro
- Regranex
- Remodulin
- Repatha
- Rescriptor
- Restasis
- Retevmo
- Retrovir
- Revatio
- Revlimid
- Revuforj
- Reyataz
- Reyvow
- Rezdiffra
- Rezurock
- Rhapsido
- Ribapak/Ribavirin
- Ribasphere
- Rilutek
- Rinvoq<sup>5</sup>
- Romvimza
- Rozlytrek
- Rubraca
- Ruconest
- Rukobia
- Ruzurgi
- Rydapt
- Sabril
- Samsca
- Sandimmune
- Sandostatin
- Scemblix
- Selzentry
- Sensipar
- Sermorelin
- Serostim<sup>7</sup>
- Simponi<sup>5</sup>
- Sivextro
- Skyclarys
- Skyrizi intravenous injection<sup>5</sup>
- Skyrizi subcutaneous injection<sup>5,6</sup>
- Somavert
- Soriatane
- Sotyktu
- Sovaldi
- Spevigo prefilled syringes
- Spravato
- Spritam
- Sprycel
- Steqeyma
- Stimate
- Stivarga
- Strensiq
- Stribild
- Sucraid
- Sulfamylon
- Sunlenca
- Sunosi
- Sustiva
- Sutent
- Sylatron
- Symdeko
- Synarel
- Syprine
- Tabloid
- Tafenlar
- Tagrisso
- Takhzyro
- Taltz
- Talzenna
- Tarceva
- Targretin
- Tassigna
- Tavalisse
- Tavneos
- Tazverik
- Tecfidera
- Technivie
- Temodar
- Teriparatide
- Tepmetko
- Tev-Tropin<sup>7</sup>
- Thalomid
- Thioguanine
- Tibsovo
- Tiglutik
- Tivicay
- TOBI
- TOBI Podhaler
- Tofidence
- Tracleer
- Trelstar
- Triumeq
- Trizivir
- Truqap
- Truvada
- Tyrvaya
- Tryviro
- Tukysa
- Turalio
- Tyenne
- Tykerb
- Tymlos
- Tyvaso
- Tyzeka
- Ubrelyvy
- Udenyca
- Upneeq
- Uptravi
- Valchlor
- Valcyte
- Valtoco
- Vanflyta
- Veletri
- Velsipity
- Veltassa
- Vemlidy
- Venclexta
- Ventavis
- VePesid
- Verkazia
- Verquvo
- Vesanoïd
- Videx
- Videx EC
- Viekira
- Vioice
- Viracept
- Viramune
- Viread
- Vitekta
- Vitrakvi
- Vivitrol
- Vocabria
- Vonjo
- Voranigo
- Vosevi
- Votrient
- Vowst
- Voxzogo
- Vtama
- Vyjuvek
- Vumerity
- Vyndamax
- Vyvgart Hytrulo prefilled syringes
- Wainua
- Wakix
- Wayrilz
- Welireg
- Winrevair
- Xalkori
- Xeljanz<sup>5</sup>
- Xeljanz XR<sup>5</sup>
- Xeloda
- Xenazine
- Xermelo
- Xgeva
- Xiaflex
- Xolair<sup>6</sup>
- Xolremdi
- Xospata
- Xphozah
- Xpovio
- Xtandi
- Xywav
- Xyrem
- Yesintek intravenous injection<sup>5,6</sup>
- Yesintek subcutaneous injection<sup>5,6</sup>
- Yeztugo
- Zavesca
- Zavzpret
- Zejula
- Zelboraf
- Zemaira
- Zepatier
- Zeposia
- Zerit
- Ziagen
- Zilbrysq
- Xiidra
- Xcopri
- Xphozah
- Zegfroy
- Zokinvy
- Zoladex
- Zolinza
- Zortress
- Zoryve
- Ztalmly
- Zurzuvae
- Zykadia
- Zytiga

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

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

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

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

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

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

# Specialty Drug Copay Card Assistance Program

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

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

- Ajoyv
- Banzel
- Emgality
- Fycompa
- Nourianz
- Nurtec Orally Disintegrating Tablets
- Orilissa
- Praluent
- Restasis
- Reyvow
- Siklos
- Sivextro
- Spritam
- Ubrelvy
- Xiidra

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

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

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

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
30. Humira
31. Remicade
32. Stelara
33. Accelerated approval medications for non-oncologic conditions.
34. New-to-market medications not yet reviewed by the EHP P&T committee.
35. Duvyzat
36. Rituxan
37. Viltepso

Refer to the Non-Covered Medications section of the HBP Prescription Drug Formulary for lists of 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.

