Welcome to the Cleveland Clinic Employee Health Plan, hereafter referred to as the “Health Benefit Program” (HBP) Prescription Drug Benefit Program. As a Health Benefit Program member, you have access to a comprehensive prescription drug benefit. This Prescription Drug Benefit and Formulary Handbook (hereafter referred to as the Handbook) has been developed to help you understand the healthcare services and benefits available to you. It is updated as necessary and is also available on our website at www.clevelandclinic.org/healthplan. This Handbook is updated as needed. In addition, changes to the Prescription Drug Benefit Program are communicated to members through quarterly HealthWise Bulletins.

This Handbook defines your prescription drug coverage. We encourage you to take the time to read this information carefully. You may wish to consider taking this Handbook with you when you visit your healthcare provider(s) to aid in the selection of effective, safe, and value-based prescription drug therapy.

You will find helpful information about:
- Where you can get your prescriptions filled;
- The HBP Prescription Drug Formulary;
- The Mandatory Maintenance Program;
- Prior Authorization and Formulary Exception Programs;
- Quantity Limit and Step Therapy Programs; and
- The Specialty Drug Program

Adherence to your prescribed drug therapy plan is critical to improving your quality of life and decreasing your out-of-pocket expenses in the long run. The HBP looks forward to assisting you with your prescription drug benefit needs.
Prescription Drug Benefit Administration

The Prescription Drug Benefit is administered through CVS/caremark™ under the guidance of the EHP Pharmacy Management Department. You can contact the EHP Pharmacy Management Department Monday through Friday, from 8 a.m. to 4:30 p.m., by calling 216.986.1050, option 4 or 888.246.6648, option 4. In addition, CVS/caremark has a dedicated, toll-free Customer Service phone number that members can call 24 hours a day, seven days a week: 866.804.5876. CVS/caremark Customer Service is also available through email at customerservice@caremark.com.

If your CVS/caremark Prescription card is lost or stolen, contact CVS/caremark at the phone number or email address listed above for a replacement card.

Members can also go to the CVS/caremark website at www.caremark.com for the following:
- Prescription Refills for CVS/caremark Mail Service
- Order Status
- Pharmacy Locations
- Benefit Coverage
- Request Forms
- Frequently Asked Questions
- 13 Month Drug History
- Additional Health Information

When you call CVS/caremark or visit their website, please have the following information available:
- Member’s ID Number
- Member’s Date of Birth
- Payment Method

Prescription Drug Benefit Program Overview

The HBP Prescription Drug Benefit chart on page 2 of this Handbook summarizes drug categories such as generic, preferred, non-preferred, and specialty drugs, as well as deductible and out-of-pocket maximum information. Use this Handbook as a resource for information regarding:
- Options for filling your prescription medications;
- The HBP Prescription Drug Benefit guidelines;
- Benefits coverage and clarification;
- Pharmacy Coordination programs; and
- The HBP Prescription Formulary.

Understanding The Formulary

The medications included in this Handbook are chosen by a group of healthcare professionals known as the Pharmacy and Therapeutics (P&T) Committee. This Committee reviews and selects FDA-approved prescription medications for inclusion in the Formulary based on the drug’s safety, effectiveness, quality and cost to the benefit program. All medications that have been reviewed but not added to the Formulary or that have not yet been reviewed by the P&T Committee are considered Non-Formulary.

CVS/caremark is a trademark of CVSH Health Inc
**HBP Prescription Drug Benefit**
**Administered Through CVS/caremark**

The Following Is a Summary Overview of the Prescription Drug Benefit for 2017

<table>
<thead>
<tr>
<th>Categories</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Drugs &amp; Items at Discounted Rate</th>
<th>Non-Covered Drugs &amp; Items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preferred Generics</td>
<td>Preferred Brands</td>
<td>Non-Preferred Brands and Generics (Non-Formulary)</td>
<td>Specialty Drugs (Hi-Tech)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$200 Individual $400 Family</td>
<td>/Waived for generic prescriptions if obtained (from a Cleveland Clinic Pharmacy)</td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Employee % Co-ins. Cleveland Clinic Pharmacies: up to 90-Day Supply</td>
<td>15%</td>
<td>25%</td>
<td>45%</td>
<td>20%</td>
<td>Employee Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Employee % Co-ins. CVS Store Pharmacies — 30-Day Supply Mail Service Program — 90-Day Supply</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
<td>20%</td>
<td>Employee Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Cleveland Clinic Pharmacies including Specialty &amp; Home Delivery: Is there a Min. or Max. to the Rx % Co-ins.?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No Minimum/ $50 Maximum per Month Supply</td>
<td>No</td>
</tr>
<tr>
<td>Retail Pharmacies: Is there a Minimum or Maximum to the Rx % Co-ins.?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No Minimum/ $50 Maximum per Month Supply</td>
<td>No</td>
</tr>
<tr>
<td>CVS/caremark Mail Service Program: Is there a Minimum or Maximum to the Rx % Co-ins.?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No Minimum/ $100 Maximum per Month Supply</td>
<td>No</td>
</tr>
<tr>
<td>Is there an Annual Out-of-pocket Maximum?</td>
<td>After Deductible Has Been Met: Individual = $1,500 / Family = $4,500 Combined Maximums for Retail, Specialty and Home Delivery</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Components of Each Category</td>
<td>Generic Drugs</td>
<td>Brand Name Drugs</td>
<td>Brand and Generic Drugs See page 14</td>
<td>Specialty Drugs See complete list of Specialty Drugs on pages 21 thru 24</td>
<td>Life Style Drugs Addyi, Acticlate, Benazyl, Peroxide Only Agents, Caverject, Cialis, Cosmetic Agents, Benavix Cream, Doryx, Eder, Ezbo, Fertility Agents, Hysingla, Jubbia, Kerydin, Lebtra, Muse, Naloxone, Narcan, Non-controlled Cough and Cold Agents, Oral Allergy Medication, Perlac, Propria, Rerenza, Sarenza, Stendra, Tamfl, Testosterone Cyjionate, Testosterone Enanthale, Topical Androgen/Products, Viagra, Vivodex, Weight Control Products, Xartemus XR, Xerese, Zipser, Zovax, Zovinex, Zovax Cream, Zovax Ointment</td>
<td>Over-the-Counter Drugs For a full list of non-covered drugs and certain OTC Medications that are covered, see pages 13 thru 15.</td>
</tr>
<tr>
<td>Prior Authorization Required</td>
<td>See pages 9 thru 11 for List of Pharmaceuticals Requiring Prior Authorization.</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Diabetic Supplies and Prescription Vitamins</td>
<td>Co-insurance 20%</td>
<td>No</td>
<td>No</td>
<td></td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Pharmacies in the Retail Network</td>
<td>Cleveland Clinic pharmacies (including Weston and Akron General Medical Center), Cleveland Clinic Specialty Pharmacy, Cleveland Clinic Home Delivery Pharmacy, CVS store pharmacies (including CVS pharmacies located in Target stores), Caremark Mail Service, Caremark Specialty Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Benefit Program Includes: generic oral contraceptives — covered for Marymount HBP participants for clinical appropriateness only under the HBP.

1. Certain specialty medications are included in the Copay Card Assistance Program. Please refer to the Prescription Drug Benefit and Formulary Handbook.
2. There are 3 options for obtaining medications in the category listed above. The options are: 1. Cleveland Clinic Pharmacies in Akron, Cleveland and Cleveland Clinic Weston Pharmacy, 2. Cleveland Clinic Specialty Pharmacy, and 3. CVS/caremark Specialty Drug Program. Specialty Drug prescription orders (first fill and refill) are limited to a one month supply.
3. Diabetic Supplies — Insulin and all diabetic supplies covered. Includes: needles purchased separately, test strips, lancets, glucose meters, syringes, lancing devices, and injection pens.
4. Asthma Delivery Devices — includes spacers used with asthma inhalers.
5. Refers to vitamins that require a prescription from your healthcare provider.
6. Members can use any Cleveland Clinic pharmacy or any CVS store pharmacy for obtaining acute care medications (e.g., single course of antibiotic therapy) and for the first fill of maintenance medications but must use a Cleveland Clinic Pharmacy or CVS/caremark Mail Service Program for all maintenance medications.
Take this Handbook with you to all doctor appointments. You are encouraged to share this with your physician when he or she is prescribing your medication to help ensure the most appropriate prescription drug therapy for your needs. Appropriate and cost-effective use of pharmaceutical therapies can be key to a successful strategy for improving individual patient outcomes and containing healthcare costs. The Handbook will assist you in maintaining the quality of patient care while helping to keep the cost of prescription medications affordable.

The P&T Committee reviews and updates the Formulary throughout the year. Medications may be added to or removed from the Formulary during the year. The Cleveland Clinic Health Benefit Program may add medications to the Formulary four times a year. Medications may be removed from the Formulary twice a year, once at the start of the benefit year in January and again at mid-year in July.

Two resources are available to assist you with determining if the drug prescribed for you is covered under your program (another reason why you should take the Handbook with you each time you visit your doctor). The two resources are: this Cleveland Clinic Health Benefit Program Prescription Drug Benefit and Formulary Handbook and our website. The website version of the Formulary is updated on a regular basis and contains the most current information regarding the Formulary. You can access this website by logging into www.clevelandclinic.org/healthplan. The listing of a drug in the Formulary does not guarantee coverage if your contract does not cover that category of drugs (e.g., oral contraceptives, infertility agents).

**Filling Your Prescriptions**

Through your Prescription Drug Benefit you have five options for filling your prescription medications. The five options described on the following pages include the Cleveland Clinic Pharmacies; Cleveland Clinic Specialty Pharmacy; Cleveland Clinic Home Delivery Pharmacy; the CVS/caremark Retail Pharmacy Network; and the CVS/caremark Mail Service Program.

**Cleveland Clinic Pharmacies and Home Delivery Pharmacy**

HBP members receive a lower percentage co-insurance for their prescriptions by using Cleveland Clinic Pharmacies in Akron, Cleveland and Weston (Option 1), or the Specialty/Home Delivery Pharmacy (Option 2). In addition, a deductible will not be charged for prescriptions filled at these pharmacies with a generic medication. Call the pharmacy hotline at 216.445.MEDS (6337) for answers to your questions and to obtain pharmacist consultation services. You may receive up to a 90-day supply of medication at any of the Cleveland Clinic Pharmacies.

*Note:* By law, the Cleveland Clinic Pharmacies must fill your prescription for the exact quantity of medication prescribed by your doctor, per the 90-day benefit program limit. For example, a prescription written for a 30-day supply plus two refills does not equal one prescription written for a 90-day supply.

You may pick up your prescriptions at any of the locations listed below or you can have your prescription(s) mailed to your home by using the Cleveland Clinic Specialty or Home Delivery Pharmacy. There is a turnaround time of up to ten business days for all home delivery pharmacy orders. Please Note: You cannot drop off or pick up prescription orders at the Cleveland Clinic Specialty or Home Delivery Pharmacy. See page 5 for details.

**Cleveland Clinic Pharmacies — Locations and Hours of Operation**

- **Cleveland Clinic Pharmacies On Main Campus:**
  - Euclid Avenue Pharmacy (Parking Garage) ............ 216.445.MEDS (6337), Fax: 216.445.6015
  - Toll-free: 866.650.MEDS (6337)
  - Direct Dial: 216.636.0760
  - Monday–Friday, 8 a.m.–8 p.m.,
  - Saturday, Sunday and all Cleveland Clinic Holidays, 9 a.m.–5 p.m.

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6 The Cleveland Clinic Home Delivery Pharmacy is only available to members within the states of OH, PA, IN, FL and NV. All other members can utilize the CVS/caremark Mail Service Program — see page 7 for details.
• Cleveland Clinic Pharmacies On Main Campus (continued):
  – Crile Pharmacy (A Building) .......................... 216.445.MEDS (6337), Fax: 216.445.7403
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 216.636.0761
    Monday–Friday, 8 a.m.–6 p.m.
  – Childrens Hospital and Surgical Pharmacy (P Building) . 216.445.MEDS (6337), Fax: 216.444.9514
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 216.636.0762
    Monday–Friday, 9 a.m.–5 p.m.
  – Taussig Cancer Center (R Building) .................... 216.445.MEDS (6337), Fax: 216.445.2172
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 216.636.0763
    Monday–Friday, 8 a.m.–6 p.m.

• Cleveland Clinic Family Health Centers:
  – Beachwood Family Health Center Pharmacy ............. 216.445.MEDS (6337), Fax: 216.839.3271
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 216.839.3270
    Monday–Friday, 8 a.m.–6 p.m.
  – Independence Ambulatory Pharmacy .................... Toll-free: 866.650.MEDS (6337)
    Direct Dial: 216.986.4610
    Monday–Friday, 9 a.m.–5 p.m.
  – North Coast Cancer Care Ambulatory Pharmacy ........... Toll-free: 866.650.MEDS (6337)
    Fax: 419.609.2869
    Direct Dial: 419.609.2845
    Monday–Friday, 9 a.m.–5 p.m.
  – Richard E. Jacobs Family Health Center Pharmacy ...... 216.445.MEDS (6337), Fax: 440.965.4109
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 440.605.4100
    Monday–Friday, 8 a.m.–6 p.m.
  – Stephanie Tubbs Jones Health Center Pharmacy .......... 216.445.MEDS (6337), Fax: 216.767.4128
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 216.767.4200
    Monday–Friday, 8 a.m.–6 p.m.
  – Strongsville Family Health Center Pharmacy ............ 216.445.MEDS (6337), Fax: 440.878.3148
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 440.878.3125
    Monday–Friday, 8 a.m.–6 p.m.
  – Twinsburg Family Health Center Pharmacy ............... 216.445.MEDS (6337), Fax: 330.888.4105
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 330.888.4200
    Monday–Friday, 8 a.m.–6 p.m.
  – Willoughby Hills Family Health Center Pharmacy ....... 216.445.MEDS (6337), Fax: 440.516.8629
    Toll-free: 866.650.MEDS (6337)
    Direct Dial: 440.516.8620
    Monday–Friday, 8 a.m.–6 p.m.

• Akron General Medical Center Location:
  – Akron General Medical Center .......................... 330.344.7732, Fax: 330.996.2927
    Ambulatory Care Pharmacy
    400 Wabash Avenue, Akron, OH 44307
    Monday–Friday, 7 a.m.–5:30 p.m.
• Cleveland Clinic Regional Hospital Locations:
  - Fairview Hospital Health Center Pharmacy .............. 216.445.MEDS (6337), Fax: 216.476.9905  
    18099 Lorain Road, Cleveland, OH 44111  
    Toll-free: 866.650.MEDS (6337)  
    Direct Dial: 216.476.7119  
    Monday–Friday, 8 a.m.–6 p.m.
  - Hillcrest Ambulatory Pharmacy ......................... 440.312.5854, Fax: 440.312.5856  
    6770 Mayfield Road, Mayfield Heights, OH 44124  
    Monday–Friday, 9 a.m.–5 p.m.
  - Lutheran Hospital Ambulatory Pharmacy .............. 216.445.MEDS (6337), Fax: 419.774.3140  
    1730 West 25th Street, Cleveland, OH 44113  
    Toll-free: 866.650.MEDS (6337)  
    Direct Dial: 216.696.7055  
    Monday–Friday, 9 a.m.–5 p.m.
  - Mansfield Cancer Center Ambulatory Pharmacy ...... 216.445.MEDS (6337), Fax: 419.774.3140  
    1125 Aspira Court, Mansfield, OH 44906  
    Toll-free: 866.650.MEDS (6337)  
    Direct Dial: 419.774.3121  
    Monday–Friday, 8 a.m.–4 p.m.
  - Marymount Family Pharmacy ......................... 216.445.MEDS (6337), Fax: 216.587.8844  
    12000 McCracken Road, Suite 151  
    Garfield Heights, OH 44125  
    Toll-free: 866.650.MEDS (6337)  
    Direct Dial: 216.587.8822  
    Monday–Friday, 8 a.m.–6 p.m.
  - Medina Hospital Ambulatory Pharmacy .............. 216.445.MEDS (6337), Fax: 330.721.5495  
    1000 East Washington Street, Medina, OH 44256  
    Toll-free: 866.650.MEDS (6337)  
    Direct Dial: 330.721.5490  
    Monday–Friday, 9 a.m.–5 p.m.
  - Cleveland Clinic Florida Ambulatory Pharmacy ...... 954.659.MEDS (6337), Fax: 954.659.6338  
    2950 Cleveland Clinic Blvd., Weston, FL 33331  
    Toll-free: 866.2WESTON (293.7866)  
    Direct Dial: 954.659.6337  
    Monday–Friday, 8 a.m.–7 p.m.

• Cleveland Clinic Specialty Pharmacy:
  - Cleveland Clinic Specialty Pharmacy .................. Direct Dial: 216.448.7732, Fax: 216.448.5601  
    Toll-free: 844.216.7732, Fax: 844.337.3209

• Free Shipping Mail Order by Cleveland Clinic:
  - Cleveland Clinic Home Delivery Pharmacy .......... Direct Dial: 216.448.4200, Fax: 216.448.5603  
    Toll-free: 855.276.0885

Cleveland Clinic Home Delivery Pharmacy Ordering Instructions
The Home Delivery Pharmacy is designed to ship medication directly to your home with no shipping charge. By using the Home Delivery Pharmacy, members receive a lower percentage co-insurance for their medications compared to the CVS/caremark Retail Pharmacy Network and can enjoy the convenience of having 90-day supplies of their maintenance medications delivered directly to their home. Here’s how you can get started:

1. Go to the MyRefills website at https://myrefills.clevelandclinic.net to set up your account, change your billing information and shipping address, or to check on the status of your order.

You may also set up your account by completing a Home Delivery Service Processing Form. You can call the Home Delivery Pharmacy at 216.448.4200 or toll-free at 855.276.0855 to have this form mailed or faxed to you. The form is also available on the EHP website at www.clevelandclinic.org/healthplan. Click on the “forms” tab. Fill out a Home Delivery Service Processing Form to indicate payment and shipping information for you and your dependents. This information will be kept on file to avoid filling out a form every time you place a prescription order.

Note: You will have to set up your Home Delivery account before the Home Delivery Pharmacy can process and ship your order. In addition, each member that wishes to use the Home Delivery Pharmacy needs a separate account.
2. The Home Delivery Pharmacy receives prescription orders in the following ways:
   - Called in by your physician to 855.276.0885
   - Faxed in by your physician to 216.448.5603
   - e-Scripted by your physician via EPIC (CCF Home Delivery Pharmacy)
   - Requested online through https://myrefills.clevelandclinic.net
   - If you have a hard copy of a new prescription, by law, you cannot fax the prescription to the Home Delivery Pharmacy. Please mail the prescription to:
     Cleveland Clinic Home Delivery Pharmacy
     9500 Euclid Ave AC5b-137
     Cleveland, OH 44195
     Phone: 216.448.4200
     Fax: 216.448.5603
   - If you are transferring a prescription from a pharmacy other than a Cleveland Clinic Pharmacy, please contact the Home Delivery Pharmacy at 216.448.4200 for assistance.
     
     **Please note:** Members cannot drop off or pick up their orders at the Home Delivery Pharmacy. Orders will be shipped free of charge to the address you designate.

The Cleveland Clinic Home Delivery Pharmacy is available Monday–Friday from 7:00 a.m. to 6:00 p.m. Please allow **ten business days** from the time they receive your prescription order(s) for delivery.

**Please note:** Eligibility is based upon the date the Home Delivery Pharmacy processes your prescription order and **not** on the day your order was received.

Please call 216.448.4200 for questions or additional information on the Cleveland Clinic Home Delivery Service.

**Advantages of Utilizing the Cleveland Clinic Pharmacies and Home Delivery Pharmacy**

- **Lower cost:** You will pay less for prescription co-insurance. In addition, your deductible will be waived for prescriptions filled with a generic medication at these pharmacies.
- **Convenience:** You may request a 90-day supply of non-specialty medications at any Cleveland Clinic Pharmacy.
  
  **Note:** The prescription must be written for a 90-day supply.
- **Peace of mind:** You will have access to a toll-free hotline number for questions and pharmacist consultation services during regular business hours.
CVS/caremark Retail Pharmacy Network

Members have the option of picking up acute care prescriptions (such as antibiotic therapy or pain medication) or the first fill of any maintenance medication (limited to a 30-day supply) at any neighborhood pharmacy that participates in the CVS/caremark Retail Pharmacy Network. Refills of maintenance medications must be obtained through one of the three options identified in the Mandatory Maintenance Drug Program section on page 15. Please see the Prescription Drug Benefit chart on page 2 for major pharmacy chains in the Retail Network. CVS/caremark offers over 68,000 participating retail pharmacies in their national pharmacy network. A complete list of these pharmacies can be found on the CVS/caremark website at www.caremark.com. Please note that when using a pharmacy within the CVS/caremark Retail Network, employee co-insurance is higher when compared to obtaining your prescriptions from a Cleveland Clinic Pharmacy.

Note: Effective March 1, 2017, members may utilize any Cleveland Clinic or any CVS store pharmacy for obtaining acute care prescriptions.

CVS/caremark Mail Service Program

New Prescriptions

CVS/caremark’s Mail Service Program provides a way for you to order up to a 90-day supply of maintenance or long-term medication for direct delivery to your home. Follow this easy step-by-step ordering procedure:

1. For new maintenance medications, ask your doctor to write two prescriptions:
   • One, for up to a 90-day supply plus refills, to be ordered through the Mail Service Program; and
   • A second, to be filled immediately at any Cleveland Clinic Pharmacy or CVS/caremark participating retail pharmacy for use until you receive your prescription from the Mail Service Program.

Note: By law, CVS/caremark must fill your prescription for the exact quantity of medication prescribed by your doctor, up to the 90-day program limit. For example, a prescription written for a 30-day supply plus two refills does not equal one prescription written for a 90-day supply.
2. Complete a Mail Service Order Form and send it to CVS/caremark, along with your original prescription(s) and the appropriate payment for each prescription. Be sure to include your original prescription, not a photocopy. Forms are available on CVS/caremark’s website at www.caremark.com.
   - You can expect to receive your prescription approximately 14 calendar days after CVS/caremark receives your order.
   - You will receive a new Mail Service Order Form and pre-addressed envelope with each shipment.

**Mail Service Refills**

Once you have processed a prescription through CVS/caremark, you can obtain refills using the Internet, phone or mail. Please order your prescription **three weeks** in advance of your current prescription running out. Suggested refill dates will be included on the prescription label you receive from CVS/caremark. You will receive specific instructions related to refills from CVS/caremark.

**Prescription Drug Benefit Guidelines**

**Prescription Drug Benefit — Deductible**

The Prescription Drug Benefit has an annual deductible of $200 individual/$400 family. This means that, with the exception of families with four or more members, each family member must meet the $200 individual deductible to satisfy the $400 family deductible. For families with four or more members, after two family members meet the $200 individual deductible, two other family members may combine their individual deductibles (e.g., $100 each) for the remaining $200 to satisfy the $400 family deductible.

**Note:** The annual deductible is waived if:

1. The member uses a Cleveland Clinic Pharmacy to obtain their prescription
   and
2. The prescription if filled using a **generic** medication.

All prescriptions filled at a non-Cleveland Clinic Pharmacy and all prescriptions filled with a brand name medication at any Cleveland Clinic Pharmacy are subject to the annual deductible.

The amount you have contributed to your annual deductible resets to $0 at midnight on December 31 each year. It is not based on a rolling 365 days.

**Deductible and Out-of-Pocket Maximum**

Your annual deductible must be satisfied before your out-of-pocket pharmacy expenses begin accumulating toward your annual out-of-pocket maximum expense. Not all pharmacy charges apply toward the deductible and out-of-pocket (OOP) maximum expenses. The total charges for medications not covered by the benefit program (e.g., Viagra, Levitra, weight control products, cosmetic agents, etc.) do not apply to either the deductible or out-of-pocket maximum.

In addition, if a generic version of the prescribed brand medication exists, the Prescription Drug Benefit will cover only up to the price of the generic version. If you receive the brand name medication, you are required to pay the price difference between the generic and the brand medication. That difference does not apply to the deductible or the OOP maximum (see Generic Medication Policy below).

**Generic Medication Policy**

The Cleveland Clinic HBP supports and encourages the use of FDA-approved generic medications 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.

**Drugs that are available as generics are designated in this Handbook with an asterisk (*). However certain generic medications are considered non-preferred medications. Please see page 13 of this Handbook. All other drugs listed are the Preferred Brands (Tier 2) or Specialty (SP) drugs (Tier 4).**

**If a member or physician requests the brand name drug be dispensed when a generic is available, the participant will be required to pay their generic co-insurance AND the cost difference between the brand name drug price and the generic drug price.**
Prior Authorization

Prior authorization is required for coverage of certain medications. These medications are listed below and in the complete drug listing that begins on page 27 of the Formulary in this Handbook. This list may change during the year due to new drugs being approved by the FDA or as new indications are established for previously approved drugs. A Prior Authorization, Formulary Exception and Appeal Form (see page 43) must be completed or sufficient documentation must be submitted before a case will be reviewed. Please refer to the Formulary Failure Review Process on page 11 for information about obtaining a form. Completed forms can be faxed to 216.442.5790.

All prior authorization requests must meet the clinical criteria approved by the Pharmacy and Therapeutics (P&T) Committee before approval is granted. In some cases, approvals will be given a limited authorization date. If a limited authorization is given, both the member and the physician will receive documentation on when this authorization will expire. Most requests will be processed within one to two business days from the time of receipt. A response will be faxed to the requesting physician, and the member will be informed of the request and the decision via mail.

Please note that some medications listed below are not self-administered and therefore, may be covered under the HBP medical benefit, not the pharmacy benefit.

Pharmaceuticals Requiring Prior Authorization

- Abilify
- Abilify Maintena
- Abstral
- Acne Treatments > 21 Years Old
- Actemra
- Actiq
- Adcetris
- Adcirca
- Adempas
- Akynzeo
- Amjevita
- Aptiom
- Aralast NP
- Aristada
- Aspirin
- Astagraf
- Banzel
- Belbuca
- Beleodaq
- Benlysta
- Berinert
- Bethkis
- Blincyto
- Boniva IV
- Botox
- Brintellix
- Brisdelle
- Butrans
- Cabometyx
- Caprelsa
- Celebrex
- Cerezyme
- Cingair
- Cinyrzte
- Cometriq
- Corlanor
- Cosentyx
- Cotelic
- Crestor
- Cuvposa
- Cyramza
- Daklinza
- Daliresp
- Daraprim
- Descovy
- Dexilant
diclofenac gel
diclofenac solution
Dysport
Elaprase
Emend
Empliciti”
Enbrel
Entresto
Entvyio
Envarsus XR
Epanova
Epclusa
Erelzi
Erivedge
Esbriet
Euflexxa
Exjade
Eylea
Farxiga
Farydak
Fentora
Ferriprox
Fetzima
Firazyr
Flector
Forteo
Gammaked
Gamunex-C
Gattex
Gilotrif
Glassia
Gleevec
Grastek
Growth Hormone
H.P. Acthar
Harvoni
Hetlioz
Hizentra

*Member is responsible for 20% co-insurance.
Pharmaceuticals Requiring Prior Authorization (continued)

- Humira
- Hycamtin
- Hyciqia
- Ibrance
- Ilaris
- Iluvien
- Imbruvica
- Impavidio
- Inflectra
- Inlyta
- Invokana
- Iressa
- Jakafi
- Jardiance
- Kalbitor
- Kalydeco
- Kanuma
- Keytruda
- Kineret
- Kitabis Pak
- Korlym
- Krystexxa
- Kuvan
- Kyprolis
- Lazanda
- Lemailtra
- Lenvima
- Letairis
- Lidoderm
- Linzess
- Lonsurf
- Luentis
- Lumizyme
- Lupron
- Luzu
- Lynparza
- Makena
- Marinol
- Mekinist
- Movantik
- Myobloc
- Myozyme
- Namenda XR

- Natpara
- Ninlaro
- Nucala
- Nuedexta
- Nulojix
- Nuplazid
- Nuvigil
- Ocaliva
- Odomzo
- Ofev
- Olysinio
- Onfi
- Opdivo
- Orencia
- Oralair
- Orkambi
- Otezla
- Otrexup
- Pegasys
- Pegintron
- Pomalyst
- Praluent
- Pristiq
- Probuphine
- Prolastin-C
- Proclia
- Promacta
- Provenge
- Psoriasis Therapies
- Qutenza
- Ragwitek
- Rasuvo
- Reclast
- Remicade
- Repatha
- Revatio
- Revlimid
- Rexulti
- Rheumatoid Arthritis Therapies
- Rituxan
- Ruconest
- Sermorelin
- Seroquel XR

- Signifor
- Signifor LAR
- Simponi
- Soliris
- Soolantra
- Stivarga
- Strepsiq
- Suboxone
- Subsys
- Sylvant
- Synagis
  (up to five injections per season)
- Synarel
- Synribo
- Synvisc
- Synvisc-One
- Syprine
- Tafinlar
- Tagrisso
- Taltz
- Tecentriq
- Technivie
- Testopel
- TOBI
- TOBI Podhaler
- Toujeo
- Tracleer
- Truvada
- Tyvaso
- Uceris
- Uptravi
- Varubi
- Venclexta
- Venlafaxine ER Tablets
- Viberzi
- Viekira
- Viekira XR
- Viibryd
- Vimovo
- VPRIV
- Vraylar
- Xalkori
- Xeljanz
Pharmaceuticals Requiring Prior Authorization (continued)

- Xeloda
- Xeomin
- Xgeva
- Xiaflex
- Xifaxan
- Xofigo
- Xolair
- Xtandi
- Xyrem
- Yervoy
- Yondelis
- Zelboraf
- Zemaira
- Zemplar
- Zepatier
- Zinbryta
- Zohydro ER
- Zomacton
- Zometa
- Zorvolex
- Zostavax <50 years old
- Zubsov
- Zuplenz
- Zurampic
- Zykadia
- Zytiga

Formulary Failure Review Process

The Formulary is designed to meet the needs of the majority of HBP members. However, if it is determined that you require treatment with a medication not included in the Formulary, your physician may request a review for preferred coverage of a Non-Formulary medication. To start the review process, your physician should call the EHP Pharmacy Management Department at 216.986.1050, option 4 or toll-free at 888.246.6648, option 4 and request a Prior Authorization, Formulary Exception and Appeal Form. See sample on page 43. You can also obtain a form online at www.clevelandclinic.org/healthplan/usefulforms.htm.

Physicians should complete the form using specific laboratory data, physical exam findings, and other supporting documentation whenever possible in order to document the medical necessity of using a Non-Formulary Medication. Approvals will be granted only if the physician can document ineffectiveness of Formulary alternatives or the reasonable expectation of harm from the use of Formulary medications. A separate form should be submitted for each patient for each Non-Formulary drug.

All requests must be in writing and signed by the prescribing physician. If a Non-Formulary drug is approved, the member will be responsible for a 30% co-insurance with no monthly maximum out-of-pocket. The co-insurance amount will be applied to the yearly maximum out-of-pocket. Most requests will be processed within one to two business days from the time of receipt. A response will be faxed to the requesting physician, and we will also inform the member of the request and the decision via mail.

Note: Lower co-insurance will be assessed from the date of authorization. No refunds or adjustments will be made for previously purchased prescriptions.

Instructions for a Physician on How to Complete the Prior Authorization, Formulary Exception and Appeal Form:

1. Complete all information requested.
2. Submit a separate form for each patient and for each drug you wish to have reviewed.
3. Keep a copy for your records.
4. Fax the form to: Cleveland Clinic Employee Health Plan
   EHP Pharmacy Management Department
   216.442.5790
   OR
   Mail the form to: Cleveland Clinic Employee Health Plan
   EHP Pharmacy Management Department
   6000 West Creek Road, Suite 20
   Independence, Ohio 44131
Exception Process — Once received, requests will be processed within 72 hours. Expedited requests may be made by calling EHP Pharmacy Management at 216.986.1050, option 4, or toll-free at 888.246.6648, option 4. In most cases, these requests will be reviewed and processed the same business day; however, calls received after 4 p.m. or during the weekend will be handled the next business day. One of the following criteria must be met to file an expedited request:

• The drug is necessary to complete a specific course of therapy after discharge from an acute care facility (e.g., hospital, skilled nursing facility).
• The timeframe required for a standard review would compromise the member’s life, health or functional status.
• The drug requires administration in a timeframe that will not be met using the standard process.

Prior Authorization, Formulary Exception and Appeal Form
See page 43 in the back of this Handbook for full size version of the Prior Authorization, Formulary Exception and Appeal Form

Benefits and Coverage Clarification
Detailed benefit coverage clarification information about the HBP Prescription Drug Benefit is included in the following pages. This information complements and further explains the Prescription Drug Benefit chart on page 2 in this Handbook and in the SPD, Section One: “Getting Started.”

Breast Cancer Prevention Coverage
Under the provisions of the Affordable Care Act mandate regarding breast cancer preventative health services, generic raloxifene and tamoxifen will be covered under the HBP Prescription Drug Benefit at no out-of-pocket expense only for female members 35 years of age or older when accompanied by a valid prescription from the member’s healthcare provider.

Contraceptive Coverage
Under the provisions of the Affordable Care Act mandate regarding women’s preventative health services, contraceptives will be covered under the HBP Prescription Drug Benefit within the following guidelines:

• Diaphragms, emergency contraceptives, generic oral contraceptives, generic injectables (medroxyprogesterone) will be covered with no out-of-pocket expense for the member. However, a prescription from your health care provider is required.
• Brand name oral contraceptives that are not available generically require prior authorization. If the prior authorization request is approved, the member will not have any out-of-pocket expense. If the prior authorization request is denied, the brand name contraceptive will not be covered.
• Members who receive a brand name formulation of a contraceptive that is available generically will not pay any co-insurance but will be charged the difference in cost between the brand name contraceptive product and the generic alternative.
• Contraceptive products that do not require a prescription to be purchased are not covered under the HBP Prescription Drug Benefit.
• Members who are employed at Marymount Hospital are excluded from this coverage.
• Mirena and other intrauterine devices (IUDs) are not covered under the HBP Prescription Drug Benefit. Rather, they are covered under the medical benefit and no co-payment will be charged.
Oral Medications for Onychomycosis (Nail Fungus)

All oral prescriptions for the treatment of nail fungus are covered at the Non-Preferred rate (see the Prescription Drug Benefit chart on page 2), which is 45% at Cleveland Clinic Pharmacies and Home Delivery Service or 50% at all other locations. This Non-Preferred rate is in effect for brand name and generic medications appropriate for treating this condition. Formulary overrides to reimburse 25% at Cleveland Clinic Pharmacies or 30% at all other locations are given to members who have this condition and diabetes or some form of peripheral vascular disease (poor blood flow). Overrides are also given to any member who has the fingernail form of this condition; however, only one course of treatment will be covered at the Formulary rate in a lifetime. To obtain an override, please have your healthcare provider complete and submit a Prior Authorization, Formulary Exception and Appeal Form.

Over-The-Counter (OTC) Medications

Certain over-the-counter (OTC) medications that are available without a prescription are covered under the Prescription Drug Benefit.

The member must have a prescription from his or her provider and fill the prescription at a Cleveland Clinic or CVS/caremark Retail Network Pharmacy. The list includes:

- **Aspirin**: Prior authorization required
- **Iron Supplements**: Covered at 100% for members age 0-12 months
- **Oral Fluoride Products**: Covered at 100% for members age 0-6 years
- **Folic Acid**: Covered at 100% for female members age 40 and under
- **Tobacco Cessation Medications**:
  - Must be prescribed by Tobacco Treatment Center practitioners
  - Coverage includes bupropion, Chantix, gum, lozenges, and patches
  - **Prescriptions must be filled at any Cleveland Clinic Pharmacy**
- **Vitamin D**: Covered at 100% for members age 65 and over. Covered products include:
  - Ergocalciferol tab 400 unit
  - Cholecalciferol cap 400 unit
  - Cholecalciferol tab 400 unit
  - Cholecalciferol chewable tab 400 unit
  - Cholecalciferol oral liquid 1200 unit/15ml
  - Cholecalciferol oral liquid 1000 unit/10ml
  - Cholecalciferol oral liquid 400 unit/ml
  - Cholecalciferol drops 400 unit/0.03ml (per drop)

All other OTC medications are not covered. When an OTC drug is available in the identical strength and dosage form as the prescription medication, and is approved for the same indications, the prescription drug is usually not covered by the HBP. Providers should recommend the equivalent OTC product to the patient.

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
- Absorica
- Actigall
- Adderall XR
- Ambien CR 12.5 mg
- Anaprox DS 550 mg
- Astepro
- Azor
- Benicar
- Benicar HCT
- BenzaClin
- Boniva 150 mg tabs
- Celebrex
- Concerta
- Corgard
- Cymbalta
- Daypro
- Detrol LA 4 mg
- Duac
- Ecoza cream
- Focalin XR
- Frova
- Hydrocortisone valerate 0.2% cream
- Inderall LA
- Prometrium
- Retin-A Cream
- Tribenzor
- Vagifem
- Zetia

*EHP members under the age of 20 who are utilizing generic formulations of Adderall XR, Concerta, and Focalin XR will continue to pay a Tier 1 co-insurance.
Non-Covered Medications

Due to the availability of generically available or over-the-counter alternatives, medications in the following drug classes are not covered by the HBP Prescription Drug Benefit:

**Brand Name**
- Abilify
- Absorica
- Actigall
- Adderall XR
- Ambien CR 12.5mg
- Anaprox DS 550mg
- Astepro
- BenzaClin

**Brand and Generic Versions**
- Aciphex
- Adoxa
- Axid
- Adzenys XR-ODT
- Alcortin A 1-2-1% gel
- Alcortin A 1-2-1% gel packets
- Amcinonide 0.1% Cream
- Beconase AQ
- Belsomra
- Betamethasone valerate 0.12% (Luxiq)
- Binosto
- Caduet
- Capex 0.01% shampoo
- CiproDex
- Cipro HC
- Clobetasol propionate 0.05% Foam (hydroalcoholic)
- Clobetasol propionate 0.05% Foam (non-aqueous)
- Clobetasol propionate 0.05% Lotion
- Clobetasol propionate 0.05% Shampoo
- Clobetasol propionate 0.05% Spray
- Clocortolone 0.1% Cream
- Cordran 0.05% Cream
- Cordran 0.05% Lotion
- Cordran 0.05% Ointment
- Cordran tape 4 mcg/sqcm
- Cortifoam aerosol 90 mg
- Boniva 150mg tablets
- Celebrex
- Concerta
- Corgard
- Cymbalta
- Daypro
- Detrol LA 4mg
- Duac
- Dermasorb AF 3%-0.5% cream
- Desonate 0.05% gel
- Desonide 0.05% Lotion
- Desoximetasone 0.05% cream
- Desoximetasone 0.05% ointment
- Dexilant
- Diclegis
- Differin 0.1% gel
- Diflorasone 0.05% emollient cream
- Diflorasone diacetate 0.05% Cream
- Diflorasone diacetate 0.05% Ointment
- Doryx
- Duexis
- Durlaza
- Dymista
- Dynavel
- Flonase
- Fluocinolone 0.01% (Derma-smoothe) Oil
- Fluocinonide 0.1% Cream
- Flurandrenolide 0.05% cream
- Flurandrenolide 0.05% lotion
- Fortamet
- Gel-One
- Gel-Syn
- GenVisc 850
- Glumetza
- glycopyrrolate injectable sol
- Halog (halcinonide) 0.1% Cream
- Ecoza Cream
- Focalin XR
- Inderal LA
- Oral Contraceptives (See Contraceptive Coverage information on page 12.)
- Prometrium
- Retin-A Cream
- Hemangeol
- Hylalgan
- Hydrocortisone butyrate (Locoid) 0.1% Lotion
- Hydrocortisone butyrate 0.1% cream (Locoid Lipo)
- Hymovis
- Iodoquinol-Hydrocortisone 1-1.9%
- Karbinal ER
- Keytruda
- Kybella
- Liletra
- Liletta
- Liptruzet
- Monodox
- Monovisc
- Nasacort
- Nasacort AQ
- Nasonex
- Nexplanon
- Nexium
- Novacort External gel 2-1-1%
- Omnaris
- Onmel
- Onzeta Xsail
- Opdivo
- Oracea
- Orthovisc
- Oxytrol
- Pandel 0.1% Cream
- Pepcid
Sharps Container Program

Members who obtain their self-administered injection medications from the Cleveland Clinic Pharmacies are eligible to receive one Sharps Container (1.5 quart size) every six months at no cost.

Please note that the Cleveland Clinic Pharmacies in Akron, Cleveland and the Cleveland Clinic Weston Pharmacy cannot take back full containers. Each container should be disposed of properly. Should you have additional questions, please contact your Cleveland Clinic pharmacist.

Pharmacy Management Programs

Mandatory Maintenance Drug Program

Members may use any of the Cleveland Clinic Pharmacies or any pharmacy in the CVS/caremark Retail Pharmacy Network for obtaining prescription medications for an immediate need, a one-time prescription medication (example: antibiotics), or the first fill of a maintenance medication. Maintenance medications include drugs taken regularly to treat chronic medical conditions such as asthma, diabetes, or high blood pressure, as well as drugs taken on a long-term basis, such as contraceptives.

Refills of all maintenance drugs must be obtained through one of the following three options:

- **Cleveland Clinic Pharmacy Home Delivery Service** — Home delivery enables you to order up to a 90-day supply of your maintenance medication refill prescriptions, which are delivered to your home, saving you a trip to the pharmacy. There is no extra charge for home delivery and you will save 5% on your co-insurance compared to using the CVS/caremark Mail Service Program (see page 7 for details).

- **Cleveland Clinic Pharmacies** — Drop off your maintenance prescriptions for refill at any of the 19 Cleveland Clinic Pharmacy locations in northeast Ohio or the Weston Pharmacy in Florida. You can obtain up to a 90-day supply of medication and you will save 5% on your co-insurance (see page 3 for details).

- **CVS/caremark Mail Service Program** — You can order up to a 90-day supply of your maintenance medication prescription to be delivered to your home, but will not get the same 5% discount available when you order your prescription from a Cleveland Clinic Pharmacy or the Home Delivery Pharmacy.

In addition, some maintenance medications must be refilled for three month supplies at a Cleveland Clinic Pharmacy, through the Cleveland Clinic Home Delivery Pharmacy, or through the CVS/caremark Mail Service in order to be covered. A complete list of these maintenance medications can be found at [www.clevelandclinic.org/healthplan](http://www.clevelandclinic.org/healthplan).
Medications Limited by Provider Specialty

The continual development of complex drug therapy options requires that certain medications be prescribed by an appropriate specialist (e.g., cardiologist, neurologist, oncologist) to ensure appropriate use. If these medications are not prescribed by an approved specialist, prior authorization (see page 9) must be obtained for coverage under the Prescription Drug Benefit. The first medication included in this category is Multaq, which must be prescribed by a cardiologist. Additional medications limited by provider specialty (prescription written by a specialist) may be added to the Formulary in the future. Prescriptions written by non-specialists will need prior authorization.

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.

- Abstral — 4 tablets per day; restricted to 30-day supply
- Actonel 35mg — 4 tablets per 28 days
- Adempas — 90 tablets per 30 days
- Afinitor — 30-day supply; limit based on instructions for use
- Actiq — 4 lozenges per day; restricted to 30-day supply
- Actos 15mg — 1 tablet per day
- Akynzeo — 1 capsule per day
- Ambien 5mg — 1 tablet per day
- Amerge tablets — 9 tablets per 30 days
- Anzemet — 6 tablets per 30 days
- Aiptiom 200mg, 400mg — 1 tablet per day
- Aiptiom 600mg, 800mg — 2 tablets per day
- Axert tablets — 12 tablets per 30 days
- Belbuca — 2 films per day
- Boniva 150mg — 1 tablet per 30 days
- Bosulif — 30-day supply; limit based on instructions for use
- Brintellix — 30 tablets per 30 days
- Brisdelle — 1 tablet per day
- Butrans — 4 patches per 28 days
- Cabometyx — 1 tablet per day
- Cometriq — limited based on instructions for use
- Corlanor — 60 tablets per 30 days
- Cosentyx — 30-day supply; limit based on instructions for use
- Cotellec — 21 tablets per 28 days
- Cymbalta 30mg — 1 capsule per day
- Daklinza — 1 tablet per day
- Descovy — 1 tablet per day
- Detrol LA 2mg — 1 capsule per day
- Effexor XR 37.5mg — 1 capsule per day
- Effexor XR 75mg — 1 capsule per day
- Emcys — 30-day supply; limit based on instructions for use
- Emend — limit based on instructions for use
- Entresto — 2 tablets per day
- Envarsus XR — 1 tablet per day
- Epclusa — 1 tablet per day
- Esbriet — 9 capsules per day
- Eylea — One 0.05ml injection every 4 weeks
- Famvir — 30 tablets per 365 days
- Farxiga — 1 tablet per day
- Farydak — 6 capsules per 21 days
- Fentora — 4 tablets per day; restricted to 30-day supply
- Fetzima — 30 capsules per 30 days
- Flector — 2 patches per day; restricted to 30-day supply
- Fosamax 35mg — 4 tablets per 28 days
- Fosamax 70mg — 4 tablets per 28 days
- Frova tablets — 9 tablets per 30 days
- Gattex — 30 vials per 30 days
- Genvoya — 1 tablet per day
- Gleevec — 30-day supply; limit based on instructions for use
- Harvoni — 1 tablet per day
- Hetlins — 1 capsule per day
- Hexalen — 30-day supply; limit based on instructions for use
- Hycamtin — 30-day supply; limit based on instructions for use
- Imbruvica — 4 capsules per day
- Imitrex tablets — 9 tablets per 30 days
- Imitrex nasal spray — 9 sprays per 30 days
- Imitrex injection — 4 kits per 30 days
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impavido</td>
<td>3 capsules per day</td>
</tr>
<tr>
<td>Invokana</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Iressa</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Iressa</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Januvia</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Kytril</td>
<td>12 tablets per 30 days</td>
</tr>
<tr>
<td>Lazanda</td>
<td>30 bottles per month; restricted to 30-day supply</td>
</tr>
<tr>
<td>Lenvima</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Lucentis</td>
<td>2 injections per 28 days</td>
</tr>
<tr>
<td>Lynparza</td>
<td>16 capsules per day</td>
</tr>
<tr>
<td>Maxalt tablets</td>
<td>9 tablets per 30 days</td>
</tr>
<tr>
<td>Mekinist</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Movantik</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Namenda XR</td>
<td>1 capsule per day</td>
</tr>
<tr>
<td>Natpara</td>
<td>2 cartridges per 28 days</td>
</tr>
<tr>
<td>Nexavar</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Ninlaro</td>
<td>3 capsules per 28 days</td>
</tr>
<tr>
<td>Nucala</td>
<td>1 vial per 28 days</td>
</tr>
<tr>
<td>Nuplazid</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>Ocaliva</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Odefsey</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Ocaliva</td>
<td>1 capsule per day</td>
</tr>
<tr>
<td>Ofev</td>
<td>2 capsules per day</td>
</tr>
<tr>
<td>Olysio</td>
<td>1 capsule per day</td>
</tr>
<tr>
<td>Omeclamox</td>
<td>80 capsules/tablets per 180 days</td>
</tr>
<tr>
<td>Orkambi</td>
<td>4 tablets per day</td>
</tr>
<tr>
<td>Otezla</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>Otrexup</td>
<td>4 auto-injector pens per 30 days</td>
</tr>
<tr>
<td>Pomalyst</td>
<td>1 capsule per day</td>
</tr>
<tr>
<td>Praluent</td>
<td>2 syringes/pens per 28 days</td>
</tr>
<tr>
<td>Prevpac</td>
<td>112 capsules/tablets per 180 days</td>
</tr>
<tr>
<td>Rasuvo</td>
<td>4 auto-injector pens per 30 days</td>
</tr>
<tr>
<td>Relpax tablets</td>
<td>12 tablets per 30 days</td>
</tr>
<tr>
<td>Repatha 140 mg/mL</td>
<td>2 syringes/pens per 28 days</td>
</tr>
<tr>
<td>Repatha 420 mg/mL</td>
<td>1 cartridge per 28 days</td>
</tr>
<tr>
<td>Revlimid</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Rexulti</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Sovaldi</td>
<td>30 tablets per 30 days</td>
</tr>
<tr>
<td>Sprycel</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Subsys</td>
<td>4 spray units per day; restricted to 30-day supply</td>
</tr>
<tr>
<td>Sutent</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Tabloids</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Tafinlar</td>
<td>4 capsules per day</td>
</tr>
<tr>
<td>Tagrisso</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Taltz</td>
<td>4 syringes/pens per 30 days</td>
</tr>
<tr>
<td>Tarceva</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Targretin</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Tasigna</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Technivie</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>Teslac</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Toradol 10mg</td>
<td>20 tablets per 30 days</td>
</tr>
<tr>
<td>Treximet 85:500</td>
<td>12 tablets per 30 days</td>
</tr>
<tr>
<td>Tykerb</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Uceris</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Valtrex 500mg</td>
<td>10 tablets per 30 days</td>
</tr>
<tr>
<td>Valtrex 1000mg</td>
<td>30 tablets per 365 days</td>
</tr>
<tr>
<td>Various acetaminophen containing products</td>
<td>4 grams a day</td>
</tr>
<tr>
<td>Varubi</td>
<td>4 tablets per 28 days; restricted to 28-day supply</td>
</tr>
<tr>
<td>Venceleta</td>
<td>limited based on instructions for use</td>
</tr>
<tr>
<td>Viberzi</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>Viekira</td>
<td>4 tablets per day</td>
</tr>
<tr>
<td>Viekira XR</td>
<td>3 tablets per day</td>
</tr>
<tr>
<td>Votrient</td>
<td>800mg per day</td>
</tr>
<tr>
<td>Wellbutrin XL 150mg</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Xyrem</td>
<td>540ml per 30 days</td>
</tr>
<tr>
<td>Zepater</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Zinbryta</td>
<td>1 milliliter (or 150 milligrams) per 30 days</td>
</tr>
<tr>
<td>Zofran</td>
<td>30 tablets per 30 days</td>
</tr>
<tr>
<td>Zolinza</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Zomig nasal spray</td>
<td>12 sprays per 30 days</td>
</tr>
<tr>
<td>Zomig tablets</td>
<td>12 tablets per 30 days</td>
</tr>
<tr>
<td>Zurampic</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Zykadia</td>
<td>5 capsules per day</td>
</tr>
</tbody>
</table>
Split Fill Program

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

- Afinitor
- Bosulif
- Erivedge
- Gleevec
- Imbruvica
- Inlyta
- Jakafi
- Nexavar
- Spryce
- Sutent
- Tarceva
- Targretin
- Tasigna
- Votrient
- Xtandi
- Zelboraf
- Zolinza
- Zytiga

### Mandatory Statin Cost Reduction Program

Cholesterol medications in the statin class are among the most commonly prescribed medications to HBP members. These statins are considered maintenance medications. Refills for statin medications must be obtained from any Cleveland Clinic Pharmacy to be included in the Statin Cost Reduction Program.

Tablet splitting Crestor, generic Crestor, Lipitor, generic Lipitor, or using one of the generic statins such as fluvastatin immediate release, lovastatin, pravastatin, or simvastatin will help members save money.

The annual deductible must be satisfied before members receive the reduced co-insurance associated with this program.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Is this Medication Available Generically?</th>
<th>Do I Have to Split Tablets?</th>
<th>Member Cost Amount Per 90-Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crestor</td>
<td>rosuvastatin</td>
<td>Yes</td>
<td>Yes (but not if your dose is 40mg/day)</td>
<td>Generic Crestor(^{11}) – $6</td>
</tr>
<tr>
<td>Lescol</td>
<td>fluvastatin immediate release</td>
<td>Yes</td>
<td>No</td>
<td>Generic Lescol(^{11}) immediate release – $6.00(^{12})</td>
</tr>
<tr>
<td>Lipitor</td>
<td>atorvastatin</td>
<td>Yes</td>
<td>Yes (but not if your dose is 80mg/day)</td>
<td>Generic Lipitor(^{12}) – $6</td>
</tr>
<tr>
<td>Mevacor</td>
<td>lovastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Mevacor(^{11}) – $6.00(^{12})</td>
</tr>
<tr>
<td>Pravachol</td>
<td>pravastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Pravachol(^{11}) – $6.00(^{12})</td>
</tr>
<tr>
<td>Zocor</td>
<td>simvastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Zocor(^{11}) – $6.00(^{12})</td>
</tr>
</tbody>
</table>

\(^{11}\) Members pay the lesser of $6.00 or the Usual and Customary (U&C) price for the particular generic statin prescription being filled.

\(^{12}\) Under this program, the standard generic medication policy applies if the member receives the brand name versions of Crestor, Lescol, Lipitor, Mevacor, Pravachol, or Zocor.
**Tablet Splitting**

Members using Crestor, generic Crestor, Lipitor, or generic Lipitor are required to split their tablets for coverage under the HBP Prescription Drug Benefit. The Cleveland Clinic’s purchase prices for each of these medications are similar for different strength tablets. For example, an equal quantity of generic Lipitor 20mg tablets and generic Lipitor 40mg tablets cost the same. Therefore, members who split larger dose tablets in half to obtain their prescribed dose reduce the total amount of tablets purchased. This reduces medication costs and allows the HBP to pass on significant savings to members (For additional savings, see Generic Statins below).

If your provider prescribes a dose appropriate for tablet splitting, the prescription should be written that way. For example, if your daily dose is Crestor 20mg, your prescription should be written as follows:

**Crestor 40mg #45 — Take one-half tablet daily**

This will provide you with 90 20mg doses.

Members on maximum doses (e.g., Lipitor 80mg per day, Crestor 40mg per day) of any statin products cannot split their tablets. However, they still receive the reduced co-insurance as long as their prescription is written for a 90-day supply and is filled by any Cleveland Clinic Pharmacy.

**Generic Statins**

Using the generic alternatives listed above delivers significant cost savings to members. For example, a 90-day supply of the generic medications atorvastatin, fluvastatin immediate release, lovastatin, pravastatin, or simvastatin obtained through the Cleveland Clinic Home Delivery Pharmacy costs $6, while a 90-day supply of Crestor will cost $30. Members who receive brand name statins Lescol, Lipitor, Mevacor, Pravachol, or Zocor will pay the price difference between brand name and generic costs (see Generic Medication Policy on page 8). In addition, members who use generic fluvastatin immediate release, lovastatin, pravastatin, or simvastatin do not need to split tablets to receive their reduced co-insurance.
## 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 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:

<table>
<thead>
<tr>
<th>Medications Requiring Step Therapy&lt;sup&gt;13&lt;/sup&gt;</th>
<th>Formulary Alternatives(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acne</strong></td>
<td>Claravis</td>
</tr>
<tr>
<td>Absorica</td>
<td>Myorisan</td>
</tr>
<tr>
<td><strong>Antidepressants</strong></td>
<td>Venlafaxine, venlafaxine ER</td>
</tr>
<tr>
<td>Pristiq</td>
<td>Khedezla</td>
</tr>
<tr>
<td><strong>Blood Pressure Medication</strong></td>
<td></td>
</tr>
<tr>
<td>Atacand</td>
<td>Benicar HCT</td>
</tr>
<tr>
<td>Atacand HCT</td>
<td>Diovan</td>
</tr>
<tr>
<td>Avalide</td>
<td>Diovan HCT</td>
</tr>
<tr>
<td>Avapro</td>
<td>Micards HCT</td>
</tr>
<tr>
<td>Benicar</td>
<td>Micards HCT</td>
</tr>
<tr>
<td><strong>Cholesterol Lowering Medications</strong></td>
<td>Atorvastatin (up to 40mg/day), generic fluvastatin immedicate release, lovastatin, pravastatin, simvastatin</td>
</tr>
<tr>
<td>Crestor</td>
<td>Livalo</td>
</tr>
<tr>
<td><strong>Diabetes&lt;sup&gt;14&lt;/sup&gt;</strong></td>
<td>Metformin</td>
</tr>
<tr>
<td>Januvia</td>
<td>Onglyza</td>
</tr>
<tr>
<td>Nesina</td>
<td>Tradjenta</td>
</tr>
<tr>
<td><strong>Gastrointestinal Medications</strong></td>
<td>Balsalazide or Apriso</td>
</tr>
<tr>
<td>Asacol HD</td>
<td>Delzicol</td>
</tr>
<tr>
<td>Lialda</td>
<td>Pentasa</td>
</tr>
<tr>
<td><strong>Growth Hormone</strong></td>
<td>Humatrope, Norditropin</td>
</tr>
<tr>
<td>Genotropin</td>
<td>Nutropin AQ</td>
</tr>
<tr>
<td>Nutropin</td>
<td>Omnitrope</td>
</tr>
<tr>
<td>Zomacton</td>
<td><strong>Immune Modulators</strong></td>
</tr>
<tr>
<td>Cimzia</td>
<td>Oencia subcutaneous</td>
</tr>
<tr>
<td>Enbrel</td>
<td>Simponi (subcutaneous)</td>
</tr>
<tr>
<td>Kineret</td>
<td>Stelara</td>
</tr>
<tr>
<td><strong>Stimulants</strong></td>
<td>Modafinil</td>
</tr>
<tr>
<td>Nuvigil</td>
<td></td>
</tr>
</tbody>
</table>

<sup>13</sup> During the benefit year, new medications may be added to this list. Members will be notified before these changes take effect.

<sup>14</sup> Januvia is the preferred DPP-IV inhibitor under the EHP prescription drug benefit.
Specialty Drug Benefit

Specialty drugs can be obtained from any Cleveland Clinic Pharmacy including the Specialty Pharmacy, or from the CVS/caremark Specialty Drug Program. Members enjoy lower out-of-pocket expenses by using a Cleveland Clinic Pharmacy to obtain their specialty drugs. Members with certain chronic conditions may wish to participate in the Accordant Rare Disease Management Program. Please refer to your Summary Plan Description for more details.

Members will be responsible for their co-insurance for all drugs that are determined to be self-administrable by the patient. Self-administrable medications are defined as medications that are typically administered subcutaneously (SC) and have patient instruction for use in the package insert (PI). Some intramuscular injections are also considered self-administrable due to frequency of injection and PI instructions for the patient on how to self-administer the drug. A co-insurance applies at all locations where the drug can be obtained. If a self-administrable drug is administered in a doctor’s office, the member will be responsible for the office co-payment as well as the drug co-insurance. If administered in the physician’s office, the co-insurance is not applied to the pharmacy deductible or out-of-pocket maximum. Medications that are not self-administered are covered under the medical benefit.

- Actemra
- Actimmune
- Adempas
- Adcirris
- Advate
- Afinitor
- Alkeran
- Ampyra
- Apokyn
- Aptivus
- Aralast NP
- Aranesp
- Arava
- Arcalyster
- Arimidex
- Aristada
- Aromasin
- Astagraf
- Atriplas
- Aubagio
- Avonex
- Banzel
- Baraclude
- Benlysta
- Berinert
- Betaseron
- Bethkis
- Bethkis
- Bosulif
- Buphenyl
- Cabometyx
- Caprelsa
- Cayston
- Cellcept
- Cellcept
- Cemizia
- Cinqair
- Cinryze
- Combivir
- Cometriq
- Complera
- Copaxone
- Copagus
- Costenox
- Cotellec
- Crixivan
- Cuprimine
- Cystagon
- Cytoverne
- Daklizina
- Descovy
- Desferal
- Edurant
- Egrifta
- Eliaprase
- Eligard
- Emcty
- Emtriva
- Embrel
- Envyvio
- Eplusa
- Epivir
- Epivir HBV
- Epogen
- Epoprostenol
- Epzicom
- Ergamisol
- Erisedge
- Esbriet
- Exjade
- Extavia
- Eylea
- Fareston
- Farydak
- Femara
- Ferriprox
- Firazyr
- Firmagon
- Flolan
- Forteo
- Fuzeon
- Gattex
- Gengraf
- Genotropin
- Genovaya
- Gilenya
- Giotrif
- Glassia
- Gleevec
- Gleostine
- Granix
- Harvoni
- Heccria
- Hepsera
- Hetlloz
- Hexalen
- H.P. Aether
- Humatrope
- Humira
- Hycamlin
- Ibrance
- Ilaris
- Iluvien
- Imbruvica
- Impavido
- Incivek
- Increlex
- Infegren
- Inlyta
- Intelen<br> — Intron-A
- Invirase
- Iressa
- Isentress
- Iressa
- Jakafi
- Juxtapid
- Kalbitor
- Kaletra
- Kalydeco

15 Not covered as first line therapy. Use Humira.
16 Not covered as first line therapy. Use Humatrope or Norditropin.
Specialty Drug Benefit (continued)

- Kineret
- Kitabis Pak
- Korlym
- Kuvan
- Kynamro
- Kyprolis
- Lenvima
- Letairis
- Leukeran
- Leukine
- Leuprolide
- Lexiva
- Lonsurf
- Lucentis
- Lupron
- Lynparza
- Lysodren
- Makena
- Matulane
- Mekinist
- Mozobil
- Myfortic
- Myleran
- Natpara
- Neoral
- Neulasta
- Neumega
- Neupogen
- Nexavar
- Ninlaro
- Norditropin
- Norvir
- Noxafil
- Nplate
- Nucala
- Nuedexta
- Nuplazid
- Nutropin16
- Nutropin AQ16
- Ocaliva
- Octreotide
- Odefsey
- Odomzo
- Ofev
- Olysio
- Omnitrope16
- Omontys
- Onfi
- Opsumit
- Orencia15
- Orfadin
- Orkambi
- Otezla
- Oxsoralen
- Panretin
- Peg Intron
- Pegagys
- Plegridy
- Pomalyst
- Praluent17
- Prezista
- Probuphine
- Procrit
- Prograf
- Prolastin-C
- Prolia
- Promacta
- Pulmozyme
- Purinethol
- Purixan
- Rapamune
- Rasuvo
- Ravicti
- Rebetal
- Rebif
- Reclast
- Regranex
- Remicade
- Remodulin
- Repatha
- Rescriptor
- Restasis
- Retrovir
- Revatio
- Revlimid
- Reyataz
- Ribapak/Ribavirin/ Ribosphere
- Rilutek
- Rituxan
- Ruconest
- Sabril
- Saizen16
- Sandimmune
- Sandostatin
- Selzentry
- Sensipar
- Sermorelin
- Serostim16
- Simponi15
- Sivextro
- Soliris
- Somavert
- Sorigatane
- Sovaldi
- Sprycel
- Stelara
- Stivarga
- Stivarga
- Sucraltose
- Sulfoxymel
- Sustiva
- Sutent
- Sylatron
- Synarel
- Syprine
- Tabloid
- Tasigna
- Tafinlar
- Tagrisso
- Taltz
- Tarceva
- Targetin
- Temodar
- Tev-Tropin16
- Thalomid
- Thioguanine
- Tivicay
- TOBI
- TOBI Podhaler
- Tracleer
- Trelstar
- Triumeq
- Trizivir
- Truvada
- Tykerb
- Tyvaso
- Tyzeka
- Uptravi
- Valcyte
- Veletri
- Venelexta
- Ventavis
- VePesid
- Vesanoid
- Videx
- Videx EC
- Viekira
- Viekira XR
- Viracept
- Viramune
- Viread
- Vitekta
- Vontrient
- Xalkori
- Xeljanz
- Xeloda
- Xenazine
- Xgeva
- Xiaflex

15 Not covered as first line therapy. Use Humira.
16 Not covered as first line therapy. Use Humatrope or Norditropin.
17 Not covered as first line therapy. Use Repatha.
Specialty Drug Benefit (continued)

- Xolair
- Xtandi
- Xyrem
- Zarxio
- Zavesca
- Zelboraf
- Zemaira
- Zepatier
- Zerit
- Ziagen
- Zinfyta
- Zoladex
- Zolinza
- Zomacton^16
- Zorbtive^16
- Zortress
- Zykadia
- Zytniga
- Zvrox

^16 Not covered as first line therapy. Use Humatrope or Norditropin.

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 Pharmacies in Akron, Cleveland and Weston
2. CVS/caremark Specialty Drug Program — toll-free at 800.237.2767

Specialty Drug Copay Card Assistance Program

The Cleveland Clinic Employee Health Plan reserves the right to change/adjust specialty drug copays to meet the needs of a manufacturer-sponsored variable patient copay assistance program. As such, certain specialty medications require the use of the manufacturer’s copay assistance card. For those specialty medications included in the Copay Card Assistance Program, 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. The value of the manufacturer’s copay card will apply to your annual deductible but will not apply to your annual out of pocket maximum.

In the event the manufacturer discontinues a specialty medication’s copay assistance card, the member’s cost share will revert back to the benefit design outlined on page 2 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit and Formulary Handbook.

Please refer to the EHP Pharmacy Benefits link on the Cleveland Clinic Employee Health Plan’s website for updates on medications included in the Copay Card Assistance Program. If you have any questions, please contact EHP Pharmacy Management at 216-986-1050, option 4.

The specialty medications included in the Copay Card Assistance Program include:
- Advate
- Berinert
- Copaxone
- Enbrel
- Epclusa
- Gilenya
- Harvoni
- Humira
- Kalydeco
- Orecia
- Orkambi
- Sovaldi
- Stelara
- Viekira Pak
- Viekira XR
- Xeljanz
- Xolair
Prescription Drug Benefit Exclusions

1. The replacement of lost or damaged prescriptions. 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 that can be purchased without a prescription.
7. Drugs used for cosmetic purposes.
8. Drugs used for the treatment of infertility.
9. Drugs not included in the Patient Protection and Affordable Care Act that can be purchased without a prescription.
10. Medicinal foods (regardless of whether they require a prescription or not).

11. Members may contact EHP 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 own expense. The member will be responsible for 100% of the discounted price.

Refer to the Prescription Drug Benefit chart on page 2 to see the Drugs & Items at Discounted Rate and Non-covered Drugs & Items for additional exclusions.
Prescription Drug Coverage

The listing of a drug in the Formulary does not guarantee coverage if your contract does not cover that category of drugs (e.g., oral contraceptives, infertility agents). Refer to the Benefits and Coverage Clarification section (page 12) in this Handbook to determine specific coverage.

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

Non-Covered Medications — These drugs are determined by the terms of the member’s group health plan. The following are examples of, but not limited to, drug categories that plans exclude from coverage: drugs used for cosmetic purposes, weight control, promotion of fertility, and sexual dysfunction.

Generic Medications (Tier 1) — 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 generic and brand names for drug recognition. This Handbook lists both a generic and a brand name for the purpose of drug recognition.

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

Non-Preferred Brands (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 drug. A higher co-insurance is charged for Non-Preferred medications.

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.

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 Cleveland Clinic Health Benefit Program Drug Formulary

• The 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 drugs). All of the medications listed in this Formulary are considered formulary medications. This Formulary is designed to assist members and physicians to enhance cost savings by using Generic (Tier 1), Preferred Brand (Tier 2) and Specialty Drugs (Tier 4), thereby making all drugs in these Tiers the preferred drug(s) of choice. Take this Handbook with you to all physician appointments.

• 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 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. The Formulary lists the excluded strengths or dosage form next to the drug name.

• Designated symbols/letters follow certain drugs listed in the 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 Brand (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 drug (a higher co-insurance may be charged and medications only available through Cleveland Clinic Pharmacy or the CVS/caremark Specialty Pharmacy); (QL) indicates the drug has a quantity limit. (ST) indicates the drug is part of the Step Therapy Program.

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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 Formulary via the Internet, please be advised that the 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 (tiotropium)
- Tudorza Pressair (aclidinium)

**Anticholinergic/Beta Agonist, Inhaled Oral**
- Combivent Respiimat (ipratropium/albuterol)*

**Antihistamines, Inhaled Nasal**
- Astepro (azelastine)*

**Antihistamines, Oral**
- Atarax (hydroxyzine HCl)*
- Vistaril (hydroxyzine pamoate)*
- Zyrtec (cetirizine)*

**Anti-Inflammatory, Inhaled Oral**
- Asmanex (mometasone)*
- Flovent HFA (fluticasone)*
- Pulmicort (budesonide)*
- Pulmicort Respules (budesonide)*
- Qvar (beclomethasone)*

**Anti-Inflammatory, Inhaled Oral/Long Acting Beta Agonist Combination**
- Advair (fluticasone/salmeterol)*
- Dulera (mometasone/formoterol)*

**Beta Agonists, Inhaled Oral**
- Accuneb (albuterol)solution*
- Arcapta (indacaterol) Neohaler
- ProAir HFA (albuterol) inhaler
- ProAir Respliclick (albuterol) inhaler
- Serevent Discus (salmeterol)
- Ventolin HFA (albuterol) inhaler
- Xopenex (levalbuterol)*

**Beta Agonists, Oral**
- Alupent (metaproterenol) syrup*, tablet*
- Brethine (terbutaline) tablet*
- Duoneb (ipratropium/albuterol)*
- Vospire ER (albuterol extended release) tablet*

**Cough/Cold**
- Tressal (benzonatate)*

**Leukotriene Modulator**
- Singular (montelukast)*

**Miscellaneous Agents**
- Aralast NP (alpha-1-proteinase inhibitor) (PA)/(SP)*
- Berinert (C1 inhibitor) (CC)/(PA)/(SP)*
- Zibret (tobramycin for inhalation) (PA)/(SP)*
- Cipatlon (aztreonam) inhalation solution (SP)
- Cinqua (resluznam) (PA)/(SP)*
- Cynize (C1 inhibitor) (PA)/(SP)*
- Cuposan (glycopyrrolate) (PA)
- Dalessp (tolumlast) (PA)
- Elaprase (idursulfase) (PA)/(SP)*
- Elixophyln (thepelline) elixir
- Epipen (epinephrine)
- Epipen Jr (epinephrine)
- Eshripte (polfenadone) (PA)/(QL)/(SP)
- Glassia (alpha-1-proteinase inhibitor) (PA)/(SP)*
- Grastek (timothy grass pollen allergen extract) (PA)/(SP)*
- Intal (cromolyn sodium) inhalation solution*
- Kaltiber (ecallantide) (PA)/(SP)*
- Kaldyco (ivacavator) (CC)/(PA)/(SP)*
- Kitavis Pak (tobramycin) inhalation solution (PA)/(SP)*
- Nucalea (mepolizumab) (PA)/(QL)/(SP)
- Ofev (nintendni) (PA)/(QL)/(SP)*
- Onlaril (grass mixed pollen allergen extract) (PA)/(SP)*
- Orkambi (fumacafir/viavator) (CC)/(PA)/(SP)*
- Prolastin-C (alpha-1-proteinase inhibitor) (PA)/(SP)*
- Pulmozyme (dornase alfa) inhalation solution (SP)*
- Ragwitek (ragweed pollen allergen extract) [PA]/(QL)*
- Ruconest (recombiant C1 inhibitor) [PA]/(SP)*
- Theo-Dur (thepelline)*
- TOBI (tobramycin) inhalation solution*(PA)/(SP)*
- TOBI (tobramycin) Podhaler (PA)/(SP)
- Xolair (omalizumab) (CC)/(PA)/(SP)*
- Zemaira (alpha-1-proteinase inhibitor) (PA)/(SP)*

**ANALGESICS**

**Arthritis**
- Actemra (tocilizumab) (PA)/(SP)*
- Arava (leflunomide)* (SP)
- Astagraf XL (patoromus ext-rel) (PA)/(SP)*
- Azulfidine (sulfasalazine)*
- Cimzina (certolizumab) (PA)/(SP)*
- Enbrel (etanercept) [CC]/(PA)/(SP)*
- Engraf (cyclosporine)* (SP)
- Humira (adalimumab) (CC)/(PA)/(SP)*
- Imuran (azathioprine)*
- Kineret (anakinra) (PA)/(SP)*
- Neoral (cyclosporine capsules*, oral solution* (SP)

**Arthritis (cont.)**
- Ocrevus (abatacept) (CC)/(PA)/(SP)*
- Otezla (apremilast) (PA)/(QL)/(SP)*
- Orexup (methotrexate injection) (PA)/(QL)/(SP)*
- Plaquenil (hydroxychloroquine)*
- Rambu (methotrexate injection) (PA)/(QL)/(SP)*
- Rheumatix (methotrexate)*
- Sandimmune (cyclosporine) capsules*, solution (SP)*
- Simponi (golimumab) (PA)/(SP)*
- Xeljanz (tofacitinib) (CC)/(PA)/(SP)*

**Gout**
- Benemid (probenecid)*
- Colcrys (colchicine)*
- Zyloprim (allopurinol)*
- Zurampic (lesinurad) (PA)/(QL)

**Migraine**
- Amerge (naratriptan)* (QL)
- Cafergot (ergotamine/caffeine)*
- D.H.E. (dihydroergotamine)*
- Esmic (butalbal/acetaminophen/caffeine)*
- Fioricat (butalbal/acetaminophen/caffeine)* (QL)
- Fioacret with Codeine (butalbal/acetaminophen/caffeine/codeine)* (QL)
- Fioacret (butalbal/aspriarin/caffeine)*
- Fioacret with Codeine (butalbal/aspriarin/caffeine/codeine)*
- Induct (sumatriptan) injection*, nasal spray*, tablet* (QL)
- Maxalt/Maelt-MLT (rizatriptan)* (QL)
- Midrin (ismethenepine/dichloralphenazone/acetaminophen)* (QL)
- Migranal (dihydroergotamine)*
- Relpax (eletriptan) (QL)
- Zomin (zolmitripitant)* (QL)

**Muscle Relaxants**
- Equanil (meprobamate)*
- Flexeril (cyclobenzaprin)*
- Lioresal (baclofen)*
- Norflex (orphenadrine)*
- Norgesic (orphenadrine/aspriarin/caffeine)*
- Norgesic Forte (orphenadrine/aspriarin/caffeine)*
- Parafon Forte DSC (chlorozoxazone)*
- Robaxin (methocarbamol)*
- Skelaxin (metaxalone)*
- Soma (carisprocol)*
- Zanapel (tizanidine)*

**Nonsteroidal Anti-Inflammatory Drugs (NSAID)**
- Anaprox (naproxen)*
- Ansaid (flurbiprofen)*
- Arthrotec (diclofenac sodium delayed release/ misoprostol)*
- Cataflam (diclofenac)*

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### Drug Formulary Medications by Category (continued)

#### ANALGESICS (cont.)
- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) (cont.)
  - Clinoril (sulindac)*
  - Daypro (oxaprozin)*
  - Feldene (piroxicam)*
  - Indocin (indometacin)*
  - Lodine (etodolac)*
  - Mobic (meloxicam)*
  - Motrin (ibuprofen) tablets*, suspension*
  - Naprosyn (naproxen)*
  - Orudis (ketoprofen)*
  - Pennsaid (diclofenac sodium solution)* (PA)
  - Solaraze (diclofenac gel)* (PA)
  - Solaraze (diclofenac) tablet*
  - Tolectin (tolmetin)*
  - Toradol (ketorolac)*** (QL)
  - Voltaren (diclofenac)*
  - Voltaren (diclofenac) gel

#### Opioid Analgesics
- Avina (morphine extended release)
- Codeine (codeine) tablet*
- 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)*
- Vicodin (hydrocodone/acetaminophen)*** (QL)
- Vicodin ES (hydrocodone/acetaminophen)* (QL)

#### Opioid Antagonist
- ReVia (naltrexone)*

#### Salicylates
- Disalcid (salsalate)*
- Dolobid (diflunisal)*
- Easpring (aspirin)*
- Trillisate (choline magnesium trisalicylate)*

#### Systemic Lupus Erythematosus
- Benlysta (belimumab) (SP) (PA)

#### Miscellaneous Analgesics
- Lidoderm (lidocaine) patch* (PA)
- Stadol NS (butorphanol)*
- Talwin NX (pentazocine/naloxone)*

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

#### Antifungals, Oral
- Diflucan (fluconazole) tablet*, suspension*
- Mycelex Troche (clotrimazole)*
- Mycostatin (nystatin) tablet*, suspension*
- Nizoral (ketocanazole)*
- Noxafil (posaconazole) (SP)
- Vfend (voriconazole)* (SP)

#### Antifungals, Topical
- Lotrisone (clotrimazole/betamethasone) cream*
- Mycolog II (nystatin/triamcinolone)*
- Mycostatin (nystatin) cream*, ointment*, powder*
- Nizoral (ketocanazole) cream*
- Selsun Rx (selenium sulfide)*

#### Antivirals, Injectable
- Fuzezon (enfuvirtide) (SP)
- Intron A (interferon alfa-2b) (SP)
- Pegvasys (peginterferon alfa-2a) (PA)/ (SP)
- Peginterferon alpha-2a (PA)/ (SP)
- Sylatron (peginterferon alfa-2b) (SP)

#### Antivirals, Oral
- Atripla (efavirenz/emtricitabine/tenofovir) (SP)
- Baralud (entecavir) (SP)
- Combivir (emtricitabine/tenofovir) (SP)
- Copegus (ribavirin)* (SP)
- Crisivan (indinavir) (SP)
- Descovy (emtricitabine/tenofovir) (PA)/(QL) (SP)
- Edurant (rilpivirine) (SP)
- Emtriva (emtricitabine) (SP)
- Epclusa (sofosbuvir/velpatasvir) (CC) (PA)/(QL) (SP)
- Epivir (lamivudine)* (SP)
- Epivir HBV (lamivudine)* (SP)
- Epzicom (abacavir/lamivudine) (SP)
- Famvir (famciclovir)* (QL)
- Genox (emtricitabine/tenofovir alafenamide) (QL)/(SP)
- Harvoni (ledipasvir/sofosbuvir) (CC) (PA)/(QL) (SP)
- Hepsera (adefovir)* (SP)
- Incivek (telaprevir) (SP)
- Intellence (etravirine) (SP)
- Invisir (saquinavir) (SP)
- Isentress (raltegravir) (SP)
- Kaletra (lopinavir/ritonavir) (SP)
- Lexova (fosamprenavir) (SP)
- Norvir (ritonavir) (SP)

### Antivirals, Oral (cont.)
- Odefsey (emtricitabine/ralpivirine/tenofovir) (QL) (SP)
- Olysio (simeprevir) (PA) (QL) (SP)
- Prezista (darunavir) (SP)
- Rebetol (ribavirin)* (SP)
- Rescriptor (delavirdine) (SP)
- Retovir (zidovudine)* (SP)
- Reyataz (atazanavir) (SP)
- Selzentry (maraviroc) (SP)
- Sovaldi (sofosbuvir) (CC) (PA) (QL) (SP)
- Stridibel (elvitegravir, cobicistat, emtricitabine, tenofovir) (SP)
- Sustiva (efavirenz) (SP)
- Symmetrel (amantadine)*
- Technivie (ombitasvir/paritaprevir/ritonavir) (PA) (QL) (SP)
- Tivicay (Dolutegravir) (SP)
- Trizivir (abacavir/lamivudine/zidovudine)* (SP)
- Truvada (emtricitabine/tenofovir) (PA)/ (SP)
- Tyzeka (telbivudine) (SP)
- Valcyte (valganciclovir) (SP)
- Valzyclovir (valacyclovir)* (QL)
- Videx (didanosine) (SP)
- Videx EC (didanosine)* (SP)
- Viekira (ombitasvir/paritaprevir/ritonavir/ dasabuvir) (CC) (PA) (QL) (SP)
- Viread (tenofovir) (SP)
- Viread/Truvada (tenofovir/dextran/ribavirin) (PA) (SP)
- Viread/Truvada (tenofovir/dextran/ribavirin) (CC) (PA) (QL) (SP)
- Viracept (nelfinavir) (SP)
- Viramune (nevirapine)* (SP)
- Viread (tenofovir) (SP)
- Zerit (stavudine)* (SP)
- Zidovudine (Retrovir) (Zidovudine) (SP)

### Antivirals, Topical
- Aldara (imiquimod)*
- Condylox (podoflox) topical gel
- Condylox (podoflox) topical solution

### Antibiotics, Oral
- Cefadroxil (cefdaxime) (ST)
- Dicloxacillin (dicloxacillin) (ST)
- E.E.S. (erythromycin ethylsuccinate)*
- EryPed (erythromycin ethylsuccinate)*

### Erythromycins/Macrolides
- Bacitracin (bacitracin) (ST)
- Doxycycline (doxycycline) (ST)
- EryTab (erythromycin ethylsuccinate)*

### Miscellaneous
- Amoxicillin/Clavulanate (amoxicillin/clavulanate) (ST)
- Ampicillin (ampicillin) (ST)
- Azithromycin (azithromycin) (ST)
- Biaxin (clarithromycin) (ST)
- Bactrim (Trimethoprim/sulfamethoxazole) (ST)
- Cipro (ciprofloxacin) (ST)
- Dicloxacillin (dicloxacillin) (ST)
- E.E.S. (erythromycin ethylsuccinate)*
- EryPed (erythromycin ethylsuccinate)*
- EryTab (erythromycin ethylsuccinate)*
- Zithromax (azithromycin)*

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### Drug Formulary Medications by Category (continued)

#### Anti-Infectives (cont.) (Antibiotics/Antifungals/Antivirals)

**Penicillins**
- Amoxicil (amoxicillin)*
- Augmentin (amoxicillin/clavulanate)*
- Augmentin XR (amoxicillin/clavulanate XR)*
- Dynapen (dicloxacillin)*
- Pen-Vee K (penicillin VK)*
- Principen (ampicillin)*

**Quinolones**
- Avelox (moxifloxacin)*
- Cipro (ciprofloxacin)*
- Dapsone (dapsone)*
- Cleocin (clindamycin)*
- Campral (acamprosate calcium)*
- Sumycin (tetracycline)*
- Monodox (doxycycline)*
- Minocin (minocycline) capsule*
- Cipro XR (ciprofloxacin extended release)*
- Cipro (ciprofloxacin)*
- Avelox (moxifloxacin)*
- Principen (ampicillin)*
- Altace (ramipril)*
- Accuretic (quinapril/HCTZ)*
- Capoten (captopril)*
- Lotensin (benazepril)*
- Mavik (trandolapril)*
- Micardis (telmisartan)*
- Micardis HCT (telmisartan/HCTZ)*
- Zestril (lisinopril)*
- Hyzaar (losartan/HCTZ)*
- Exforge (amlodipine/valsartan)*
- Diovan (valsartan)*
- Diovan HCT (valsartan/hydrochlorothiazide)*
- Zestoretic (lisinopril/HCTZ)*
- Mestinon (dronedarone)*
- Lovaza (omega-3-acid ethyl esters)*
- Epanova (omega-3 carboxylic acids)*
- Crestor (rosuvastatin)*
- Niaspan (niacin extended release)*
- Zocor (simvastatin)*
- Trilipix (fenofibric acid delayed release)*
- Tricor (fenofibrate)*
- Questran (cholestyramine)*
- Questran Light (cholestyramine)*
- Pravachol (pravastatin)*
- Mevacor (lovastatin)*
- Mevalon (atorvastatin)*
- Trandate (labetalol)*
- Toprol-XL (metoprolol extended release)*
- Toprol (metoprolol)*
- Tenoretic (atenolol/chlorthalidone)*
- Tenormin (atenolol)*
- Verelan PM (verapamil extended release)*
- Zestoretic (lisinopril/HCTZ)*

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

#### ACE Inhibitors
- Accupril (quinapril)*
- Accuretic (quinapril/HCTZ)*
- Altace (ramipril)*
- Capoten (captopril)*
- Lotensin (benazepril)*
- Mavik (trandolapril)*
- Micardis (telmisartan)*
- Micardis HCT (telmisartan/HCTZ)*
- Zestril (lisinopril)*
- Hyzaar (losartan/HCTZ)*
- Exforge (amlodipine/valsartan)*
- Diovan (valsartan)*
- Diovan HCT (valsartan/hydrochlorothiazide)*
- Zestoretic (lisinopril/HCTZ)*
- Mestinon (dronedarone)*
- Lovaza (omega-3-acid ethyl esters)*
- Epanova (omega-3 carboxylic acids)*
- Crestor (rosuvastatin)*
- Niaspan (niacin extended release)*
- Zocor (simvastatin)*
- Trilipix (fenofibric acid delayed release)*
- Tricor (fenofibrate)*
- Questran (cholestyramine)*
- Questran Light (cholestyramine)*
- Repatha (evolocumab)*
- Tricor (fenofibrate)*
- Vascepa (icosapent ethyl)*

#### Beta Blockers
- Blocadren (timolol)*
- Bystolic (nebivolol)*
- Coreg (carvedilol)*
- Corgard (nadolol)*
- Inderal (propranolol)*
- Inderal LA (propranolol extended release)*
- Inderide (propranolol/HCTZ)*

### Miscellaneous

**Campral (acamprosate calcium)*
**Cleocin (clindamycin)*
**Dapsone (dapsone)*
**Flagyl (metronidazole)*
**Humatin (paromomycin)*
**Impavid (mefloquine)*
**Minocin (minocycle) capsule*
**Monodox (doxycycline)*
**Symycin (tetracycline)*

**Antimicrobial Agents**

**Bactrim (sulfamethoxazole/trimethoprim)*
**Bactrim DS (sulfamethoxazole/trimethoprim)*
**Minocin (minocycle) capsule*
**Neomycin (neomycin)*
**Peridex (chlorhexidine gluconate)*
**Tikosyn (dofetilide)*
**Tambocor (flecainide)*
**Rythmol SR (propafenone extended release)*
**Rythmol (propafenone)*
**Norpace CR (disopyramide)*
**Micardis (telmisartan)*
**Micardis HCT (telmisartan/HCTZ)*
**Syrup (pralunet)*
**Sulfas* (mandatory tablet splitting) (SP)
**Sulfas (mandatory tablet splitting) (PA)
**Sulfas* (mandatory tablet splitting) (QL)

**Antibiotics, Topical**

**Bactroban (mupirocin)*
**Garamycin (gentamicin)*
**Periactin (dihydrochloride gluconate)*
**Sibutramine* (sibutramine)*

**Antifungal Agents**

**Nystatin* (nystatin)*
**Flucan* (fluconazole)*
**Miconazole* (miconazole)*

**Antimycobacterials**

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

**Urinary Tract Agents**

**Macrodant (nitrofurantoin)*
**Meadox (nitrofurantoin)*
**Proloprim (trimethoprim)*

**Vaginal Agents**

**MetroGel Vaginal (metronidazole)*

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Drug Formulary Medications by Category (continued)

**CARDIOVASCULAR** (cont.)
(Blood Pressure/Heart/Cholesterol)
Coagulation Therapy
Revatio (sildenafil)*
Xarelto (rivaroxaban)
Trental (pentoxifylline)*
Pradaxa (dabigatran etexilate)
Pletal (cilostazol)*
Plavix (clopidogrel)*
Pletal (cilostazol)*
Pradaxa (dabigatran etexilate)
Trental (pentoxifylline)*
Xarelto (rivaroxaban)

**Diuretics**
Aldactazide (spironolactone/HCTZ)*
Aldactone (spironolactone)*
Bumex (bunetamide)*
Demadex (midodrine)*
Diuril (chlorothiazide)*
Dyazide (triamterene/HCTZ)*
Hygroton (chlorothalidone)*
Inspira (epilerone)*
Lasix (furosemide)*
Lozol (indapamide)*
Maxzide (triamterene)*
Midamor (amiloride)*
Moduretic (amiloride/HCTZ)*
Zaroxyn (metolazone)*

**Nitrates**
Imdur (isosorbid mononitrate)*
Isordil (isosorbid dinitrate)*
Minitran (nitroglycerin) patches*
Nitro-Bid (nitroglycerin) ointment
Nitro-Dur (nitroglycerin) patches*
Nitrofloral (nitroglycerin) spray*
Nitrostat (nitroglycerin) SL tablets

**Orthostatic Hypotension**
Florinef (fludrocortisone)*
Promatine (midodrine)*

**Pulmonary Arterial Hypertension**
Adcirca (tadalafil) ((PA) (SP)
Arixtra (fondaparinux)*
Aggrenox (dipyridamole extended release)
Agrylin (anagrelide)*
Apresoline (hydralazine)*
Cardura (doxazosin)*
Catapres (clonidine) tablet*
Cilostazol (cilostazol)*
Coartar (clonidine) patch*
Corlanor (iravadine) (PA) (QL)
Corzide (nandolol/bendroflumethiazide)*
Hytrin (terazosin)*
Lanoxin (digoxin) tablet**
Lyrica (triazolam)*
Mylanta III (simethicone)*
Norvasc (amlodipine)*
Nuplazid (pimavanserin) (PA)
Serapil (reserpine)*
Tenex (guanfacine)*

**CENTRAL NERVOUS SYSTEM**
Amanzol (amantadine)*
Akeza (dextromethorphan)*
Aricept (donepezil)*
Exelon (rivastigmine)*
Namenda XR (memantine)*
Razadyne (galantamine)*
Ritalin (amphetamine)*
Sertralex (paroxetine)*
Wellbutrin (bupropion)*
Zoloft (sertraline)*

**Anticonvulsants**
Aptom (eslicarbazepine) (PA) (QL)
Banrez (fuzaradine) (PA) (SP)
Carbatrol (carbamazepine extended release)*
Celontin (methsuximide)
Depakene (valproic acid)*
Depakote (divalproex)*
Diastat (diazepam rectal gel)*
Dilantin (phenytoin)**
Gabitril (tiagabine)*
Keppra (levetiracetam)*
Lamictal (lamotrigine)*
Lamictal ODT (lamotrigine orally disintegrating tablets)*
Lamictal XR (lamotrigine extended release)*
Lyrica (pregabalin)*
Mysoline (primidone)*
Neurontin (gabapentin)*
Onfi (oblimazam) (PA) (SP)
Phenobarbital (phenobarbital)*
Sibel (sibutramine)*
Tegretol (carbamazepine)*
Tegretol-XR (carbamazepine extended release)*
Topamax (topiramate)*
Trileptal (oxcarbazepine) tablets*, suspension*

**Antidepressants**
Selecterotonin Reuptake Inhibitors
Celexa (citalopram)*
Lexapro (escitalopram) (QL)
Luvox (fluvoxamine)*
Paxil (paroxetine)*
Prozac (fluoxetine)*
Zoloft (sertraline)*

**Tricyclics**
Anafranil (clomipramine)*
Elavil (amitriptyline)*
Nortriptyline (noradrenaline)*
Pamelor (nortriptyline)*
Sinequan (doxepin)*
Tofranil (imipramine)*
Tofranil-P (imipramine pamoate)*

**Miscellaneous Antidepressants**
Cymbalta (duloxetine)* (QL)
Desyrel (trazodone)*
Effexor (venlafaxine)*
Effexor XR (venlafaxine extended release) (QL)
Emsam (selegiline transdermal)
Ludiomil (maprotiline)*
Parnate (tranylcypromine)*
Rexeron (mirtazapine)*
Wellbutrin (bupropion)*
Wellbutrin SR (bupropion extended release)*
Wellbutrin XL (bupropion extended release)* (QL)

**Antiparkinson’s**
Artane (trihexyphenidyl)*
Benadryl (diphenhydramine) (50mg only)
Cogentin (benzotropine)*
Comtan (entacapone)*
Deleryl (selegiline)*
Mirapex (pramipexole)*
Mirapex ER (pramipexole extended release)*
Nuplazid (pimavanserin) (PA) (QL) (SP)
Parcopa (carbidopa/levodopa orally disintegrating tablets)*
Parlodil (bromocriptine)*
Requip (ropinirole)*
Requip XL (ropinirole extended release)*
Sinemet (carbidopa/levodopa)*
Sinemet CR (carbidopa/levodopa extended release)*
Stalevo (carbidopa/entacapone/levodopa)*
Symmetrel (amantadine)*

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(50mg only)
**Drug Formulary Medications by Category (continued)**

**CENTRAL NERVOUS SYSTEM (cont.)**

### Anxiolytics/Sedatives/Hypnotics
- Tranxene (clorazepate)*
- Sonata (zaleplon)*
- Lunesta (eszopiclone)*
- Librium (chlordiazepoxide)*
- Klonopin (clonazepam)*
- Ambien CR (zolpidem extended release)*
- Abilify (aripiprazole)*
- Metadate CD (methylphenidate)
- Intuniv (guanfacine extended release)
- Focalin XR (dexmethylphenidate)
- Concerta (methylphenidate extended release)*
- Provigil (modafinil)*
- Stelazine (trifluoperazine)*
- Seroquel (quetiapine)*
- Risperdal (risperidone)*
- Prolixin (fluphenazine)*
- Mellaril (thioridazine)*
- Loxitane (loxapine)*
- Lithotabs (lithium carbonate)*
- Lithobid (lithium carbonate extended release)*
- Latuda (lurasidone)

### Mood Stabilizers (cont.)
- Mood Stabilizers
- Abilify Maintena (aripiprazole) (PA)
- Abilify (aripiprazole) (PA)
- Aristada (aripiprazole) (PA)
- Clozaril (clozapine)*
- Eskalith (lithium carbonate)*
- EMLA (lidocaine/prilocaine) cream*
- Elimite (permethrin) cream*
- Efudex (fluorouracil)*
- Drysol (aluminum chloride hexahydrate)*
- Medrol (methylprednisolone)*
- Orapred ODT (prednisolone sodium phosphate orally disintegrating tablets)
- Prelox (prednisolone) syrup*

**Attention Deficit Disorder/Narcolepsy**
- Adderall (dextroamphetamine racemic salts)*
- Adderall XR (dextroamphetamine racemic salts extended release)*
- Concerta (methylphenidate extended release)*
- Deseride (dextroamphetamine)*
- Focalin (dextemethylphenidate)*
- Focalin XR (dextemethylphenidate extended release)*
- Intuniv (guanfacine extended release)
- Metadata CD (methylphenidate extended release)*
- Nuvigil (armodafinil) (ST)
- Provigil (modafinil)*
- Ritalin (methylphenidate)*
- Ritalin LA (methylphenidate extended release)*
- Ritalin SR (methylphenidate extended release)*
- Straterra (atomoxetine)

**Mood Stabilizers**
- Abilify (aripiprazole)* (PA)
- Abilify Maintena (aripiprazole) (PA)
- Aristada (aripiprazole) (PA)
- Clozaril (clozapine)*
- Eskalith (lithium carbonate)*
- EMLA (lidocaine/prilocaine) cream*
- Elimite (permethrin) cream*
- Efudex (fluorouracil)*
- Drysol (aluminum chloride hexahydrate)*
- Medrol (methylprednisolone)*
- Orapred ODT (prednisolone sodium phosphate orally disintegrating tablets)
- Prelox (prednisolone) syrup*

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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. |
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| (QL)—Indicates the drug is a quantity limit product. |
| (CC)—Copay Card |
| (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.)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Medications</th>
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<tbody>
<tr>
<td><strong>Antidiabetics</strong></td>
<td>Duetact (pioglitazone/glimepiride) tablets*</td>
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<td>Diabeta (glyburide)*</td>
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<td>Byetta (exenatide)</td>
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<td>Bydureon (exenatide)</td>
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<td>Amaryl (glimepiride)*</td>
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<td></td>
<td>Actoplus Met (pioglitazone/metformin)</td>
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<tr>
<td></td>
<td>Jardiance (sitagliptin) (Januvia first) (ST)</td>
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<tr>
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<td>Farxiga (dapagliflozin) (PA) (QL)</td>
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<td></td>
<td>Hypoglycemic Agents (cont.)</td>
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<td>Micronase (gliburide)*</td>
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<td>Onglyza (saxagliptin) (Januvia first) (ST)</td>
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<td>Prandin (repaglinide)*</td>
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<td>Precose (acarbose)*</td>
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<td>SymlinPen (pramlintide)</td>
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<td>Tradjenta (linagliptin) (Januvia first) (ST)</td>
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<td>Trulicity ( dulaglutide)</td>
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<td>Victoza (linaglutide)</td>
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<td><strong>Insulin Therapy</strong></td>
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<td>Apida (insulin glulisine)</td>
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<td>Humalog (insulin human lispro)</td>
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<td>Humalog Mix 50/50 (insulin human lispro NPL/lispro)</td>
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<td>Humulin R (insulin human regular)</td>
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<td>Novolin N (insulin human NPH)</td>
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<td>Novolin R (insulin human regular)</td>
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<td>NovoLog (insulin aspart)</td>
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<td>Tresiba (insulin degludec)</td>
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<td><strong>Metabolic Bone Disorders</strong></td>
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<td>Actonel (risedronate) (QL)</td>
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<td>Boniva (ibandronate) tablets*</td>
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<td>Forteo (teriparatide) (PA) (SP)</td>
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<td>Prolia (denosumab) (PA) (SP)</td>
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<td>Levothryoxine (levothyroxine)</td>
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<td>Buphenyl (sodium phenylbutyrate) (SP)</td>
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<td>DDAVP (desmopressin acetate)</td>
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<td>Dibenzyline (phenoxybenzamine)</td>
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<td>Zavesca (miglustat) (SP)</td>
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<td><strong>GASTROINTESTINAL</strong></td>
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<td><strong>Antidiarrheals</strong></td>
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<td>Imodium (loperamide)*</td>
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<tr>
<td></td>
<td>Lomotil (diphenoxylate/atropine)*</td>
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<td>Paregoric (paregoric)*</td>
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<td><strong>Antiemetic/Antivertigo</strong></td>
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<td>Akynzeo (netupitant/palonosetron) (PA) (QL)</td>
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<td>Antvert (meclizine)</td>
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<td>Anzemet (dolasetron) (Ql)</td>
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<td>Cesamet (nabilone) capsules (PA) (SP)</td>
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<td>Compazine (prochlorperazine) suppository*, tablet*</td>
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<td>Emend (aprepitant) (PA) (QL)</td>
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<td>Varubi (rolapitant) (PA) (QL)</td>
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<td>Zofran (ondansetron) (PA) (QL)</td>
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<td><strong>Anti-Spasmodic Agents</strong></td>
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<td>Bentyl (dicyclomine) capsule*, tablet*</td>
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<td>Levid (hyoscyamine)*</td>
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<td>Levisn (hyoscyamine)*</td>
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<td>Librax (clidinium chloride) oxepoxide) (PA) (QL)</td>
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<td>Pro-Banthine (propantheline)</td>
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<td></td>
<td><strong>Heartburn/Ulcer Therapies</strong></td>
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<td></td>
<td>Carafate (sucrafate) tablet*</td>
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<td>Cytootec (misoprostol)*</td>
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<td>Pamine (methscopolamine)</td>
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<tr>
<td></td>
<td>Prevac (lansoprazole, amoxicillin, and clarithromycin)</td>
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<td><strong>Pancreatic Enzyme</strong></td>
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<tr>
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<td>Creon (amylase/lipase/protease)</td>
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<tr>
<td></td>
<td>Pertzye (amylase/lipase/protease)</td>
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<td><strong>Saliva Stimulant</strong></td>
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<tr>
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<td>Evoxac (cevimeline)</td>
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<tr>
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<td><strong>Miscellaneous</strong></td>
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<tr>
<td></td>
<td>Actigall (ursodiol)</td>
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<tr>
<td></td>
<td>Anusol HC (hydrocortisone)</td>
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<td>Apriso (mesalamine)</td>
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<td>Azulfidine (sulfasalazine)</td>
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<td>Cerezyme (imiglucerase) (PA) (SP)</td>
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<tr>
<td></td>
<td>Chronulac (lactulose)</td>
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</tbody>
</table>

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#### GASTROINTESTINAL (cont.)

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<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Miscellaneous</td>
<td>Colazal (balsalazine)*</td>
</tr>
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<td>Colyte (polyethylene glycol/potassium/sodium)*</td>
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<tr>
<td></td>
<td>Cortenema (hydrocortisone)*</td>
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<tr>
<td></td>
<td>Entyvio (vedolizumab) (PA) [SP]</td>
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<tr>
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<td>Gattex (teduglutide) (PA) [QL] [SP]</td>
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<td>GoLYTELY (polyethylene glycol-electrolyte solution)*</td>
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<td>Kuvan (sapropterin) (PA) [SP]</td>
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<td>Lotronex (alosetin)</td>
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<td>MiraLax (polyethylene glycol)</td>
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<td>MoviPrep (polyethylene glycol)</td>
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<td>Ocaliva (obeticholic acid) (PA) [QL] [SP]</td>
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<td>Proctofoam-HC (pramoxine/hydrocortisone)</td>
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<tr>
<td></td>
<td>Rowasa (mesalamine)*</td>
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<td>Stresnil (asofrata alfa) (PA) [SP]</td>
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<td>Syprine (tretinidene) (PA) [SP]</td>
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<td>Uceris (budesonide extended release) (PA) [QL]</td>
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#### GENITOURINARY

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<tr>
<th>BPH</th>
<th>Avodart (dutasteride)*</th>
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<td>Cordura (doxazosin)*</td>
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<tr>
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<td>Flomax (tamsulosin)*</td>
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<td>Hytrin (terazosin)*</td>
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<tr>
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<td>Proscar (finasteride)*</td>
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<td>Urinary Anesthetic</td>
<td>Pyridium (phenazopyridine)*</td>
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#### IMMUNOSUPPRESSANT/ANTINEOPLASTIC

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<td>Coluracetam (interferon gamma-1b) (SP)</td>
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<td>Aranesp (darbeopotein alfa) (SP)</td>
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<td>Epogen (epoetin alfa) (SP)</td>
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<td>Granix (filgrastim) (SP)</td>
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<td>Leucovorin (leucovorin)*</td>
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<td>Leukine (sargramostim (SP)</td>
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<th>Adjunctive Agents</th>
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<td>Miricera (methoxy peg-eopetin beta) (SP)</td>
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<td>Soliris (eculizumab) (PA) [SP]</td>
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<td>Zarxio (filgrastim) (SP)</td>
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<td>Purinethol (mercaptooctane) (SP) [*(SP)]</td>
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<td>Rumetrex (methotrexate) (SP)</td>
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<td>Tabloid (thioguanine) (QL) [SP]</td>
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<td>Myfortic (mycophenolic acid) (SP)</td>
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<td>Neoral (cyclosporine) capsules*, oral solution (SP)</td>
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<td>Sandimmune (cyclosporine) capsules*, solution (SP)</td>
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<td>Zortress (everolimus) (SP)</td>
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<td>Adcetris (brentuximab vedotin) (PA) [SP]</td>
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<td>Eliargid (leuprolide) (PA) [SP]</td>
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<td>Erivedge (vismodegib) (PA) [SP]</td>
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#### OBSTETRICS/GYNECOLOGY

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<th>Contraceptives</th>
<th>Medications</th>
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<td></td>
<td>Aviane (ethinyl estradiol/levonorgestrel) [SP]</td>
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<td>Brevicon (ethinyl estradiol/norethindrone) [SP]</td>
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<td>Cyclessa (ethinyl estradiol/desogestrel) [SP]</td>
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<td>Depo-Provera (medroxyprogesterone) [SP]</td>
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**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.

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Drug Formulary Medications by Category (continued)

**OBSTETRICS/GYNECOLOGY** (cont.)

Contraceptives (cont.)

- Aviane (ethinyl estradiol/levonorgestrel)*
- 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)*
- Micrette (ethinyl estradiol/desogestrel)*
- Modicon (ethinyl estradiol/norgestrel)*
- Modicon (ethinyl estradiol/etonogestrel)*
- Next Choice (levonorgestrel)*
- Ortho Tri-Cyclen (ethinyl estradiol/norgestimate)*
- Ortho-Cept (ethinyl estradiol/desogestrel)*
- Ortho-Novum 1/50 (methylergonovine)*
- Ortho-Novum 1/75 (methylergonovine)*
- Ortho-Novum 1/100 (methylergonovine)*
- Ortho-Novum 7/50 (mestranol & norethindrone)*
- Ortho-Novum 7/75 (ethinyl estradiol/norlesterone)*
- Ortho-Novum 1/50 (mestranol & norethindrone)*
- Ortho-Novum 7/50 (ethinyl estradiol/norethindrone)*
- Ortho-Novum 1/75 (ethinyl estradiol/norlesterone)*
- Ortho-Novum 7/75 (ethinyl estradiol/norlesterone)*
- Ortho-Tri-Cyclen Lo (ethinyl estradiol/norgestimate)*
- Orinsa (norethindrone acetate)*
- Seasonale (ethinyl estradiol/levonorgestrel)*
- Trivora (ethinyl estradiol/drospirenone)*
- Yasmin (ethinyl estradiol/drospirenone)*
- Zovia (ethinyl estradiol/ethynodiol diacetate)*

**Emergency Contraceptives**

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

**Estrogens/Progesterons**

- Aygestin (norethindrone acetate)*
- Climara (estradiol)*
- Duvae (conjugated estrogens/bazedoxifene)
- Estrace (estradiol)*
- Estrace (estradiol/vaginal cream)
- FemHRT (ethinyl estradiol/norethindrone)*
- Ogen (estradiopipate)*
- Prefest (estradiol/norgestimate)
- Premarin (conjugated estrogens) tablets, vaginal cream
- Premphase (conjugated estrogens/medroxyprogesterone)
- Prempro (conjugated estrogens/medroxyprogesterone)
- Prometrium (progesterone)*
- Provera (medroxyprogesterone)*
- Infertility (Consult SPD for Coverage)
- Clomid (clomiphene)*
- Miscellaneous
  - Evista (raloxifene)*
  - Methergen (methylergonovine)*
  - Zykadia (ceritinib)*

**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*
  - Ocufox (ofloxacin)*
  - Polysporin (bacitracin/polymyxin B)*
  - Polytrim (trimethoprim/polymyxin B)*
  - Tobrex (tobramycin) solution*

- Anti-Infective/Steroidal Combinations
  - Cortisporin (bacitracin/hydrocortisone neomycin/polymyxin B) ointment*
  - Maxitrol (dexamethasone/neomycin/polymyxin B)*
  - Tobradex (tobramycin/dexamethasone) suspension*, ointment*
  - Vasocidin (sodium sulfacetamide/prednisolone)*

- Anti-Inflammatory, Non-Steroidal
  - Acular (ketorolac)*
  - Ocufen (flurbiprofen)*
  - Voltaren (diclofenac) solution*

- Anti-Inflammatory, Steroidal
  - Alrex (loteprednol)*
  - Decadron (dexamethasone) solution*
  - Fluviyen (flucloxacine) (PA) (SP)
  - Lotemax (loteprednol)
  - Pred Forte (prednisolone acetate)*

- Beta-Blockers
  - Betagan (levobunolol)*
  - Betimol (timolol)
  - Betoptic S (betaxolol)
  - Ocupress (carteolol)*
  - OptiPranolol (metipranolol)*
  - Timoptic (timolol)*
  - Timoptic-XE (timolol)*

- Carbonic Anhydrase Inhibitors
  - Azopt (brinzolamide)
  - Trusopt (dorzolamide)*

- Cycloplegic Mydriatics
  - Cyclogyl (cyclopentolate)*
  - Isopto Atropine (atropine)*
  - Isopto Homatropine (homatropine)*
  - Mydriacyl (tropicamide)*

- Prostaglandin Agonists
  - Travatan Z (travoprost)
  - Travoprost*
  - Xalatan (latanoprost)*

- Sympathomimetics
  - Alphagan P (brimonidine)*

- Miscellaneous Ophthalmics
  - Cosopt (dorzolamide/timolol)*
  - Crolom (cromolyn)*
  - Eylea (afibercept) (PA) (QL) (SP)
  - Lucentis (ranibizumab) (PA) (QL) (SP)
  - Pilocar (pilocarpine)*
  - Restasis (cycloporsine) (SP)
  - Vioptic (trifluridine)*

**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)*

- Miscellaneous Vitamins
  - Brisol (doxercalciferol)*
  - Folic Acid*
  - Hectorol (dextercalciferol)*
  - Luride (sodium fluoride) chewable tablets*
  - Mephyton (phytonadione)
  - Poly-Vi-Flor
  - Poly-Vi-Flor with Iron
  - Rocaltrol (calcitriol)*
  - Tri-Vi-Flor*
  - Zemplar (paricalcitol)* (PA)

- Prenatal Vitamins
  - Prenatal Plus*
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<th>A</th>
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<td>Aplify (aripiprazole)* (PA)</td>
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<td>Aplify Maintena (aripiprazole) (PA)</td>
<td>Betapace (sotalol)*</td>
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<td>Accuneb (albuterol) inhalation solution*</td>
<td>Betaseron (interferon beta-1b) (SP)</td>
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<td>Accupril (quinapril)*</td>
<td>Bethikis (tobramycin for inhalation) (PA) (SP)</td>
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<td>Accuretic (quinapril/HCTZ)*</td>
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<td>Acetamrtra (tocilizumab) (PA) (SP)</td>
<td>Bain (clarithromycin)*</td>
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<td>Bilef-10 (sulfacetamide) solution*</td>
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<td>Boniva (ibandronate) tablets*</td>
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<td>Actoplus Met (pioglitazone/metformin) tablets*</td>
<td>Bosulif (bosutinib) (PA) (Ql) (SP)</td>
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<td>Brevicon (ethinyl estradiol/levonorgestrel)*</td>
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<td>Adalat CC (nifedipine extended release)*</td>
<td>Bumex (bumetaniade)*</td>
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<td>Adcirca (tadalafil)</td>
<td>Buphenyl (sodium phenylbutyrate)* (SP)</td>
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<td>Adderall XR (dextroamphetamine racemic)</td>
<td>Buspar (buspirone)*</td>
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<td>Adcirra (taladafil) (PA) (SP)</td>
<td>Bydureon (exenatide)</td>
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<td>Adderal XR (dextroamphetamine racemic salts)*</td>
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<td>Disopropyl (oxybutynin)*</td>
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<td>Dobutam (chlorohydrate)*</td>
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<td>Dolobid (choridrinal)*</td>
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<td>Dolopine (methadone)*</td>
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<td>Domebora Otic (aluminum acetate/acetacid)*</td>
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<td>Dostinex (sporolactone)*</td>
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<td>Drisel (ergocalciferol)*</td>
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<td></td>
<td>Drysol (aluminum chloride hexahydrate)*</td>
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<td>Drysol (aluminum chloride hexahydrate)*</td>
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<td>Duavee (conjugated estrogen/bazedoxifene)</td>
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<td>C (cont.)</td>
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<td>Cyclogyl (cyclpentolate)*</td>
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<td>Cymbalta (duloxetine) (QL)</td>
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<td>Cytotec (misoprostol)*</td>
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<td>Cytofo (ganciclovir)* (SP)</td>
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<td>Duetact (pioglitazone/glimepiride) tablets*</td>
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<td>Dulera (mometasone/formoterol)</td>
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<td>Duoneb (ipratropium/albuterol)*</td>
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<td>Duragesic (fentanyl)*</td>
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<td>Duricef (cefazodol) capsule*</td>
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<td>Dyazide (triagamene/hCTZ)*</td>
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<td>Dynapen (cilicocillin)*</td>
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<td>E (cont.)</td>
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<tr>
<td></td>
<td>E.E.S. (erythromycin ethylsuccinate)*</td>
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<tr>
<td></td>
<td>Easprin (aspirin)*</td>
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<td>Edurant (rilpivirine)*</td>
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<td>Efexor (venlafaxine)*</td>
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<td>Efexor XR (venlafaxine extended release)* (QL)</td>
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<td>Efudex (fluorouracil)*</td>
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<td>Egirta (trimetoprin)*</td>
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<td></td>
<td>Elapras (idursulfase)* (PA)</td>
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<td></td>
<td>Elavil (amitriptyline)*</td>
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<td></td>
<td>Eldepryl (selegiline)*</td>
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<td>Elipl (pimecrilimus)*</td>
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<td>Elgard (leuprolide)* (PA)</td>
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<td>Elimi (permethrin) cream*</td>
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<td>Eliquis (apixaban)*</td>
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<td>Elisol (theophylline) elixir</td>
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<td>Ella (ulpiristal)*</td>
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<td>Elocon (mometasone) cream*, lotion*, ointment*</td>
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<td>Ems (estramustine)* (SP)</td>
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<td>Emd (aprepitant) (PA) (QL)</td>
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<td></td>
<td>EMLA (lidocaine/prilocaine) cream*</td>
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<td>Emsam (selegiline transdermal)</td>
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<td>Entriva (emtricabrine)* (SP)</td>
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<td>Eno (darifenacin)*</td>
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<td>Ender (eranercrept)* (CC) (PA) (SP)</td>
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<td>Entresto (sacubitril/valsartan) (PA) (QL)</td>
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<td>Entyvio (vedolizumab)* (PA) (SP)</td>
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<td>Epigen (epinephrine)*</td>
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<td>Epigen Jr (epinephrine)*</td>
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<td>Epivir (lamivudine)* (SP)</td>
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<td>Epivir HBV (lamivudine)* (SP)</td>
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<td>Epano (omega-3 carbonic acids)</td>
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<td>Epopen (epoetin alfa)* (SP)</td>
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<td>Epo (epoetin alfa)* (SP)</td>
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<td>Epizome (bacabavir/limivudine)* (SP)</td>
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<td>Equall (meprobamate)*</td>
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<td>Erydette (vismodegib)* (PA) (SP)</td>
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<td>Erycette (erythromycin) pads*</td>
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<td>Eryderm (erythromycin) topical solution*</td>
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<td>Erygel (erythromycin) topical gel*</td>
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<td>Erygen (erythromycin ethylsuccinate)*</td>
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<td>Ety-Tab (erythromycin)*</td>
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<td>Esibrit (piiferone)* (PA) (QL) (SP)</td>
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<td>Esgic (butalbital/acetaminophen/cafeine)*</td>
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<td>Eskalith (lithium carbonate)*</td>
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<td></td>
<td>Estrace (estradiol)*</td>
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**Drug Formulary Medications Alphabetically (continued)**

**E (cont.)**
- Estrace (estradiol) vaginal cream
- Estrostep Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*
- Eulexin (flutamide)*
- Evista (raloxifene)*
- Evox (cevimeline)*
- Exelon (rivastigmine)*
- Exforge (amlodipine/valsartan)*
- Exjade (deferasirox)
- Extavia (interferon beta-1b) (PA/SP)
- Eylea (afibercept) (PA/QL/SP)

**F**
- Famvir (famciclovir)* (QL)
- Fareston (toremifene) (SP)
- Fargi (dapagliflozin) (PA/QL)
- Farydak (panobinostat) (PA/QL)
- Fasold (aspirin)+
- Faval (nafarelin) (PA/QL)
- Fexinil (dicyclomine)*
- Femara (letrozole)* (SP)
- Fendora (paclitaxel/albumin) (CC)
- FemHRT (ethinyl estradiol/norethindrone)*
- Ferrchrono (ferrous ions)* (PA/QL)
- Fioricet with Codeine (butalbital/aspirin/codeine)*
- Fioricet without Codeine (butalbital/aspirin)*
- Fiostin (tobramycin) (PA/QL)
- Focalin (dexamfetamine)*
- Floxin (ofloxacin)* (CC/PA/QL)
- Flexeril (cyclobenzaprine)*
- Folic Acid*
- Forteo (teriparatide) (PA/SP)
- Fosamax (alendronate)* (CC/PA/QL)
- Fuzone (enfuvirtide) (SP)

**G**
- Gabitril (tiagabine)*
- Gabarcrin (gentamicin)*
- Gattex (teduglutide) (PA/QL/SP)
- Gengraf (cyclosporine)* (PA/QL)
- Genotropin (somatropin) (PA/SP)
- Genvoya (elvitra/cobicistat/emtricitabine/tenofovir alafenamide) (QL/SP)
- Geodon (ziprasidone)*
- Gilenya (fingolimod) (CC/SP)
- Gilotrif (afatinib) (PA/SP)
- Glassia (alpha1-proteinase inhibitor) (PA/SP)
- Gleevac (imatinib)* (PA/QL/SP)
- Glucotrol (glipizide)*
- GlucaGen (glucagon)
- Glucagon Emergency Kit (glucagon)
- Glucophage (metformin)*
- Glucophage XR (metformin extended release)*
- Glucocoral (glucobenate/metformin)*
- Glynase (glyburide)*
- GolyTELY (polyethylene glycol-electrolyte solution)*
- Granix (filgrastim) (PA/QL)
- Grasit (timothy grass pollen allergen extract) (PA/QL)

**H**
- Halcine (triazolam)*
- Halodol (haloperidol)*
- Harvon (ledipasvir/sofosbuvir) (CC/PA/QL)
- Hecorol (dosceralciferol)*
- Hepsra (adefovir) (PA/QL)
- Hetizol (tamsilmeton) (PA/QL/SP)
- HXien (atlatemamine) (SP)
- H.P. Acthar (corticotropin) (PA/SP)
- Humalog (insulin human lispro) (PA/QL/SP)
- Humalog Mix 50/50 (insulin human lispro NPL/lispro) (PA/QL/SP)
- Humalog Mix 75/25 (insulin human lispro NPL/lispro) (PA/QL/SP)
- Humatin (paromomycin)*
- Humatrope (somatropin) (PA/SP)
- Humira (adalimumab) (CC/PA/SP)
- Humulin 70/30 (insulin human NPH/R) (PA/QL/SP)
- Humulin N (insulin human NPH) (PA/QL/SP)
- Humulin R (insulin human regular) (PA/QL/SP)
- Hycamtin (topotecan) (PA/QL/SP)
- Hydroclorothiazide (PA/QL/SP)
- Hydroxyurea (PA/QL/SP)
- HydroDiURIL (hydrochlorothiazide) (PA/QL/SP)
- Hycro (chlophalidone)*
- Hyste (hydrocortisone) cream*, lotion*, ointment*, (PA/QL/SP)
- Hytrin (terazosin)*
- Hyzaar (losartan/HCTZ)* (PA/QL/SP)

**I**
- Ibrance (palbociclib) (PA/SP)
- Iclusig (ponatinib) tablets (PA/SP)
- Iliar (canakinumab) (PA/SP)
- Iloicyn (erythromycin)*
- Iluvion (fluocinolone) (PA/SP)
- Imbruvica (ibrutininb) (PA/QL/SP)
- Imdur (isosorbide mononitrate)*
- Immetas (sumatriptan) injection*, nasal spray*, tablet* (QL)
- Lidoamide (liveramide)*

**J**
- Jakafi (fotoperirome) (PA/SP)
- Januvia (sitagliptin) (QL/ST)
- Jardiance (empagliflozin) (PA/QL)
- Juxtapid (lomitapide) (PA/SP)

**K**
- Kalbitor (callantide) (PA/SP)
- Kaletra (lopinavir/ritonavir) (PA/SP)
- K-Dur (potassium chloride)*
- Kalydec (vacaftor) (CC/PA/SP)
- Keflex (cephalexin)*
- Kenalog (triamcinolone) lotion* (PA/QL/SP)
- Keppra (levetiracetam)* (PA/QL/SP)
- Keppra XR (levetiracetam)* (PA/QL/SP)
- Kineret (anakinra) (PA/SP)
- Kitabis Pak (tobramycin) inhalation solution (PA/SP)
- Klaran (sulfacetamide)*
- Klonopin (clonazepam)*
- Klor-Con (potassium chloride)*
- K-Lyte (potassium bicarbonate/citrate)*
- Kory (mifepristone) (PA/SP)
- Kuvan (siprotomine) (PA/SP)
- Kwell (lindane) lotion*, shampoo* (PA/QL/SP)
- Kynamro (mipomersen) (PA/SP)
- Kyprolis (carfilzomib) (PA/SP)
- Kytril (granisetron)* (QL)

**L**
- Lamical (lamotrigine)*
- Lamical ODT (lamotrigine orally disintegrating tablets)*

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<table>
<thead>
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<th>Alphabetically (continued)</th>
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<tbody>
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<td><strong>L (cont.)</strong></td>
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<tr>
<td>Lamictal XR (lamotrigine extended release)*</td>
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<tr>
<td>Lanzoxin (digoxin) tablet**</td>
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<td>Lantus (insulin human glargine)</td>
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<td>Lariam (mefloquine)*</td>
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<td>Lasix (furosemide)*</td>
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<td>Latuda (lurasidone)</td>
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<tr>
<td>Lenvima (lenvatinib) (PA) (QL) (SP)</td>
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<tr>
<td>Lescol (fluvastatin immediate release)*</td>
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<tr>
<td>Lissina (ethinyl estradiol/levoorgestrel)*</td>
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<td>Letairis (ambrisentan) (PA) (SP)</td>
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<tr>
<td>Leucovorin (leucovorin)*</td>
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<tr>
<td>Leukeran (chlorambucil) (SP)</td>
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<tr>
<td>Leukine (sargramostim) (SP)</td>
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<tr>
<td>Levaquin (levofloxacin)*</td>
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<td>Levid (hyoscyamine)*</td>
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<tr>
<td>Levenir (insulin detemir)</td>
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<tr>
<td>Levora (ethinyl estradiol/levoorgestrel)*</td>
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<tr>
<td>Levotheroid (levothyroxine)**</td>
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<td>Levitin (hyoscyamine)*</td>
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<td>Leafox (eselvoral) (QL)</td>
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<td>Lexiva (fosamprenavir) (SP)</td>
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<td>Librax (clindinium/chlordiazepoxide)*</td>
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<td>Librium (chlordiazepoxide)*</td>
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<td>Lidex-E (fluocinonide emollient) cream*</td>
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<td>LidoCaine (lidocaine) patch* (PA)</td>
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<td>Lioresal (baclofen)*</td>
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<td>Liptor (atorvastatin)* (mandatory tablet splitting)</td>
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<td>Lipofen (fenofibrate)*</td>
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<td>Lithobid (lipibol) (QL)</td>
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<td>Lithotabs (lipibol) (CB)</td>
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<td>Lo/Oral (ethinyl estradiol/norgestrel)*</td>
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<td>Lodine (etodolac)*</td>
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<td>Loeprin (ethinyl estradiol/norleproprin)*</td>
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<td>Loeprin 24 Fe (ethinyl estradiol/norleproprin)/ferrous fumurate)*</td>
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<tr>
<td>Loeprin Fe (ethinyl estradiol/norleproprin)/ferrous fumurate)*</td>
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<td>Losartan (atenolol)*</td>
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<td>Lonotil (diphenoxylate/atropine)*</td>
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<td>Lonten (minoxidil) tablet*</td>
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<td>Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)</td>
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<td>Lopid (gemfibrozil)*</td>
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<td>Lopressor (metoprolol)*</td>
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<td>Lopressor HCT (metoprolol/HCTZ)*</td>
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<td>Lorat (hydrocodone/acetaminophen) elixir*, tablets* (QL)</td>
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<td>Lotemax (lotepronol)</td>
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<td>Lotensin (benazepril)*</td>
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<td>Lotensin HCT (benazepril/HCTZ)*</td>
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<td>Lotrel (amlodipine/benazepril)*</td>
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<td>Lotrison (clotrimazole/betamethasone) cream*</td>
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<td>Lovaza (omega-3 acid ethyl esters)* (restricted to Cardiology)</td>
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<td><strong>M (cont.)</strong></td>
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<td>Lovenox (enoxaparin)*</td>
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<td>Loxilox (loxapine)*</td>
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<td>Lozol (indapamide)*</td>
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<td>Lucentis (ranibizumab) (PA) (QL) (SP)</td>
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<td>Ludmilim (maprotiline)*</td>
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<td>Lunesta (eszopiclone)*</td>
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<td>Lupron (leuprolide) (PA) (SP)</td>
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<td>Luride (sodium fluoride) chewable tablets*</td>
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<td>Luvos (fluvoxamine)*</td>
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<td>Lynparza (olaparib) (PA) (QL) (SP)</td>
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<td>Lyrica (pregabalin)</td>
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<td>Namenda (memantine)</td>
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<td>Namenda XR (memantine) (PA)</td>
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<td>Naprosyn (naproxen)*</td>
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<td>Natpar (parathyroid hormone) (PA) (SP)</td>
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<td>Navane (thioxine)*</td>
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<td>Neovin (neomycin)*</td>
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<td>Neoral (cyclosporine) capsules*, oral solution* (SP)</td>
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<td>Neosporin (bacitracin/neomycin/polymin B) ointment*</td>
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<td>Neosporin (gamicidin/neomycin/polymin B) solution*</td>
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<td>Neuasta (pegfilgrastim) (SP)</td>
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<td>Neumega (oprelvekin) (SP)</td>
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<td>Neupogen (filgrastim) (SP)</td>
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<td>Neurtin (gabapentin)*</td>
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<td>Nexavar (sorafenib) (QL) (SP)</td>
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<td>Next Choice (levonorgestrel)*</td>
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<td>Niaspan (niacin extended release)*</td>
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<td>Nilandron (nilutamide)</td>
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<td>Nimotop (nimodipine)*</td>
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<td>Nilanox (isosamidip) (PA) (QL) (SP)</td>
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<td>Nitro-Dur (nitroglycerin) patches*</td>
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<td>Nitrolingual (nitroglycerin) spray*</td>
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<td>Nitrostat (nitroglycerin) SL tablets</td>
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<td>Nizoral (ketoconazole) (PA)</td>
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<td>Norco (hydrocodone/acetaminophen) (QL)</td>
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<td>Nordil (somatropin) (PA) (SP)</td>
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<td>Norflex (orphenadrine)*</td>
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<td>Norses (norsertorol)</td>
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<td>Nocicept (arginine)</td>
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<tr>
<th>N (cont.)</th>
<th>O (cont.)</th>
<th>P (cont.)</th>
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<tbody>
<tr>
<td>Norgesic (orphenadrine/ aspirin/caffeine)*</td>
<td>Ortho-Novum 1/35 (ethinyl estradiol/ norethindrone)*</td>
<td>Pravachol (pravastatin)*</td>
</tr>
<tr>
<td>Norgesic Forte (orphenadrine/ aspirin/ caffeine)*</td>
<td>Ortho-Novum 1/50 (mestranol &amp; norethindrone)*</td>
<td>Precose (acarbose)*</td>
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<tr>
<td>Norpace (disopyramide)*</td>
<td>Ortho-Novum 7/77 (ethinyl estradiol/ norethindrone)*</td>
<td>Pred Forte (prednisolone acetate)*</td>
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<tr>
<td>Norpace CR (disopyramide)*</td>
<td>Ortho Tri-Cyclen Lo (ethinyl estradiol/norgestimate)*</td>
<td>Prefest (estradiol/norgestimate)*</td>
</tr>
<tr>
<td>Norpramin (desipramine)*</td>
<td>Orudis (ketoprofen)*</td>
<td>Pregleda (methyldopa)*</td>
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<tr>
<td>Norvas (amlodipine)*</td>
<td>Otezla (apremilast)</td>
<td>Preset (enalapril)*</td>
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<td>Norvir (ritonavir)</td>
<td>(PA) (QL)</td>
<td>Preven (estradiol)*</td>
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<tr>
<td>Novolin 70/30 (insulin human NPH/R)</td>
<td>(SP)</td>
<td>Prilosec (omeprazole)*</td>
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<tr>
<td>Novolin N (insulin human NPH)</td>
<td>(PA) (QL)</td>
<td>Procardia XL (nifedipine extended release)*</td>
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<td>Novolin R (insulin human regular)</td>
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<td>Procrit (epoetin alfa)</td>
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<td>NovoLog (insulin aspart)</td>
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<td>Procloflo-HC (promoxine/hydrocortisone)</td>
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<td>NovoLog Mix 70/30</td>
<td>(SP)</td>
<td>Prograf (tacrolimus)*</td>
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<td>(insulin human aspart NPL/aspart)</td>
<td>(PA)</td>
<td>Prolastin C (alpha1-proteinase inhibitor)</td>
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<td>Nosafl (posaconazole)</td>
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<td>(PA) (SP)</td>
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<td>Nucalea (mepolizumab)</td>
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<td>Nueducta (dexamethasone/quinidine/SP)</td>
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<td>(QL)</td>
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<td>Nuclast (vimanserin)</td>
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<td>(QL)</td>
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<td>Nuclact (lamotrigine)</td>
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<td>Nutropin AQ (somatropin)</td>
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<td>(PA) (SP)</td>
<td>(NL)</td>
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<td>Nuvari (erythromycin)</td>
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<td>(PA) (SP)</td>
<td>(PA)</td>
<td>(QL)</td>
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<td>Nuvaring (ethinyl estradiol/etonogestrel)</td>
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<td>Nuvigil (armodafinil)*</td>
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<td>(QL)</td>
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<td>NuvaRing (ethinyl estradiol/etonogestrel)</td>
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<td>(QL)</td>
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<td>Nydrazid (isoniazid)*</td>
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<td>(QL)</td>
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<td>O (cont.)</td>
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<td>Ocaliva (obeticholic acid)*</td>
<td>Ocaliva (obeticholic acid)*</td>
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<td>Ocufen (flurbiprofen)*</td>
<td>Ocuflox (ofloxacin)*</td>
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<td>Ocuflo (ofloxacino)*</td>
<td>Ocupress (carteolol)*</td>
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<td>Ocupress (carteolol)*</td>
<td>Odese (emtricitabine/telipivirine/tenofovir)</td>
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<td>Odorse (emtricitabine/telipivirine/tenofovir)</td>
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<td>(SP)</td>
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<tr>
<td>Odogmo (sonidegib)*</td>
<td>Odogmo (sonidegib)*</td>
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<td>(PA) (QL)</td>
<td>(SP)</td>
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<td>Oef (nintedanib)*</td>
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<td>(PA) (QL)</td>
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<tr>
<td>Ogen (estropipate)*</td>
<td>Ogen (estropipate)*</td>
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<td>Ogestrel (ethinyl estradiol/norgestrel)*</td>
<td>Ogestrel (ethinyl estradiol/norgestrel)*</td>
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<td>Olyso (siemprevir)*</td>
<td>Olyso (siemprevir)*</td>
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<td>(QL)</td>
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<td>Omnacef (cefdinir)*</td>
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<td>Omnitrope (somatropin)*</td>
<td>Omnitrope (somatropin)*</td>
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<td>Onfi (clobazam)</td>
<td>Onfi (clobazam)</td>
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<td>Onglyza (saxagliptin)</td>
<td>Onglyza (saxagliptin)</td>
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<td>(Januvia first)*</td>
<td>(Januvia first)*</td>
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<td>(ST)</td>
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<td>(PA)</td>
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<td>Opanut (sildenafil)*</td>
<td>Opanut (sildenafil)*</td>
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<td>Opend (prednisolone)*</td>
<td>Opend (prednisolone)*</td>
<td>(PA)</td>
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<td>Oradex (insulin aspart NPL/aspart)</td>
<td>Oradex (insulin aspart NPL/aspart)</td>
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<td>Orecina (abatacept)</td>
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<td>(CC) (PA)</td>
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<td>Orefin (niitissone)</td>
<td>Orefin (niitissone)</td>
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<tr>
<td>OriPharbond (metipranol)*</td>
<td>OriPharbond (metipranol)*</td>
<td>(PA)</td>
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<tr>
<td>Oralair (grass mixed pollen allergen extract)</td>
<td>Oralair (grass mixed pollen allergen extract)</td>
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<td>(PA) (QL)</td>
<td>(PA) (QL)</td>
<td>(PA) (QL)</td>
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<td>Oratend (paroxetine)*</td>
<td>Oratend (paroxetine)*</td>
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<td>Orapred (prednisolone)*</td>
<td>Orapred (prednisolone)*</td>
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<td>Orapred OD (prednisolone sodium phosphate orally disintegrating tablets)</td>
<td>Orapred OD (prednisolone sodium phosphate orally disintegrating tablets)</td>
<td>(PA) (QL)</td>
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<tr>
<td>Orapid (anastrozole)</td>
<td>Orapid (anastrozole)</td>
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<td>Orronia (abatacept)</td>
<td>Orronia (abatacept)</td>
<td>(PA)</td>
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<td>Ortho-Cyclen (ethinyl estradiol/norgestrel)*</td>
<td>Ortho-Cyclen (ethinyl estradiol/norgestrel)*</td>
<td>(PA)</td>
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<tr>
<td>Ortho-Cept (ethinyl estradiol/desogestrel)*</td>
<td>Ortho-Cept (ethinyl estradiol/desogestrel)*</td>
<td>(PA)</td>
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<td>Ortho-Cyclen (ethinyl estradiol/norgestrel)*</td>
<td>Ortho-Cyclen (ethinyl estradiol/norgestrel)*</td>
<td>(PA)</td>
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<tr>
<td>Ortho-Cyclen (ethinyl estradiol/desogestrel)*</td>
<td>Ortho-Cyclen (ethinyl estradiol/desogestrel)*</td>
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<td>Ortho-Cyclen (ethinyl estradiol/norgestrel)*</td>
<td>Ortho-Cyclen (ethinyl estradiol/norgestrel)*</td>
<td>(PA)</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Formulary Medications Alphabetically (continued)</th>
</tr>
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<tbody>
<tr>
<td><strong>Q</strong></td>
</tr>
<tr>
<td>Questran (cholestramine)*</td>
</tr>
<tr>
<td>Questran Light (cholestramine)*</td>
</tr>
<tr>
<td>Qvar (beclomethasone inhaler)</td>
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<tr>
<td><strong>R</strong></td>
</tr>
<tr>
<td>Ragwitek (ragweed pollen allergen extract) <em>(PA)</em></td>
</tr>
<tr>
<td>Ranexa (ranolazine) <em>(PA)</em></td>
</tr>
<tr>
<td>Rapamune (sirolimus)* <em>(SP)</em></td>
</tr>
<tr>
<td>Rasuvo (methotrexate injection) *(PA) (QL) (SP)</td>
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<tr>
<td>Razadyne (galantamine)*</td>
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<tr>
<td>Rebetal (rilubavirin)* *(SP)</td>
</tr>
<tr>
<td>Rebif (interferon beta-1a) *(SP)</td>
</tr>
<tr>
<td>Reclast (zoledronic acid) *(PA) (SP)</td>
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<tr>
<td>Reglan (metoclopramide)*</td>
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<tr>
<td>Regranex (bacaplermin) *(SP)</td>
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<tr>
<td>Relafen (nabumetone)*</td>
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<tr>
<td>Relpax (eletripitan) *(QL)</td>
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<tr>
<td>Remeron (mirtazapine)*</td>
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<tr>
<td>Renvela (sevelamer) tablets*, powder</td>
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<tr>
<td>Repatha (evolocumab) *(PA) (QL) (SP)</td>
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<tr>
<td>Requip (ropinore*)</td>
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<tr>
<td>Requip XL (ropinorelo extended release)*</td>
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<td>Rescriptor (delavirdine) *(SP)</td>
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<td>Restasis (cyclosporine) *(SP)</td>
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<td>Restoril (tepezamap)*</td>
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<td>Retin-A (tretinoin) cream*, gel*</td>
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<td>Retin-A Micro (tretinoin)*</td>
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<td>Retovir (zidovudine)* *(SP)</td>
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<tr>
<td>Revia (sildenafil) *(PA) (SP)</td>
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<tr>
<td>Revlidine (lenalidomide) *(PA) (QL) (SP)</td>
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<tr>
<td>Reyataz (atazanavir) *(SP)</td>
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<tr>
<td>Rheumatrex (methotrexate)</td>
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<tr>
<td>Rifadin (rifampin)*</td>
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<td>Rilutek (riluzole)* *(SP)</td>
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<tr>
<td>Risperdal (risperidone)*</td>
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<tr>
<td>Ritalin (methylphenidate)*</td>
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<tr>
<td>Ritalin LA (methylphenidate extended release)*</td>
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<tr>
<td>Ritalin SR (methylphenidate extended release)*</td>
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<tr>
<td>Rituxan (rituximab) *(PA) (SP)</td>
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<td>Robaxin (methocarbamol)*</td>
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<td>Rocaltrol (calcitrol)*</td>
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<td>Rovas (mesalamine)*</td>
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<tr>
<td>Rucosta (recombinant C1 inhibitor) *(PA) (SP)</td>
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<tr>
<td>Rythmol (propafenone)*</td>
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<tr>
<td>Rythmol SR (propafenone extended release)*</td>
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<tr>
<td><strong>S</strong></td>
</tr>
<tr>
<td>Sabril (vigabatin) *(PA) (SP)</td>
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<tr>
<td>Saizen (somatropin) *(PA) (SP)</td>
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<tr>
<td>Sanctura (trosiprom)*</td>
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<tr>
<td>Sanctura XR (trosiprom extended release)*</td>
</tr>
</tbody>
</table>

**S (cont.)**

- Sandimmune (cyclosporine) capsules*, solution *(SP)*
- Sandostatin (octreotide)* *(SP)*
- Seasonal (ethyl estradiol/levonorgestrel)*
- Secrat (acebutolol)*
- Selun RX (selenium sulfide)*
- Selzentry (maraviro)* *(SP)*
- Sensipar (cinacalcet)* *(SP)*
- Serax (oxazepam)*
- Serevent (salmeterol)*
- Sermorelin Acetate *(PA)* *(SP)*
- Seroquel (quetiapine)*
- Serostim (somatropin) *(PA) (SP)*
- Sinemet (carbidopa/levodopa)*
- Sinemet CR (carbidopa/levodopa extended release)*
- Sinequana (doxepin)*
- Singular (montelukast)*
- Sivextro (tezidoliz)* *(SP)*
- Skelaxin (metaxalone)
- Solaraze (diclofenac gel)* *(PA) (SP)*
- Soma (carisoprodol)*
- Somavert (pegysomant) injection *(PA) (SP)*
- Sonata (zaleplon)*
- Sotia (acetamin)* *(SP)*
- Sovald (sofosbuvir) *(CC) (PA) (QL) (SP)*
- Spiriva (tiotropium)*
- Spycol (dastinib) *(QL) (SP)*
- SSKI (potassium iodide)*
- Stadol NS *(butrophanol)*
- Stelevo (carbidopa/entacapone/levodopa)*
- Stelara (ustekinumab) *(CC) *(PA) (SP)*
- Stelazine (trifluoperazine)*
- Stimate (desmopressin) *(SP)*
- Stivara (gerofenib) *(PA) (SP)*
- Strattera (atomoxetine)*
- Strinsig (asfasate alfa) *(PA) (SP)*
- Stribild (elvitegravir, cobicistat, emtricitabine, tenofolvir)*
- Sufoxone (buprenorphine/naloxone sublingual tablets)* *(PA)*
- Subutex (buprenorphine) *(PA)*
- Sucraide (sacrosidase) *(SP)*
- Sulcar (fidosamine extended release)*
- Sulfaen (sulfamethoxazole extended release)*
- Sulfaet-R (sulfamerazine extended release)*
- Sulfoxyn (mafenide) cream, lotion *(SP)*
- Sunnycin (tetracycline)* *(SP)*
- Sustiva (efavirenz)* *(SP)*
- Sutept (sunitinib) *(QL) (SP)*
- Sylatron (peginterferon alfa-2b) *(SP)*
- Symbicort (budesonide/formoterol)*

**T**

- Tabloid (thioguanine) *(QL) (SP)*
- Tafinlar (dabrafenib) *(PA) (QL) (SP)*
- Tagrisso (osimertinib) *(PA) (QL) (SP)*
- Talz (xekizumab) *(PA) (QL) (SP)*
- Talwin NX (pentozenc/naloxone)*
- Tambocor (lecainide)*
- Tapazole (methylazol)*
- Tareca (erlotinib) *(QL) (SP)*
- Targetin (bexaroten) *(SP)*
- Tarka (trandolapril/verapamil extended release)*
- Tasigna (nilotinib) *(QL) (SP)*
- Tecfidera (dimethyl fumarate) *(SP)*
- Tegretol (carbamazepine)*
- Tegretol-XR (carbamazepine extended release)*
- Temodar (temozolomide)* *(SP)*
- Temovate (clobetasol) cream*, gel*, ointment*
- Temovate-E (clobetasol emollient) cream*
- Tenex (guanfacine)*
- Tenoretic (atenolol/chlorthalidone)*
- Tenormin (atenolol)*
- Tessalong (benzonatate)*
- Tiv-Tropin (somatropin) *(PA) (SP)*
- Thalomid (thalidomide) *(SP)*
- Theo-Dur (theophylline)*
- Thorazine (chlorpromazine)*
- Tildic (cilopidine)*
- Tiglan (trimethobenzamide)*
- Tikosyn (dofetilide)*
- Timoptic (timolol)*
- Timoptic-XE (timolol)*
- Tindamax (tindazole)*
- Tivicay (Dolutegravir) *(SP)*
- TOBI (tobramycin) inhalation solution* *(PA) (SP)*
- TOBI (tobramycin) Podhaler *(PA) (SP)*
- TobraDex (tobramycin/dexamethasone) suspension*, ointment*
- Tobrex (tobramycin) solution*
- Tofranil (imipramine)*
- Tofranil-PM (imipramine pamoate)*
- Tolectin (tolmetin)*
- Topamax (topiramate)*
- Toprol-XL (metoprolol extended release)*
- Toradol (ketorolac)* *(QL)*
- Toujeo (insulin human glargine) *(PA) (SP)*
- Tracelet (bosentan) *(PA) (SP)*
- Tradjenta (linagliptin) (Januvia first) *(ST)*

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**TT (cont.)**

Trandate (labetalol)*
Tranxene (clorazepate)*
Travatan Z (travoprost)*
Travoprost*
Trental (pentoxifylline)*
Tresiba (insulin degludec)*
Tri-Vi-Flor*
Tricor (fenofibrate)*
Trilafon (perphenazine)*
Trileptal (oxcarbazepine) tablets*, suspension*
Trilipix (fenofibric acid delayed release)*
Trilisate (choline magnesium trisalicylate)*
Trivora (ethinyl estradiol/levonorgestrel)*
Trizivir (abacavir/lamivudine/zidovudine)*
Trilud (dulaglutide)*
Trusopt (dorzolamide)*
Truvada (emtricitabine/tenofovir)*
Truxed (ibuprofen)*
Tylenol with Codeine (acetaminophen/codeine)*
Tyvaso (treprostinil) (QL)
Tygum (gum guggul)*
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**V (cont.)**

Vasenoid (tretinoin)* (SP)
Venl (voriconazole)* (SP)
Vioform (hydrocodone/acetaminophen)* (QL)
Vicodin ES (hydrocodone/acetaminophen)* (QL)
Victoza (liraglutide)*
Videx (didanosine) (SP)
Videx EC (didanosine)* (SP)
Viekira (ombitasvir/paritaprevir/ritonavir/ daclatasvir) (CC) (PA) (QL) (SP)
Viekira XR (ombitasvir/paritaprevir/ritonavir/ daclatasvir) (CC) (PA) (QL) (SP)
Vimpex (lacosamide)*
Viramune (nevirapine)*
Viramune XR (nevirapine)* (SP)
Viread (tenofovir) (SP)
Viopunt (trifluridin)*
Vismik (trifluridin)*
Vosol (acetic acid)*
Vosol HC (acetic acid/hydrocortisone)*
Vospire ER (albuterol extended release) tablet*
Votrient (pazopanib) (QL)
Xeloda (capecitabine)* (QL)
Xeljanz (tofacitinib) (QL)
Xerl (xerol)*
Xopenex (levalbuterol)*
Xopenex (albuterol extended release) tablet*
Xtandi (enzalutamide) (PA) (SP)
Xylocaine (lidocaine) gel*, ointment*
Xyrem (sodium oxybate) (PA) (QL) (SP)

**W**

Welchol (colesevelam)*
Wellbutrin (bupropion)*
Wellbutrin SR (bupropion extended release)*
Wellbutrin XL (bupropion extended release)* (QL)
Westcort (hydrocortisone valerate) cream*, ointment*

**X**

Xalatan (latanoprost)*
Xalkor (crizotinib) (PA) (SP)
Xanax (alprazolam)*
Xarelto (rivaroxaban)*
Xeljanz (tofacitinib) (CC) (PA) (SP)
Xeloda (capecitabine)* (PA) (SP)
Xenazine (tetrabenazine)* (SP)
Xiaflex (collagenase) (PA) (SP)
Xifaxan (rifaximin) (PA) (SP)
Xolar (omalizumab) (CC) (PA) (SP)
Xopenex (levalbuterol)*
Xtandi (enzalutamide) (PA) (SP)
Xylocaine (lidocaine) gel*, ointment*
Xyrem (sodium oxybate) (PA) (QL) (SP)

**Y**

Yasmin (ethinyl estradiol/drospirenone)*
Zanaflex (tizanidine)*
Zarontin (ethosuximide)*
Zaroxolyn (metolazone)*
Zaroxil (fligrastim) (SP)
Zavesca (miglustat) (SP)
Zebeta (bisoprolol)*
Zelboraf (vemurafenib) (PA) (SP)
Zemaira (alpha1-protease inhibitor) (PA) (SP)
Zemplar (paricalcitol)* (PA)
Zepatier (elbasvir/grazoprevir) (PA) (SP)
Zerit (stavudine)* (SP)
Zestoretic (lisinopril/hctz)*
Zestril (lisinopril)*
Ziac (bisoprolol/hctz)*
Ziagen (abacavir)* (SP)
Zinbyta (dalcumab) (PA) (QL) (SP)
Zithromax (azithromycin)*
Zocor (simvastatin)*
Zofran (ondansetron)* (QL)
Zolmitriptan (zolmitriptan)* (QL)
Zolof (sertraline)*
Zomacton (somatropin) (PA) (SP) (ST)
Zomig (zolmitriptan)* (QL)
Zonegran (zonisamide)*
Zorbtive (somatropin) (PA) (SP)
Zottriss (everolimus) (SP)
Zovia (ethinyl estradiol/ethynodiol diacetate)*
Zovirax (acyclovir)* capsule*, suspension*, tablet*
Zurampic (lesinurad) (PA) (QL)
Zykadia (ceritinib) (PA) (QL) (SP)
Zyloprim (allopurinol)*
Zyprexa (olanzapine)*
Zytiga (abiraterone acetate) (PA) (SP)
Zyvox (linezolid) (SP)

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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.
**Indicates both the brand and generic product are on the Formulary.
(PA) Indicates the drug requires prior authorization.
(QL) Indicates the drug is a quantity limit product.
(CC) — Copay Card
(SP) — Indicates the drug is a specialty product.
(ST) — Indicates the drug is part of the step therapy program.
Cleveland Clinic and Akron General

EHP Pharmacy Management

Questions? Call 216.986.1050, option 4 or 888.246.6648, option 4.

Please complete this form and return via fax: 216.442.5790.

✓ Appropriate Box

☐ Prior Authorization

☐ Formulary Exception

☐ Appeal

Patient Name: __________________________________________________________

Patient EHP Insurance ID Number: ___________________ Patient DOB: ___________________

Requesting Physician’s Name: ______________________________________________

Office Phone Number: ___________________ Office Fax Number: ___________________

Requesting Physician’s Signature: __________________________________________ Date: ___________________

Requesting Medication: ____________________________________________________

Strength: ___________________ Quantity: ___________________ Dosage Regimen: ___________________

Diagnosis: ______________________________________________________________

Medical Rationale for Requested Medication: _______________________________________

Formulary Agents Tried and Failed by the Patient:

<table>
<thead>
<tr>
<th>Drug &amp; Strength</th>
<th>Dosing Regimen</th>
<th>Dates Used (Approximate)</th>
<th>Documentation of Treatment Failure</th>
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</table>

Note: Please include any and all documentation pertaining to the request. Completion of this form does not guarantee approval. Requests are reviewed on all available information. Decisions are generally made within two business days, but may take longer pending clinical review. Decision letters will be sent via fax to the requesting provider and to the patient via U.S. mail.

Internal Use Only: DO NOT WRITE BELOW

<table>
<thead>
<tr>
<th>Medical</th>
<th>Pharmacy</th>
<th>MDR Outcome</th>
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<tbody>
<tr>
<td>Approved Tier 1</td>
<td>Initial Determination</td>
<td>Provider 1st Level</td>
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<tr>
<td>Approved Tier 2</td>
<td>Member 1st Level</td>
<td>Provider 2nd Level</td>
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<tr>
<td>Denied</td>
<td>Member 2nd Level</td>
<td>External Review</td>
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Rev. 11/2016