Cleveland Clinic
Employee Health Plan
Prescription Drug Benefit
and Formulary Handbook

Calendar Year 2018
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 My EHP Health Connection 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.
# Table of Contents

## CLEVELAND CLINIC HBP PRESCRIPTION DRUG BENEFIT

- **Prescription Drug Benefit Administration** .................................................................................. 1
- **Prescription Drug Benefit Program Overview** ........................................................................... 1
  - Understanding The Formulary .................................................................................................. 1
- **HBP Prescription Drug Benefit Chart** ......................................................................................... 2
  - Filling Your Prescriptions ........................................................................................................ 3
  - Cleveland Clinic Akron General Pharmacies and Specialty/Home Delivery Pharmacy .......... 3
    - Cleveland Clinic Akron General Pharmacies — Locations and Hours of Operation .......... 3
    - Cleveland Clinic Home Delivery Pharmacy Ordering Instructions ..................................... 5
  - Advantages of Utilizing the Cleveland Clinic Akron General Pharmacies and Specialty/Home Delivery Pharmacy ................................................................. 6
- **Prescription Drug Benefit Guidelines** ....................................................................................... 8
  - Prescription Drug Benefit — Deductible .................................................................................. 8
  - Deductible and Out-of-Pocket Maximum .................................................................................. 8
  - Generic Medication Policy ........................................................................................................ 8
  - Prior Authorization .................................................................................................................. 9
    - Pharmaceuticals Requiring Prior Authorization .................................................................. 9
  - Formulary Failure Review Process ......................................................................................... 12
    - Instructions for a Physician on How to Complete the
      Prior Authorization, Formulary Exception and Appeal Form ............................................. 12
  - Prior Authorization, Formulary Exception and Appeal Form .................................................. 13
- **Benefits and Coverage Clarification** ......................................................................................... 13
  - Breast Cancer Prevention Coverage ......................................................................................... 13
  - Contraceptive Coverage .......................................................................................................... 13
  - Oral Medications for Onychomycosis (Nail Fungus) ................................................................ 14
  - Over-The-Counter (OTC) Medications ................................................................................... 14
  - Statin Medications for Primary Prevention of Cardiovascular Disease ................................. 15
  - Non-Preferred Generic Medications ...................................................................................... 15
  - Lifestyle Medications ............................................................................................................ 16
  - Non-Covered Medications ...................................................................................................... 16
    - Brand Name .......................................................................................................................... 16
    - Brand and Generic Versions ................................................................................................. 17
  - Sharps Container Program ...................................................................................................... 19
- **EHP Pharmacy Management Programs** ................................................................................ 20
  - Mandatory Maintenance Drug Program ............................................................................... 20
  - Medications Limited by Provider Specialty .......................................................................... 21
  - Quantity Level Limits ............................................................................................................ 21
  - Split Fill Program .................................................................................................................. 25
  - Mandatory Statin Cost Reduction Program ........................................................................ 25
    - Tablet Splitting ...................................................................................................................... 25
    - Generic Statins ..................................................................................................................... 26
  - Step Therapy Program ........................................................................................................... 26
- **Specialty Drug Benefit** ............................................................................................................. 27
- **Specialty Drug Copay Card Assistance Program** ................................................................ 30
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drug Benefit Exclusions</td>
<td>31</td>
</tr>
<tr>
<td>Prescription Drug Coverage</td>
<td>32</td>
</tr>
<tr>
<td>Important Points About the Cleveland Clinic Health Benefit Program Drug Formulary</td>
<td>32</td>
</tr>
<tr>
<td>Notice</td>
<td>33</td>
</tr>
<tr>
<td>Drug Formulary Medications by Category</td>
<td>34</td>
</tr>
<tr>
<td>Drug Formulary Medications Alphabetically</td>
<td>43</td>
</tr>
<tr>
<td>Prior Authorization, Formulary Exception and Appeal Form</td>
<td>51</td>
</tr>
<tr>
<td>USPSTF Copay Free Statin Coverage Request Form</td>
<td>53</td>
</tr>
</tbody>
</table>
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 https://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 CVSHealth Inc
HBP Prescription Drug Benefit
Administered Through CVS/caremark
The Following Is a Summary Overview of the Prescription Drug Benefit for 2018

<table>
<thead>
<tr>
<th>Categories</th>
<th>Tier 1 Preferred Generics</th>
<th>Tier 2 Preferred Brands</th>
<th>Tier 3 Non-Preferred Brands and Generics (Non-Formulary)</th>
<th>Tier 4 Specialty Drugs (Hi-Tech)</th>
<th>Drugs &amp; Items at Discounted Rate</th>
<th>Non-Covered Drugs &amp; Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$200 Individual $400 Family</td>
<td>Waived for generic prescriptions if obtained from a Cleveland Clinic Akron General Pharmacy</td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Member % Co-insurance</td>
<td>15%</td>
<td>25%</td>
<td>45%</td>
<td>20%</td>
<td>Member Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Cleveland Clinic Akron Gen. Pharmacies: up to 90-Day Supply</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>CVS Store Pharmacies — 30-Day Supply Mail Service Program — 90-Day Supply</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Retail Pharmacies: Is there a Minimum or Maximum to the Rx % Co-insurance?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>CVS/caremark Mail Service Program: Is there a Minimum or Maximum to the Rx % Co-insurance?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Is there an Annual Out-of-pocket Maximum?</td>
<td>$3 Minimum/ $50 Maximum per Month Supply</td>
<td>$3 Minimum/ $50 Maximum per Month Supply</td>
<td>No</td>
<td>$5 Minimum/ $50 Maximum per Month Supply</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Components of Each Category</td>
<td></td>
<td></td>
<td>Brand Name Drugs Not Listed in the Drug Formulary starting on page 34 and Certain Generic Drugs listed on page 15.</td>
<td>Specialty Drugs1,2 See complete list of Specialty Drugs on pages 27 thru 29.</td>
<td>Lifestyle Drugs See complete list of Lifestyle Drugs on page 16.</td>
<td>Over-the-Counter Drugs For a full list of non-covered drugs and certain OTC Medications that are covered, see pages 14, 16-19.</td>
</tr>
<tr>
<td>Prior Authorization Required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Diabetic Supplies3</td>
<td>Co-insurance 20%</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Asthma Delivery Devices3 and Prescription Vitamins4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacies5 in the Retail Network</td>
<td>Cleveland Clinic Akron General 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.

1Certain specialty medications are included in the Copay Card Assistance Program. Please refer to the Prescription Drug Benefit and Formulary Handbook.
2There are 3 options for obtaining medications in the category listed above. The options are: 1. Cleveland Clinic Akron General 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 refills) are limited to a one month supply.
3Diabetic Supplies — All diabetic supplies covered, except for insulin pumps and insulin pump supplies (which are covered under the medical benefit). Diabetic supplies covered under the prescription drug benefit include: needles purchased separately, test strips, lancets, glucose meters, syringes, lanceting devices, and injection pens. Asthma Delivery Devices — Includes spacers used with asthma inhalers.
4Refers to vitamins that require a prescription from your healthcare provider.
5Members can use any Cleveland Clinic Akron General 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 Akron General 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 member outcomes and containing healthcare costs. The *Handbook* will assist with both of these goals — maintaining the quality of member 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 Akron General Pharmacies; Cleveland Clinic Specialty Pharmacy; Cleveland Clinic Home Delivery Pharmacy; the CVS store pharmacies; and the CVS/caremark Mail Service Program.

**Cleveland Clinic Akron General Pharmacies and Home Delivery Pharmacy**

HBP members receive a lower percentage co-insurance for their prescriptions by using Cleveland Clinic Akron General 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 Akron General Pharmacies.

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 Akron General 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.

---

*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 216.445.MEDS (6337), Fax: 419.609.2869
  Toll-free: 866.650.MEDS (6337)
  Direct Dial: 419.609.2845
  Monday–Friday, 9 a.m.–5 p.m.

– North Coast Cancer Care Ambulatory Pharmacy 216.445.MEDS (6337), Fax: 419.609.2869
  Toll-free: 866.650.MEDS (6337)
  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: 440.965.4100
  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, 9 a.m.–5 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
  Ambulatory Care Pharmacy 330.344.7732, Fax: 330.996.2927
  Monday–Friday, 7 a.m.–5:30 p.m.

– Akron General Medical Center
  400 Wabash Avenue, Akron, OH 44307
• 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: 216.669.0705
  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](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 855.276.0885 to have this form mailed or faxed to you. The form is also available on the EHP website at [www.clevelandclinic.org/healthplan](http://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 Akron General 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 Akron General 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 Akron General 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.
- **Healthy Choice Coordinated Care program medication reimbursement:** If the EHP member is enrolled in the Healthy Choice Coordinated Care program and is eligible for medication reimbursement, the member must utilize a Cleveland Clinic/Akron General Pharmacy to qualify for medication reimbursement. Medications obtained from the CVS/caremark Mail Service Program are not reimbursable unless the policy holder resides in a state that is not serviced by Cleveland Clinic Home Delivery Pharmacy. Appropriate documentation must be submitted with the request, which includes both the tax receipt and cash register receipt. Please communicate with your EHP Care Coordinator to learn if your medication qualifies for reimbursement. Additional information can be found in the Summary Plan Description (SPD) and the Cleveland Clinic Akron General EHP Coordinated Care Incentive FAQ located on the EHP website at www.clevelandclinic.org/healthplan.
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 Cleveland Clinic Akron General Pharmacy or CVS store pharmacy. Refills of maintenance medications must be obtained through one of the three options identified in the Mandatory Maintenance Drug Program section on page 20. A complete list of these pharmacies can be found on the CVS/caremark website at https://www.caremark.com. Please note that when using a CVS store pharmacy or the CVS/caremark Mail Service Program, member co-insurance is higher when compared to obtaining your prescriptions from a Cleveland Clinic Akron General Pharmacy. In addition, prescriptions obtained from a non-Cleveland Clinic Akron General Pharmacy are not eligible for reimbursement through the Healthy Choice program (see page 6).

Note: Effective March 1, 2017, members may utilize any Cleveland Clinic Akron General Pharmacy 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 Akron General Pharmacy or CVS store pharmacy for use until you receive your prescription from the Mail Service Program.
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 https://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.

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

i. The member uses a Cleveland Clinic Akron General Pharmacy to obtain their prescription and

ii. The prescription is filled using a **generic** medication.

All prescriptions filled at a non-Cleveland Clinic Akron General Pharmacy and all prescriptions filled with a brand name medication at any Cleveland Clinic Akron General 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 15 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 34 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 51) 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 12 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.

Note: Prior authorization approvals are effective from the initial date of the authorization. No refunds or adjustments will be made for previously purchased medications.

Pharmaceuticals Requiring Prior Authorization

- Abilify
- Abilify Maintena
- Abstral
- Acne Treatments
- Actemra
- Actiq
- Adacel (under 7 years of age)
- Ad cetris
- Adcirca
- Adempas
- Adlyxin
- Ad melog (effective date: 04/01/2018)
- Aimovig (effective date: 06/01/2018)
- Akynzeo
- Alunbrig
- Amjevita
- Ampyra
- Apidra (effective date: 03/01/2018)
- Aptiom
- Aralast NP
- Aristada
- Aspirin
- Astagraf
- Aubagio
- Austedo
- Avonex
- Banzel
- Basaglar (effective date: 03/01/2018)
- Bavencio (medical benefit)
- Belbuca
- Beleodaq (medical benefit)
- Bendeka (medical benefit)
- Benlysta
- Berinert
- Besponsa (medical benefit)
- Betaseron
- Bethkis
- Blincyto (medical benefit)
- Boniva IV\(^7\) (medical benefit)
- Bosulif
- Botox (medical benefit)
- Brisdelle
- Briviact
- Butrans
- Bydureon
- Byetta
- Cabometyx
- Calquence (effective date: 04/01/2018)
- Caprelsa
- Celebrex
- Cerezyme
- Cinqair
- Cinryze
- Cimetrix
- Copaxone
- Corlanor
- Cosentyx
- Cotelic
- Cuvitru (effective date: 06/01/2018)
- Cuvposa
- Cyramza
- Daklinza
- Daliresp
- Daraprim
- Darzalex (medical benefit; effective date 02/04/2016)
- Descovy
- diclofenac gel
- diclofenac solution
- Differin 0.1% cream
- Differin 0.3% gel
- Dipentum
- Dupixent
- Duzallo (effective date: 04/01/2018)
- Dysport (medical benefit)
- Egrifta
- Elaprase
- Eleyso
- Eli dul Cream
- Emend capsules, oral suspension

\(^7\)Member is responsible for 20% co-insurance.
Pharmaceuticals Requiring Prior Authorization (continued)

- Empliciti
- Emsam patches
- Enbrel
- Entresto
- Envarsus XR
- Epanova
- Epclusa
- Erelzi
- Erivedge
- Erleada (effective date: 06/01/2018)
- Erygel 2%
- Esbriet
- Eucrisa ointment
- Euflexxa (medical benefit)
- Exjade
- Extavia
- Eylea (medical benefit)
- Farxiga
- Farydak
- Fasenra (effective date: 04/01/2018)
- Fentora
- Ferriprox
- Fetzima
- Fiasp (effective date: 04/01/2018)
- Firazyr
- Flector
- Forteo
- Gattex
- Giazo
- Gilenya
- Gilotrif
- Glassia
- Glatiramer acetate
- Gleevac
- Grastek
- Growth Hormone
- H.P. Acthar
- Haegarda
- Harvoni
- Hectorol
- Hetlioz
- Hizentra
- Humira
- Humulin U-500 (effective date: 03/01/2018)
- Hycamtin
- Hyqvia
- Ibrance
- Idhifa (effective date: 04/01/2018)
- Ilaris
- Iluvien
- Imbruvica
- Imlygic (medical benefit)
- Impavid
- Inflectra
- Ingrezza
- Injectafer (medical benefit)
- Inlyta
- Invokana
- Iressa
- Jadenu
- Jakafi
- Jardiance
- Kalbitor
- Kalydeco
- Kanuma (medical benefit)
- Kevzara
- Keytruda (medical benefit)
- Kineret
- Kisqali
- Kitabis Pak
- Korlym
- Krystexxa (medical benefit)
- Kuvan
- Kymriah (medical benefit)
- Kyprolis
- Lartruvo (medical benefit)
- Latruruvo (medical benefit)
- Lazanda
- Lemtrada
- Lenvima
- Letairis
- Levemir (effective date: 03/01/2018)
- Lidoderm
- Linzess
- Lonsurf
- Lucentis (medical benefit)
- Lumizyme (medical benefit)
- Lupron
- Luxturna (medical benefit) (effective date: 01/10/2018)
- Luzu
- Lynparza
- Makena
- Marinol
- Mayvret
- Mekinist
- MetroGel 1%
- MetroGel 1% with pump
- Metrolotion
- Movantik
- Mylotarg (medical benefit)
- Mycobloc (medical benefit)
- Myozyme
- Myrbetriq
- Namenda XR
- Natpara
- Nucala
- Nerlynx (effective date: 06/01/2018)
- Neupro
- Ninlaro
- Novolog (effective date: 03/01/2018)
- Novolog Mix (effective date: 03/01/2018)
- Nucala
- Nuedexta
- Nulojix (medical benefit)
- Nuplazid
- Nuvigil
- Ocaliva
- Ocrevus (medical benefit)
- Odomzo
- Ofev
- Olysio
- Onfi

3Member is responsible for 20% co-insurance.
• Onivyde (medical benefit)
• Opdivo (medical benefit)
• Orencia
• Oralair
• Otezla
• Otrexup
• Ozempic (effective date: 04/01/2018)
• Pegasys
• Pegintron
• Perjeta (medical benefit)
• Picato
• Plegridy
• Pneumovax-23 (under 2 years of age)
• Pomalyst
• Portrazza (medical benefit)
• Praluent
• Prevymis (effective date: 06/01/2018)
• Pristiq
• Probuphine
• Prolastin-C
• Prolia
• Promacta
• Provenge (medical benefit)
• Prudoxin cream
• Psoriasis Therapies
• Qtern
• Qudexy XR
• Qutenza
• Radicava (medical benefit)
• Ragwitek
• Rasuvo
• Rayaldee
• Rebif
• Reclast®
• Relistor
• Remicade
• Renflexis
• Repatha
• Revatio
• Revlimid
• Restasis
• Rexulti
• Rheumatoid Arthritis Therapies
• Rituxan
• Rubraca
• Ruconest
• Rydapt
• Sabril
• Segluromet (effective date: 06/01/2018)
• Sermorelin
• Seroquel XR
• Shingrix (under 50 years of age)
• Signifor
• Signifor LAR
• Siliq (effective date: 04/01/2018)
• Simponi
• Sitavig
• Soliqua
• Soliris
• Soolantra
• Spinraza (medical benefit)
• Steglatro (effective date: 06/01/2018)
• Stegлуjan (effective date: 06/01/2018)
• Stivarga
• Strepsils
• Suboxone
• Subsys
• Supprelin LA (medical benefit)
• Sylvant (medical benefit)
• Symdeko (effective date: 06/01/2018)
• Symproic (effective date: 04/01/2018)
• Synagis (medical benefit; up to five injections per season)
• Synarel
• Syndros (effective date: 04/01/2018)
• Synjardy
• Synribo
• Synvisc (medical benefit)
• Synvisc-One (medical benefit)
• Syprine
• Tafinlar
• Tagrisso
• Taltz
• Tecentriq (medical benefit)
• Tecfidera
• Technivie
• Testopel (medical benefit)
• TOBI
• TOBI Podhaler
• Topamax immediate-release sprinkle capsules
• Toujeo
• Tracleer
• Tremfya (effective date: 04/01/2018)
• Tresiba (effective date: 03/01/2018)
• Trintellix
• Trexendo XR
• Trulance
• Trulicity
• Truvada
• Tyzeka
• Uceris
• Uloric
• Uptravi
• Varubi
• Vectibix (medical benefit; effective date: 07/01/2018)
• Veltassa
• Venclexta
• Venlafaxine ER Tablets
• Verzenio (effective date: 04/01/2018)
• Viberzi
• Victoza
• Viekira
• Viekira XR
• Viibryd
• Vimovo
• Vosevi
• VPRIV
• V鳐 lar
• Vytorin
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 51. You can also obtain a form online at [www.clevelandclinic.org/healthplan/usefulforms.htm](http://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 member 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\(^9\) 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.

\(\text{Note: }^{9}\text{Lower co-insurance will be assessed from the date of authorization. No refunds or adjustments will be made for previously purchased prescriptions.}\)

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 member 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

Pharmaceuticals Requiring Prior Authorization (continued)

- Xadago
- Xalkori
- Xeljanz
- Xeloda
- Xeomin (medical benefit)
- Xgeva
- Xaflex
- Xifaxan
- Xigduo XR
- Xiidra
- Xofigo (medical benefit)
- Xolair
- Xtanid
- Xultophy
- Xuriden
- Xyrem
- Yervoy (medical benefit)
- Yescarta (medical benefit)
- Yonduelis (medical benefit)
- Zelboraf
- Zemaira
- Zemplar
- Zepatier
- Zinplava (medical benefit)
- Zohydro ER
- Zomacton
- Zometa
- Zonalon cream
- Zorvolex
- Zubsolv
- Zuplenz
- Zurampic
- Zyklasia
- Zytiga

Pharmaceuticals Requiring Prior Authorization (continued)

- Xifaxan
- Xigduo XR
- Xernos (medical benefit)
- Xeloda
- Xeljanz
- Xeomin (medical benefit)
- Xgeva
- Xaflex
- Xifaxan
- Xigduo XR
- Xiidra
- Xofigo (medical benefit)
- Xolair
- Xtanid
- Xultophy
- Xuriden
- Xyrem
- Yervoy (medical benefit)
- Yescarta (medical benefit)
- Yonduelis (medical benefit)
- Zelboraf
- Zemaira
- Zemplar
- Zepatier
- Zinplava (medical benefit)
- Zohydro ER
- Zomacton
- Zometa
- Zonalon cream
- Zorvolex
- Zubsolv
- Zuplenz
- Zurampic
- Zyklasia
- Zytiga
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 51 in the back of this Handbook for a 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 preventive 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 preventive 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 Akron General 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 Akron General 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 Akron General 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/15 mL
  - Cholecalciferol oral liquid 1000 unit/10 mL
  - Cholecalciferol oral liquid 400 unit/ mL
  - Cholecalciferol drops 400 unit/0.03 mL (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 member.
**Statin Medications for Primary Prevention of Cardiovascular Disease**

Under the provisions of the Affordable Care Act mandate regarding cardiovascular disease preventive health services, generic formulary low to moderate dose statins will be covered under the HBP Prescription Drug Benefit at no member out-of-pocket expense within the following guidelines:

1. Members are between 40 and 75 years of age.

2. Members on generic formulary low to moderate dose statins require prior authorization in order to receive their medication at no member out-of-pocket expense. To begin this process, please have the prescribing provider submit a Statin Formulary Exception Questionnaire to the Employee Health Plan Pharmacy Management Department (see page 53). 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 standard plan benefits will apply regarding statin coverage (see page 25).

3. Members who receive a brand name formulation of a formulary statin that is available generically will not pay any co-insurance but will be charged the difference in cost between the brand name statin product and the generic alternative.

4. For members who do not go through the prior authorization process, the standard plan benefits will apply regarding statin coverage (see page 25).

5. Statin products that do not require a prescription to be purchased are not covered under the HBP Prescription Drug Benefit (i.e., red yeast rice).

**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
- Actigall
- Adderall XR<sup>a</sup>
- Ambien CR 12.5 mg
- Astelin
- Astepro
- Azor
- Benicar
- Benicar HCT
- Boniva 150 mg tabs
- Celebrex
- Concerta<sup>a</sup>
- Coreg CR
- Corgard
- Cymbalta
- Daypro
- Detrol LA 4 mg
- Ecoza cream
- Focalin XR<sup>a</sup>
- Frova
- Hectorol
- Hydrocortisone valerate 0.2% cream
- Inderal LA
- Khedezla
- Lamisil
- Lialda
- Pataday
- Pristiq
- Prometrium
- Qudexy XR
- Retin-A cream
- Sporanox
- Strattera
- Tribenzor
- Vagifem
- Vytorin
- Zemplar
- Zetia

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

- Acticlate
- Addyi
- Benzoyl Peroxide Only Agents
- Caverject
- Cialis
- Clomid (males only)
- Cosmetic Agents
- Denavir Cream
- Doryx
- Doryx MPC
- Edex
- Evzio
- Fertility Agents
- Flumadine
- Hysingla
- Intrarosa
- Jublia
- Keryla
- Latisse
- Levitra
- Muse
- Naloxone
- Narcan
- Non-controlled Cough and Cold Agents
- Oral Allergy Medication
- Oral Androgen Products
- Osphena
- Penlac
- Pregnenolone
- Propecia
- Relenza
- Saxenda
- Schedule V cough syrups
- Stendra
- Tamiflu
- Targadox
- Testosterone Cypionate
- Testosterone Enanthate
- Topical Androgen Products
- Vaniqa
- Viagra
- VIBRA-TABS
- Vibramycin
- Vivodex
- Weight Control Products
- Xartemus XR
- Xere
- Zipsor
- Zorvolex
- Zovirax Cream
- Zovirax Ointment

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
- Aggrenox
- AirDuo
- Ambien CR 12.5 mg
- Asacol HD
- Astepro
- Boniva 150 mg tablets
- Celebrex
- Cleocin T 1% solution
- Cleocin T 1% gel
- Cleocin T 1% lotion
- Cleocin T 1% swab
- Concerta
- Coreg CR
- Corgard
- CRESTOR
- Cymbalta
- Daypro
- Detrol LA 4 mg
- ECOZA Cream
- Epipen
- Epipen Jr.
- Focalin XR
- Gleevec
- Hectorol
- Inderal LA
- Kaletra
- Oral Contraceptives (See Contraceptive Coverage information on page 13.)
- Pataday
- Prometrium
- Protopic
- Protopic
- Retin-A Cream
- Strattera
- Tenormin
- Zemplar
<table>
<thead>
<tr>
<th>Brand and Generic Versions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Abilify MyCite</td>
</tr>
<tr>
<td>• Aciphex</td>
</tr>
<tr>
<td>• Acyclovir oral solution</td>
</tr>
<tr>
<td>• Aczone Gel</td>
</tr>
<tr>
<td>• Aczone Gel with Pump</td>
</tr>
<tr>
<td>• Adracllick</td>
</tr>
<tr>
<td>• Adzenys XR-ODT</td>
</tr>
<tr>
<td>• Akene-mycin 2% ointment</td>
</tr>
<tr>
<td>• Alcortin A 1-2-1% gel</td>
</tr>
<tr>
<td>• Alcortin A 1-2-1% gel packets</td>
</tr>
<tr>
<td>• Allzital</td>
</tr>
<tr>
<td>• Aminocinide 0.1% Cream</td>
</tr>
<tr>
<td>• Aminocinide 0.1% lotion</td>
</tr>
<tr>
<td>• Aminocinide 0.1% ointment</td>
</tr>
<tr>
<td>• Amrix</td>
</tr>
<tr>
<td>• Anaprox DS</td>
</tr>
<tr>
<td>• Apadaz</td>
</tr>
<tr>
<td>• Aplenzin</td>
</tr>
<tr>
<td>• Arestin</td>
</tr>
<tr>
<td>• Atenolol+Syrsprind SF PH4 oral suspension</td>
</tr>
<tr>
<td>• Atridox</td>
</tr>
<tr>
<td>• Auvi-Q</td>
</tr>
<tr>
<td>• AVAR Foam (sulfacetamide/sulfur 9-5-5%)</td>
</tr>
<tr>
<td>• AVAR LS Cleanser (sulfacetamide/sulfur 10-2%)</td>
</tr>
<tr>
<td>• AVAR LS Foam (sulfacetamide/sulfur 10-2%)</td>
</tr>
<tr>
<td>• AVAR LS Pad (sulfacetamide/sulfur 10-2%)</td>
</tr>
<tr>
<td>• AVAR Pad (sulfacetamide/sulfur 9-5-5%)</td>
</tr>
<tr>
<td>• Avar-E emollient Cream (sulfacetamide/sulfur 10-5%)</td>
</tr>
<tr>
<td>• Avar-E Green Cream (sulfacetamide/sulfur 10-5%)</td>
</tr>
<tr>
<td>• Avar-E LS cream (sulfacetamide/sulfur 10-2%)</td>
</tr>
<tr>
<td>• Aveed</td>
</tr>
<tr>
<td>• Axid</td>
</tr>
<tr>
<td>• Azelex Cream</td>
</tr>
<tr>
<td>• Bavencio (Rx benefit)</td>
</tr>
<tr>
<td>• Beconase AQ</td>
</tr>
<tr>
<td>• Beleodaq (Rx benefit)</td>
</tr>
<tr>
<td>• Belsomra</td>
</tr>
<tr>
<td>• Bendeka (Rx benefit)</td>
</tr>
<tr>
<td>• BenzaClin</td>
</tr>
<tr>
<td>• Besponsa (Rx benefit)</td>
</tr>
<tr>
<td>• Betamethasone valerate 0.12% (Luxiq)</td>
</tr>
<tr>
<td>• Binosto</td>
</tr>
<tr>
<td>• Binocyto (Rx benefit)</td>
</tr>
<tr>
<td>• Boniva IV (Rx benefit)</td>
</tr>
<tr>
<td>• Bonjesta</td>
</tr>
<tr>
<td>• Botox (Rx benefit)</td>
</tr>
<tr>
<td>• Cadet</td>
</tr>
<tr>
<td>• Capex 0.01% shampoo</td>
</tr>
<tr>
<td>• Cenovia</td>
</tr>
<tr>
<td>• Ceracade</td>
</tr>
<tr>
<td>• Cipro HC</td>
</tr>
<tr>
<td>• CiproDex</td>
</tr>
<tr>
<td>• Clarifoam (sulfacetamide/sulfur 10-5%)</td>
</tr>
<tr>
<td>• Clarus</td>
</tr>
<tr>
<td>• Clindacin ETZ 1%</td>
</tr>
<tr>
<td>• Clindacin P 1%</td>
</tr>
<tr>
<td>• Clindamina PAC 1%</td>
</tr>
<tr>
<td>• Clindamycin 1% foam</td>
</tr>
<tr>
<td>• Clindamycin-benzoyl peroxide 1.2-5% gel</td>
</tr>
<tr>
<td>• Clindamycin-benzoyl peroxide 1-5% gel</td>
</tr>
<tr>
<td>• Clindamycin-benzoyl peroxide 1-5% gel with pump</td>
</tr>
<tr>
<td>• Clindamycin-tretinoin 1.2-0.25% gel</td>
</tr>
<tr>
<td>• Clobenasol propionate 0.05% Foam (hydroalcoholic)</td>
</tr>
<tr>
<td>• Clobenasol propionate 0.05% Foam (non-aqueous)</td>
</tr>
<tr>
<td>• Clobenasol propionate 0.05% Lotion</td>
</tr>
<tr>
<td>• Clobenasol propionate 0.05% Shampoo</td>
</tr>
<tr>
<td>• Clobenasol propionate 0.05% Spray</td>
</tr>
<tr>
<td>• Cloccortolone 0.1% Cream</td>
</tr>
<tr>
<td>• Cordran 0.05% Cream</td>
</tr>
<tr>
<td>• Cordran 0.05% Lotion</td>
</tr>
<tr>
<td>• Cordran 0.05% Ointment</td>
</tr>
<tr>
<td>• Cordran tape 4 mcg/sqcm</td>
</tr>
<tr>
<td>• Cortifom aerosol 90 mg</td>
</tr>
<tr>
<td>• Cotempla</td>
</tr>
<tr>
<td>• Cyloset</td>
</tr>
<tr>
<td>• Darzalex (Rx benefit)</td>
</tr>
<tr>
<td>• Dermasorb AF 3%-0.5% cream</td>
</tr>
<tr>
<td>• Desonate 0.05% gel</td>
</tr>
<tr>
<td>• Desonide 0.05% Lotion</td>
</tr>
<tr>
<td>• Desoximetasonde 0.05% cream</td>
</tr>
<tr>
<td>• Desoximetasonde 0.05% ointment</td>
</tr>
<tr>
<td>• Dexilant</td>
</tr>
<tr>
<td>• Diclegis</td>
</tr>
<tr>
<td>• Diclopr</td>
</tr>
<tr>
<td>• Differin 0.1% gel</td>
</tr>
<tr>
<td>• Differin 0.1% lotion</td>
</tr>
<tr>
<td>• Differin 0.3% gel with pump</td>
</tr>
<tr>
<td>• Diflorasone 0.05% emollient cream</td>
</tr>
<tr>
<td>• Diflorasone diacetate 0.05% Cream</td>
</tr>
<tr>
<td>• Diflorasone diacetate 0.05% Ointment</td>
</tr>
<tr>
<td>• Doryx</td>
</tr>
<tr>
<td>• Duac</td>
</tr>
<tr>
<td>• Durexis</td>
</tr>
<tr>
<td>• Durlaza</td>
</tr>
<tr>
<td>• Dutoprol</td>
</tr>
<tr>
<td>• Dyanavel XR</td>
</tr>
<tr>
<td>• Dymista</td>
</tr>
<tr>
<td>• Dysport (Rx benefit)</td>
</tr>
<tr>
<td>• Edecrin</td>
</tr>
<tr>
<td>• Efmlaza (both Rx and medical benefits)</td>
</tr>
<tr>
<td>• Emulsion SB</td>
</tr>
<tr>
<td>• Entty</td>
</tr>
<tr>
<td>• Epaned</td>
</tr>
<tr>
<td>• Epicram</td>
</tr>
<tr>
<td>• Epiduo Gel with Pump</td>
</tr>
<tr>
<td>• Epiduo Forte Gel with Pump</td>
</tr>
<tr>
<td>• Erythromycin-benzoyl peroxide 3-5% gel</td>
</tr>
<tr>
<td>• Ethacrynic acid</td>
</tr>
<tr>
<td>• Ethacrylate Sodium</td>
</tr>
<tr>
<td>• Euflexxa (Rx benefit)</td>
</tr>
<tr>
<td>• Evekeo</td>
</tr>
</tbody>
</table>
Brand and Generic Versions (continued)

- Evoclin 1% Foam
- Exondys 51 (both Rx and medical benefits)
- Eylea (Rx benefit)
- Flonase
- Fluocinonide gel
- Fluocinonide ointment
- Fluocinonide-E Cream
- Fluocinolone 0.01% (Derma-smoothe) Oil
- Fluocinonide 0.05% Cream
- Fluocinonide 0.1% Cream
- Flurandrenolide 0.05% Cream
- Flurandrenolide 0.05% lotion
- Forfivo XL
- Fortamet
- Fosamax Oral Solution
- Fosamax Plus D
- Gel-One
- Gel-Syn
- GenVisc 850
- Glumetza
glycopyrrolate injectable sol
- Glyset
- GoNitro
- Gralise
- Halog (halcinonide) 0.1% Cream
- Halog 0.1% ointment
- Hemangeol
- Horizant
- Hyalgan
- Hydrocortisone butyrate (Locoid) 0.1% Lotion
- Hydrocortisone butyrate 0.1% cream (Locoid Lipo)
- Hymovis
- Imlygic (Rx benefit)
- Injectafer (Rx benefit)
- Iodoquinol-Hydrocortisone 1-1.9%
- Irenka
- Kanuma (Rx benefit)
- Karbinal ER
- Keytruda (Rx benefit)
- Krystexxa (Rx benefit)
- Kybella
- Kyleena (Rx benefit)
- Kymriah (Rx benefit)
- Lanoxin 187.5 mcg
- Lanoxin 62.5 mcg
- Larrtuvo (Rx benefit)
- Lemtrada
- Lilletta (Rx benefit)
- Liptruzet
- Lodine extended-release
- Lopressor HCT
- Lucentis (Rx benefit)
- Lumizyme (Rx benefit)
- Luxturna (Rx benefit)
- Meclofenamate
- Megestrol acetate 625 milligrams/5 milliliters suspension
- Minocycline immediate-release tablets
- Mirena (Rx benefit)
- Monodox
- Monovisc
- Mydayis
- Mylotarg (Rx benefit)
- Myobloc (Rx benefit)
- Naproxen CR
- Naproxen EQ
- Naproxen suspension
- Nasacort
- Nasacort AQ
- Nasonex
- Neuac
- Nexium
- Nexplanon
- Nitrohualingual
- Noritate
- Novacort External gel 2-1-1%
- Nulojix (Rx benefit)
- Ocrevus (Rx benefit)
- Omnaris
- Onivyde (Rx benefit)
- Onmel
- Onzetra Xsail
- Odpivo (Rx benefit)
- Oracea
- Orthovisc
- Ovace plus cream (sulfacetamide 10%)
- Ovace plus foam (sulfacetamide 9.8%)
- Ovace plus gel (sulfacetamide 10%)
- Ovace plus lotion (sulfacetamide 9.8%)
- Ovace plus shampoo (sulfacetamide 10%)
- Ovace plus wash liquid (sulfacetamide 10%)
- Oxistat
- Oxytrol
- Pandol 0.1% Cream
- Paragard (Rx benefit)
- Parlodel 5 mg capsules
- Paxil CR
- Pepcid
- Perjeta (Rx benefit)
- Pexeva
- Plexion cleanser (sulfacetamide/sulfur 9.8-4.8%)
- Plexion cloths (sulfacetamide/sulfur 9.8-4.8%)
- Plexion cream (sulfacetamide/sulfur 9.8-4.8%)
- Plexion lotion (sulfacetamide/sulfur 9.8-4.8%)
- Portrazza (Rx benefit)
- Praxbind
- Prednisolone Orally Disintegrating Tablets
- Prestalia
- Prevacid
- Prilosec
- Primlev
- Propranolol/hydrochlorothiazide
- Protonix
- Provenge (Rx benefit)
- Prozac Weekly
- Qnasl
- Quillichew
Brand and Generic Versions (continued)

- Radicava (Rx benefit)
- Rapivab
- Rayos
- Refissa
- Restasis multidose formulations
- Retin-A Micro Gel
- Retin-A Micro Gel Pump
- Rhinocort Aqua
- Riomet
- Rosula (sulfacetamide/sulfur 10-5%)
- Rosula liquid (sulfacetamide/sulfur 10-4.5%)
- Sarafem tablets
- Selegiline 5 milligram tablets
- Silenor
- Simponi Aria
- Singular 4 mg packets
- Skyla (Rx benefit)
- Solodyn
- Spinraza (Rx benefit)
- Sporanox 10 milligrams/milliliter solution
- Sprix
- Sublocade
- Sumaxin Pad (sulfacetamide/sulfur 10-4%)
- Sumaxin skin cleanser kit (sulfacetamide/sulfur 10-4%)
- Sumaxin wash liquid (sulfacetamide/sulfur 9.4%)
- Supartz
- Supprelin LA (Rx benefit)
- Sustol
- Sylvant (Rx benefit)
- Synagis (Rx benefit)
- Synerderm
- Synvisc (Rx benefit)
- Synvisc-One (Rx benefit)
- Tagamet
- Tarka
- Tecentriq (Rx benefit)
- Testopel (Rx benefit)
- Texacort 2.5% Solution
- Tretin-X
- Triamcinolone (Kenalog) Spray
- Trianex (triamcinolone) 0.05% ointment
- Triluma
- Uceris Foam
- Vanatol LQ
- Vanatol S
- Vanoxide HC
- Vectibix (Rx benefit)
- Veltin
- Veramyst
- Verdeso 0.05% Foam
- Vimovo
- Vivitrol
- Vusion 0.25%-0.15% ointment
- Vytona 1.9%-1% cream
- Vyvanse
- Xeomin (Rx benefit)
- Xhance
- Xofrigo (Rx benefit)
- Xopenex 9
- Yervoy (Rx benefit)
- Yescarta (Rx benefit)
- Yondelis (Rx benefit)
- Zantac
- Zegerid
- Zelapar
- Zembrace
- Zencia wash liquid (sulfacetamide/sulfur 9.4%)
- Zetonna
- Ziana
- Zilretta
- Zinplava (Rx benefit)
- Zovirax oral suspension
- Zyflo continuous-release/extended-release
- Zyflo immediate-release

Sharps Container Program

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

Please note that the Cleveland Clinic Akron General 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 Akron General pharmacist.

9Not covered for members over age 18.
Pharmacy Management Programs
Mandatory Maintenance Drug Program

Members may use any of the Cleveland Clinic Akron General Pharmacies, or a CVS store pharmacy 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 Akron General Pharmacies** — Drop off your maintenance prescriptions for refill at any of the 19 Cleveland Clinic Akron General 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 Akron General Pharmacy or the Home Delivery Pharmacy.

In addition, some maintenance medications must be refilled for three month supplies at a Cleveland Clinic Akron General 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.

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 35 mg — 4 tablets per 28 days
- Adcirca — 2 tablets per day
- Adempas — 90 tablets per 30 days
- Adlyxin — 6 mL (2 pens) per 30 days
- Afinitor — limit based on instructions for use; included in the split fill program
- Actiq — 4 lozenges per day; restricted to 30-day supply
- Actos 15 mg — 1 tablet per day
- Aimovig — 1 auto-injector/prefilled syringe per 30 days
- AirDuo — 1 inhaler per 30 days
- Akynzeo — 1 capsule per day
- Alunbrig — 180 tablets per 30 days
- Ambien 5 mg — 1 tablet per day
- Amerge tablets — 9 tablets per 30 days
- Anzemet — 6 tablets per 30 days
- Aptiom 200 mg, 400 mg — 1 tablet per day
- Aptiom 600 mg, 800 mg — 2 tablets per day
- Austedo 6 mg — 720 tablets per 90 days
- Austedo 9 mg — 450 tablets per 90 days
- Austedo 12 mg — 360 tablets per 90 days
- Axert tablets — 12 tablets per 30 days
- Belbuca — 2 films per day
- Bevespi Aerosphere — 1 inhaler per 30 days
- Boniva 150 mg — 1 tablet per 30 days
- Bosulif — limit based on instructions for use; included in the split fill program
- Breo Ellipta — 1 inhaler per 30 days
- Brisdelle — 1 tablet per day
- Briviact oral solution — 20 mL per day
- Briviact tablets — 2 tablets per day
- Butrans — 4 patches per 28 days
- Bydureon pens — 4 pens per 30 days
- Bydureon vials — 4 vials per 30 days
- Byetta — 2.4 mL (1 pen) per 30 days
- Cabometyx — 1 tablet per day
- Calquence — 60 capsules per 30 days
- Cimzia starter kit — 6 syringes per lifetime
- Cimzia maintenance kit — 2 syringes per 28 days
- Cometriq — limited based on instructions for use
- Copaxone 20 mg/mL — 1 prefilled syringe per day
- Copaxone 40 mg/mL — 12 prefilled syringes per 28 days
- Corlanor — 60 tablets per 30 days
- Cosentyx — 30-day supply; limit based on instructions for use
- Cosentyx — 1 syringe/pen per 28 days
- Cotellec — 21 tablets per 28 days
- Crestor — 1 tablet per day
- Cymbalta — 1 capsule per day
- Daklinza — 1 tablet per day
- Descovy — 1 tablet per day
- Detrol LA 2 mg — 1 capsule per day
- Dipentum — 4 capsules per day
- Dupixent — 26 syringes per 365 days
- Duzallo — 1 tablet per day
- Effexor XR 37.5 mg — 1 capsule/tablet per day
- Effexor XR 75 mg — 1 capsule/tablet per day
- Elidel cream — 60 grams per 30 days
- Emcyt — 30-day supply; limit based on instructions for use
- Emend — limit based on instructions for use
- Emla 2.5% — 2.5% cream-30 grams per 25 days
- Enbrel 50 mg/mL pens — 4 pens per 28 days
- Enbrel 50 mg/mL syringes — 4 syringes per 28 days
- Enbrel 25 mg/mL syringes — 8 syringes per 28 days
- Enbrel 25 mg/mL vials — 8 vials per 28 days
- Entresto — 2 tablets per day
- Entyvio — 8 vials per 365 days
- Envarsus XR — 1 tablet per day
- Epclusa — 1 tablet per day
- Epipen (generic only) — 4 pens per 30 days; 24 pens per 365 days
- Epipen Jr (generic only) — 4 pens per 30 days; 24 pens per 365 days
- Erivedge — limit based on instructions for use; included in the split fill program
- Erleada — 4 tablets per day
- Esbriet — 9 capsules per day
Quantitative Limits (continued)

- Eucrisa ointment — 60 grams per 30 days
- Eylea — One 0.05 mL injection every 4 weeks
- Famvir — 30 tablets per 365 days
- Farxiga — 1 tablet per day
- Farydak — 6 capsules per 21 days
- Fasenra — 3 syringes per 180 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
- Forteo — One pen (2.4 milliliters) per 30 days
- Fosamax 35 mg — 4 tablets per 28 days
- Fosamax 70 mg — 4 tablets per 28 days
- Frova tablets — 9 tablets per 30 days
- Gattex — 30 vials per 30 days
- Genova — 1 tablet per day
- Giazo — 6 tablets per day
- Glatopa 20 mg/mL — 1 prefilled syringe per day
- Gleevec — limit based on instructions for use; included in the split fill program
- Glyxambi — 1 tablet per day
- Harvoni — 1 tablet per day
- Hetlioz — 1 capsule per day
- Hexalen — 30-day supply; limit based on instructions for use
- Humira prefilled syringe kit 40 mg/0.8 mL — 2 syringes per 28 days
- Humira prefilled syringe kit 10 mg/0.2 mL — 2 syringes per 28 days
- Humira prefilled syringe kit 20 mg/0.4 mL — 2 syringes per 28 days
- Humira pediatric Crohn’s disease starter pack — 3 syringes per lifetime
- Humira adult Crohn’s disease starter pack — 6 pens per lifetime
- Humira pen-injector kit 40 mg/0.8 mL — 2 pens per 28 days
- Humira psoriasis starter pack — 4 pens per lifetime
- Hycamtin — 30-day supply; limit based on instructions for use
- Idhifa — 1 tablet per day
- Imbruvica — 4 capsules per day; included in the split fill program
- Imitrex tablets — 9 tablets per 30 days
- Imitrex nasal spray — 9 sprays per 30 days
- Imitrex injection — 4 kits per 30 days
- Impavido — 3 capsules per day
- Inflectra — 10 vials per 28 days
- Ingrezza — 60 capsules per 30 days
- Inlyta 1 mg tablets — 180 tablets per 30 days; included in the split fill program
- Inlyta 5 mg tablets — 120 tablets per 30 days; included in the split fill program
- Invokana — 1 tablet per day
- Iressa — 1 tablet per day
- Iressa — 30-day supply; limit based on instructions for use
- Jakafi — limit based on instructions for use; included in the split fill program
- Janumet/Janumet XR — 2 tablets per day
- Januvia — 1 tablet per day
- Jentadueto/Jentadueto XR — 2 tablets per day
- Kalydeco — 60 tablets per 30 days
- Kazano — 2 tablets per day
- Kevzara — 2.28 milliliters (2 syringes) per 30 days
- Khedezla — 1 tablet per day
- Kineret — 240 vials per 30 days
- Kisqali 200 dose — 21 tablets per 30 days
- Kisqali 400 dose — 42 tablets per 30 days
- Kisqali 600 dose — 63 tablets per 30 days
- Kisqali Femara 200 dose — 49 tablets per 30 days
- Kisqali Femara 400 dose — 70 tablets per 30 days
- Kisqali Femara 600 dose — 91 tablets per 30 days
- Kombiglyze XR — 2 tablets per day
- Kytril — 12 tablets per 30 days
- Lazanda — 30 bottles per month; restricted to 30-day supply
- Lenvima — limit based on instructions for use; included in the split fill program
- Lialda — 4 tablets per day
- Lidocaine 2% gel — 30 grams per 25 days
- Lidocaine 4% gel — 30 grams per 25 days
- Lidocaine 5% ointment — 50 grams per 25 days
- Lidocaine 4% solution — 50 milliliters per 25 days
- Linzess — 1 tablet per day
- Lucentis — 2 injections per 28 days
- Lynparza — 16 capsules per day
- Lyrica CR — 1 tablet per day
- Lysteda — 30 tablets per 30 days
Quantity Level Limits (continued)

• Mavyret — 84 tablets per 28 days
• Maxalt tablets — 9 tablets per 30 days
• Mekinist — 1 tablet per day
• Mesalamine tablets — 6 tablets per day
• Movantik — 1 tablet per day
• Mybretiq — 1 tablet per day
• Namenda XR — 1 capsule per day
• Natpara — 2 cartridges per 28 days
• Nerlynx — 6 tablets per day
• Nesina — 1 tablet per day
• Neupro — 1 patch per day
• Nexavar — limit based on instructions for use; included in the split fill program
• Nikita — 1 tablet per day
• Ninalro — 3 capsules per 28 days
• Nucala — 1 vial per 28 days
• Nuplazid — 2 tablets per day
• Ocaliva — 1 tablet per day
• Ocervus — 4 vials (40 milliliters) per 365 days
• Odefsey — 1 tablet per day
• Odomzo — 1 capsule per day
• Oflov — 2 capsules per day
• Olyxio — 1 capsule per day
• Omerilax — 80 capsules/tablets per 180 days
• Onglyza — 1 tablet per day
• Orencia syringes — 4 syringes per 28 days
• Orencia auto-Injector 125 mg/mL — 4 auto-injectors per 28 days
• Orencia vials — 4 vials per 28 days
• Orkambi — 4 tablets per day
• Oseni — 1 tablet per day
• Otezla — 2 tablets per day
• Otrexup — 4 auto-injector pens per 30 days
• Ozempic — 2 pens (3 milliliters) per 30 days
• Plaglis 7% — 7% cream-30 grams per 25 days
• Pomalyst — 1 capsule per day
• Praluent — 2 syringes/pens per 28 days
• Prevpac — 112 capsules/tablets per 180 days
• Prevymis solution — 24 milliliters per day
• Prevymis tablets — 1 tablet per day
• Pristiq — 1 tablet per day
• Prudoxin — 60 grams per 90 days
• Rasuvo — 4 auto-injector pens per 30 days
• Relistor tablets — 90 tablets per 30 days
• Relistor syringes/vials — 30 prefilled syringes or 30 vials per 30 days
• Relpax tablets — 12 tablets per 30 days
• Remicade — 10 vials per 28 days
• Remsima — 10 vials per 28 days
• Renflexis — 10 vials per 28 days
• Repatha 140 mg/mL — 2 syringes/pens per 28 days
• Repatha 420 mg/mL — 1 cartridge per 28 days
• Restasis — 60 single-use vials per 30 days
• Revatio oral suspension — 112 milliliters per 30 days
• Revatio tablets — 90 tablets per 30 days
• Revlimid — 30-day supply; limit based on instructions for use
• Rexulti — 1 tablet per day
• Rubraca — 120 tablets per 30 days; included in the split fill program
• Rydapt — 240 capsules per 30 days
• Segluromet — 2 tablets per day
• Siliq — 2 syringes (3 milliliters) per 28 days
• Simponi 50 mg syringes — 1 syringe per 28 days
• Simponi 50 mg auto-injector-1 auto-injector per 28 days
• Simponi 100 mg syringes-1 syringe per 28 days
• Simponi 100 mg auto-injectors — 1 auto-injector per 28 days
• Soliqua — 15 mL (5 pens) per 30 days
• Sovaldi — 30 tablets per 30 days
• Sprycel — limit based on instructions for use; included in the split fill program
• Steglatro — 1 tablet per day
• Steglatrom — 1 tablet per day
• Stelara 130 mg/26 mL solution — 4 vials (104 milliliters per lifetime)
• Stelara 45 mg/0.5 mL injection — 1 vial per 12 weeks
• Stelara 90 mg/mL prefilled syringe — 1 syringe per 8 weeks
• Subsys — 4 spray units per day; restricted to 30-day supply
• Sutent — limit based on instructions for use; included in the split fill program
• Symdeko — 60 tablets per 30 days
• Symproic — 1 tablet per day
• Synera 70-70 milligram patch — 2 patches per 25 days
Quantity Level Limits (continued)

- Tabloid — 30-day supply; limit based on instructions for use
- Tafinlar — 4 capsules per day
- Tagrisso — 1 tablet per day
- Taltz — 1 syringe/auto-injector per 28 days
- Tarceva 25 mg tablets — 60 tablets per 30 days
- Tarceva 100 mg tablets — 30 tablets per 30 days
- Tarceva 150 mg tablets — 30 tablets per 30 days
- Targretin — limit based on instructions for use; included in the split fill program
- Tasigna — limit based on instructions for use; included in the split fill program
- Tecfidera 120 mg capsules — 14 capsules per 6 months
- Tecfidera 240 mg capsules — 60 capsules per 30 days
- Tecfidera starter pack — 60 capsules per 6 months
- Technivie — 2 tablets per day
- Teslac — 30-day supply; limit based on instructions for use
- Toradol 10 mg — 20 tablets per 30 days
- Tradjenta — 1 tablet per day
- Tremfya — 2 syringes per 84 days
- Treximet 85:500 — 12 tablets per 30 days
- Trintellix — 30 tablets per 30 days
- Trulance — 1 tablet per day
- Trulicity — 4 pens (2 mL) per 30 days
- Truvada — 30 tablets per 365 days
- Tykerb — 30-day supply; limit based on instructions for use
- Tymlos — One pen (1.56 milliliters) per 30 days
- Uceris — 1 tablet per day
- Uloric — 30 tablets per 30 days
- Valtrex 500 mg — 10 tablets per 30 days
- Valtrex 1000 mg — 30 tablets per 365 days
- Various acetaminophen containing products — 4 grams a day
- Varubi — 4 tablets per 28 days; restricted to 28-day supply
- Veltassa — limited based on instructions for use
- Venclexta — limited based on instructions for use
- Verzenio — 60 tablets per 30 days; included in the split fill program
- Viberzi — 2 tablets per day
- Victoza — 3 pens (9 mL) per 30 days
- Viekira — 4 tablets per day
- Viekira XR — 3 tablets per day
- Viibryd — 30 tablets per 30 days
- Vosevi — 1 tablet per day
- Votrient — 800 mg per day; included in the split fill program
- Vytoris — 1 tablet per day
- Wellbutrin XL — 1 tablet per day
- Xadago — 1 tablet per day
- Xeljanz 5 mg — 2 tablets per day
- Xeljanz XR 11 mg — 1 tablet per day
- Xiidra — 60 single-use vials per 30 days
- Xtendi — 120 capsules per 30 days
- Xultophy — 5 pens (15 mL) per 30 days
- Xyrem — 540 mL per 30 days
- Yondelis — limited based on instructions for use
- Zejula — 90 capsules per 30 days
- Zelboraf — 8 tablets per 30 days; included in the split fill program
- Zepatier — 1 tablet per day
- Zetia — 1 tablet per day
- Zofran — 30 tablets per 30 days
- Zolinza — limit based on instructions for use; included in the split fill program
- Zomig nasal spray — 12 sprays per 30 days
- Zomig tablets — 12 tablets per 30 days
- Zurampic — 1 tablet per day
- Zydelis — 5 capsules per day
- Zykapam — 1 tablet per day
- Zytiga — 4 tablets per day; included in the split fill program
**Split Fill Program**

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

- Afinitor
- Bosulif
- Erivedge
- Gleevec
- Imbruvica
- Inlyta
- Jakafi
- Nexavar
- Rubraca
- Sprycel
- Sutent
- Tarceva
- Targretin
- Tasisna
- Verzenio
- Votrient
- Xxandi
- 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 Akron General Pharmacy to be included in the Statin Cost Reduction Program.

Tablet splitting Lipitor, generic Lipitor, or using one of the generic statins such as fluvastatin immediate-release, lovastatin, pravastatin, rosuvastatin, 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>No</td>
<td>Generic Crestor$^{10} – $6</td>
</tr>
<tr>
<td>Lescol</td>
<td>fluvastatin immediate release</td>
<td>Yes</td>
<td>No</td>
<td>Generic Lescol$^{10}$ immediate release – $6.00$</td>
</tr>
<tr>
<td>Lipitor</td>
<td>atorvastatin</td>
<td>Yes</td>
<td>Yes (but not if your dose is 80 mg/day)</td>
<td>Generic Lipitor$^{10} – $6</td>
</tr>
<tr>
<td>Mevacor</td>
<td>lovastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Mevacor$^{10} – $6.00$</td>
</tr>
<tr>
<td>Pravachol</td>
<td>pravastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Pravachol$^{10} – $6.00$</td>
</tr>
<tr>
<td>Zocor</td>
<td>simvastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Zocor$^{10} – $6.00$</td>
</tr>
</tbody>
</table>

$^{10}$ Members pay the lesser of $6.00 or the Usual and Customary (U&C) price for the particular generic statin prescription being filled.

$^{11}$ Under this program, the standard generic medication policy applies if the member receives the brand name versions of Lescol, Lipitor, Mevacor, Pravachol, or Zocor.

**Tablet Splitting**

Members using 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 20 mg tablets and generic Lipitor 40 mg 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 Generic Lipitor 20 mg, your prescription should be written as follows:

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

This will provide you with 90 20 mg doses.

Members on maximum doses (e.g., generic Lipitor 80 mg 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 Akron General 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, rosvastatin, or simvastatin obtained through the Cleveland Clinic Home Delivery Pharmacy costs $6. 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>Medication(s) Requiring Step Therapy</th>
<th>Formulary Alternatives(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td></td>
</tr>
<tr>
<td>Myorisan</td>
<td>Zenatane</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Pristiq</td>
</tr>
<tr>
<td>Khedezla</td>
<td>Venlafaxine capsules, venlafaxine ER capsules</td>
</tr>
<tr>
<td>Blood Pressure Medication</td>
<td></td>
</tr>
<tr>
<td>Atacand HCT</td>
<td>Tekturna HCT</td>
</tr>
<tr>
<td>Atacand HCT</td>
<td>Lisinopril</td>
</tr>
<tr>
<td>Avalide</td>
<td>Teveten</td>
</tr>
<tr>
<td>Avapro</td>
<td>Losartan</td>
</tr>
<tr>
<td>Benicar</td>
<td>Losartan HCT</td>
</tr>
<tr>
<td>Cholesterol Lowering Medications</td>
<td></td>
</tr>
<tr>
<td>Livalo</td>
<td>Zypitamag</td>
</tr>
<tr>
<td>Cholesterol Lowering Medications</td>
<td>Atorvastatin, generic fluvastatin immediate release, lovastatin, pravastatin, rosvastatin, simvastatin</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Alogliptin</td>
<td>Januvia</td>
</tr>
<tr>
<td>Alogliptin/metformin</td>
<td>Kombiglyze XR</td>
</tr>
<tr>
<td>Alogliptin/pioglitazone</td>
<td>Nesina</td>
</tr>
<tr>
<td>Janumet</td>
<td>Onglyza</td>
</tr>
<tr>
<td>Janumet XR</td>
<td>Oseni</td>
</tr>
<tr>
<td>Gastrointestinal Medications</td>
<td></td>
</tr>
<tr>
<td>Delzicol</td>
<td>Kazano</td>
</tr>
<tr>
<td>Dipentum</td>
<td>Tradjenta</td>
</tr>
<tr>
<td>Gastrointestinal Medications</td>
<td>Apriso, Balsalazine, mesalamine</td>
</tr>
<tr>
<td>Growth Hormone</td>
<td></td>
</tr>
<tr>
<td>Genotropin</td>
<td>Omnitrope</td>
</tr>
<tr>
<td>Nutropin</td>
<td>Zomacton</td>
</tr>
<tr>
<td>Nutropin AQ</td>
<td>Humatrope, Norditropin</td>
</tr>
<tr>
<td>Immune Modulators</td>
<td></td>
</tr>
<tr>
<td>Amjevita</td>
<td>Kineret</td>
</tr>
<tr>
<td>Cimzia</td>
<td>Stelara</td>
</tr>
<tr>
<td>Enbrel</td>
<td>Humira</td>
</tr>
<tr>
<td>Erelzi</td>
<td>Orelencia</td>
</tr>
<tr>
<td>Inflectra</td>
<td>Xeljanz</td>
</tr>
<tr>
<td>Stimulants</td>
<td>Modafinil</td>
</tr>
<tr>
<td>Nuvigil</td>
<td></td>
</tr>
</tbody>
</table>

---

**Notes:**

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

13. Alogliptin and alogliptin/metformin are the preferred DPP-IV inhibitor products under the EHP prescription drug benefit.
Specialty Drug Benefit

Specialty drugs can be obtained from any Cleveland Clinic Akron General 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 Akron General 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 SPD for more details.

Members will be responsible for their co-insurance for all drugs that are determined to be self-administrable by the member. 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, unless stated otherwise below as being a medication that is white-bagged. White-bagging refers to a specialty pharmaceutical, that is not intended to be self-administered, being shipped or delivered by an in-network specialty pharmacy directly to the location where it will be administered by the member’s chosen health care provider. Most Medications that are not self-administered are covered under the medical benefit.

- Actemra
- Actimmune
- Adempas
- Adcirca
- Advate
- Afinitor
- Aimovig
- Alkeran
- Alunbrig
- Ampyra
- Apokyn
- Aptivus
- Aralast NP
- Aranesp
- Arava
- Arcalyst
- Arimidex
- Aristada
- Aromasin
- Atripla
- Aubagio
- Austedo
- Avonex
- Banzel
- Baraclude
- Benlysta
- Berinert
- Betaseron
- Bethiks
- Bethiks
- Bosulif
- Buphenyl
- Cabometyx
- Caprelsa
- Cayston
- Cerezyme
- Cimzia\(^14\)
- Cinqair\(^15\)
- Cinryze
- Combivir
- Cometriq
- Complera
- Copaxone
- Copegus
- Costenyx
- Cotelic
- Crixivan
- Cuprimine
- Cyclophosphamide
- Cystagon
- Cytovene
- Daklinza
- Descovy
- Desferal
- Dupixent
- Edurant
- Egrifta
- Elaprase
- Eligard
- Emcyt
- Emtriva
- Enbrel\(^14\)
- Entyvio\(^15\)
- Epclusa
- Epivir
- Epivir HBV
- Epogen
- Epoprostenol
- Epzicom
- Ergamisol
- Erivedge
- Erleada
- Esbriet
- Exjade
- Extavia
- Fareston
- Farydak
- Femara
- Ferriprox
- Firazyr
- Firmagon
- Flolan
- Forteo
- Fuzeon
- Gattex
- Genotropin\(^16\)
- Genvoya
- Gilenya
- Gilotrif
- Glassia
- Glevec
- Gleostine
- Granix
- Haegarda
- Harvoni
- Hecoria
- Hepsera
- Hetlioz
- Hexalen
- H.P. Acthar
- Humatrope
- Humira
- Hycamtin

\(^{14}\) Not covered as first line therapy. Use Humira.

\(^{15}\) Covered under the prescription benefit and delivered by specialty pharmacy to member’s health care provider.

\(^{16}\) Not covered as first line therapy. Use Humatrope or Norditropin.
**Specialty Drug Benefit (continued)**

- Ibrance
- Ilaris
- Iluvien
- Imbruvica
- Impavido
- Incivek
- Increlex
- Innogen
- Inguzza
- Inlyta
- Intellecence
- Intrion-A
- Invirase
- Iressa
- Isentress
- Jadenu
- Jakafi
- Juxtapid
- Kalbitor
- Kaletra
- Kalydeco
- Kevzara
- Kineret
- Kitabis Pak
- Kisqali
- Korlym
- Kuvan
- Kynamro
- Kyprolis
- Lenvima
- Letairis
- Leukeran
- Leukine
- Leuprolide
- Lexiva
- Lonsurf
- Lupon
- Lynparza
- Lyodren
- Makena
- Matulane
- Mavyret
- Mekinist
- Mozobil
- Myleran
- Natpara
- Nerlynx
- Neulasta
- Neumega
- Neupogen
- Nexavar
- Ninlaro
- Norditropin
- Norvir
- Noxafil
- Nplate
- Nucala\(^{15}\)
- Nuedexta
- Nuplazid
- Nutropin\(^{16}\)
- Nutropin AQ\(^{16}\)
- Ocaliva
- Octreotide
- Odesey
- Odomzo
- Ofv
- Olysio
- Omnitrope\(^{16}\)
- Omontys
- Onfi
- Opsumit
- Orecia\(^{14}\)
- Orfadin
- Orkambi
- Otezla
- Oxsoralen
- Panretin
- Peg Intron
- Pegasys
- Plegidy
- Pomalyst
- Praluent\(^{17}\)
- Preymis
- Prezista
- Probuphine
- Procrit
- Prolastin-C
- Prolia
- Promacta
- Pulmozyme
- Purinethol
- Purixan
- Rasuvo
- Raviicti
- Rebtol
- Rebi
- Reclast
- Regranex
- Remicade
- Remodulin
- Repatha
- Rescriptor
- Restasis
- Retrovir
- Revatio
- Revlimid
- Reyataz
- Ribapak/Ribavirin/Ribasphere
- Rilutek
- Rituxan
- Rubraa
- Ruconest
- Rydapt
- Sabril
- Saizen\(^{16}\)
- Sandostatin
- Selzentry
- Sensipar
- Sermorelin
- Serostim\(^{16}\)
- Simponi\(^{14}\)
- Sivextro
- Soliris
- Somavert
- Sotia
- Sovaldi
- Sprycel
- Stelara\(^{14,15}\)
- Stimate
- Stivarga
- Strepsiq
- Stri bile
- Sucraid
- Sulamylon
- Sustiva
- Sutent
- Sylatron
- Symdeko
- Synarel
- Syprine
- Tabloid
- Tafinlar
- Tagrisso
- Taltz
- Tarceva
- Targetin
- Tasigna
- Tecfidera
- Technivie
- Temodar
- Tev-Tropin\(^{16}\)
- Thalamid
- Thiouguanine
- Tivicay
- TOBI
- TOBI Podhaler
- Tracleer
- Trelstar
- Triumeq
- Trizivir

\(^{14}\) Not covered as first line therapy. Use Humira.

\(^{15}\) Covered under the prescription benefit and delivered by specialty pharmacy to member’s health care provider.

\(^{16}\) Not covered as first line therapy. Use Humatrope or Norditropin.

\(^{17}\) Not covered as first line therapy. Use Repatha.
Specialty Drug Benefit (continued)

- Truvada
- Tykerb
- Tymlos
- Tyvaso
- Tyzeka
- Upravi
- Valcyte
- Veletri
- Veltassa
- Ventavis
- VePesid
- Vesananoid
- Videx
- Videx EC
- Viekira
- Viekira XR
- Viracept
- Viramune
- Viread
- Vitekta
- Voretin
- Xalkori
- Xeljanz
- Xeloda
- Xenazine
- Xgeva
- Xiaflex
- Xolair\(^\text{15}\)
- Xtandi
- Xyrem
- Zarxio
- Zavesca
- Zejula
- Zelboraf
- Zemaira
- Zepatier
- Zerit
- Ziagen
- Xiidra
- Zoladex
- Zolinza
- Zoladex\(^\text{16}\)
- Zorbtive\(^\text{16}\)
- Zortress
- Zykadia
- Zykadia
- Zytiga

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

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

\(^\text{15}\)Covered under the prescription benefit and delivered by specialty pharmacy to member’s health care provider.

\(^\text{16}\)Not covered as first line therapy. Use Humatrope or Norditropin.
**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 member 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
- Adynovate
- Afinitor
- Atripla
- Berinert
- Cimzia
- Cinqair
- Complera
- Copaxone
- Enbrel
- Epclusa
- Exjade
- Forteo
- Genvoya
- Gilenya
- Glatiramer
- Glatopa
- Gleevec
- Harvoni
- Humira
- Ibrance
- Imatinib
- Inlyta
- Iressa
- Jadenu
- Jakafi
- Kalydeco
- Lynparza
- Mavyret
- Mekinist
- Odefsey
- Orencia
- Orkambi
- Revlimid
- Simponi (subQ)
- Sovaldi
- Sprycel
- Stelara
- StriBild
- Sustiva
- Sutent
- Tafinlar
- Tagrisso
- Tasigna
- Truvada
- Viekira Pak
- Viekira XR
- Vosevi
- Votrient
- Xeljanz
- Xolair
- Xalkori
**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 and/or the preservation of fertility.
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. Insulin pumps and insulin pump supplies.
12. Prescriptions ordered or provided by a member of your immediate family.
13. Histamine H2 Receptor Antagonist (H2RA) drugs for members one year of age or older.
14. Proton Pump Inhibitor (PPI) drugs for members one year of age or older.
15. Nasal corticosteroid drugs.

Refer to page 16 to see the Lifestyle Medications (i.e., Drugs & Items at Discounted Rate) and Non-covered Drugs & Items for additional exclusions.

18 Members may contact Pharmacy Coordination at 216.986.1050, option 4 or toll-free at 888.246.6648, option 4 between the hours of 8 a.m. and 4:30 p.m., Monday through Friday to request an override so that they are able to purchase a replacement supply at their expense. The member will be responsible for 100% of the discounted price.
Prescription Drug 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 13) 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 Akron General 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. Medication strengths or dosage forms that are excluded from the formulary can be found in the Non-Covered Medications section starting on page 16.

• Designated symbols/letters follow certain drugs listed in the 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 Akron General Pharmacies, Cleveland Clinic Specialty Pharmacy, or the CVS/caremark Specialty Drug Program); (QL) indicates the drug has a quantity limit. (ST) indicates the drug is part of the Step Therapy Program.

Notice

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2018. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Cleveland Clinic, Cleveland Clinic Akron General, 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.
<table>
<thead>
<tr>
<th>Drug Formulary Medications by Category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALLERGY/COUGH &amp; COLD/RESPIRATORY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Anticholinergic, Inhaled Nasal</strong></td>
<td></td>
</tr>
<tr>
<td>Atrovent (ipratropium)*</td>
<td></td>
</tr>
<tr>
<td><strong>Anticholinergic, Inhaled Oral</strong></td>
<td></td>
</tr>
<tr>
<td>Atrovent (ipratropium) inhalation solution*</td>
<td></td>
</tr>
<tr>
<td>Spiriva HandiHaler (tiotropium)</td>
<td></td>
</tr>
<tr>
<td>Spiriva Respimat (tiotropium)</td>
<td></td>
</tr>
<tr>
<td>Tudorza Pressair (aclidinium)</td>
<td></td>
</tr>
<tr>
<td><strong>Anticholinergic/Beta Agonist, Inhaled Oral</strong></td>
<td></td>
</tr>
<tr>
<td>Bevespi Aerosphere (glycopyrrolate/formoterol) (QL)</td>
<td></td>
</tr>
<tr>
<td>Combivent Respimat (ipratropium/albuterol) inhaler</td>
<td></td>
</tr>
<tr>
<td>Duoneb (ipratropium/albuterol)*</td>
<td></td>
</tr>
<tr>
<td><strong>Antihistamines, Oral</strong></td>
<td></td>
</tr>
<tr>
<td>Atarax (hydroxyzine HCl)*</td>
<td></td>
</tr>
<tr>
<td>Phenergan (promethazine)*</td>
<td></td>
</tr>
<tr>
<td>Vistaril (hydroxyzine pamoate)*</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-Inflammatory, Inhaled Oral</strong></td>
<td></td>
</tr>
<tr>
<td>Asmanex (mometasone)</td>
<td></td>
</tr>
<tr>
<td>Flovent HFA (fluticasone) inhaler</td>
<td></td>
</tr>
<tr>
<td>Pulmicort (budesonide) inhaler</td>
<td></td>
</tr>
<tr>
<td>Pulmicort Respules (budesonide)*</td>
<td></td>
</tr>
<tr>
<td>Qvar (beclometasone) inhaler</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-Inflammatory, Inhaled Oral/Long Acting Beta Agonist Combination</strong></td>
<td></td>
</tr>
<tr>
<td>Advair Diskus (fluticasone/salmeterol)</td>
<td></td>
</tr>
<tr>
<td>AirDuo (fluticasone/salmeterol)*</td>
<td></td>
</tr>
<tr>
<td>Breo Ellipta (fluticasone/vilanterol) (QL)</td>
<td></td>
</tr>
<tr>
<td>Dulera (mometasone/formoterol)</td>
<td></td>
</tr>
<tr>
<td>Symbicort (budesonide/formoterol)</td>
<td></td>
</tr>
<tr>
<td><strong>Beta Agonists, Inhaled Oral</strong></td>
<td></td>
</tr>
<tr>
<td>Accuneb (albuterol) inhalation solution*</td>
<td></td>
</tr>
<tr>
<td>Arcapta (indacaterol) Neohaler</td>
<td></td>
</tr>
<tr>
<td>Proventil (albuterol) inhalation solution*</td>
<td></td>
</tr>
<tr>
<td>Proventil HFA (albuterol) inhaler</td>
<td></td>
</tr>
<tr>
<td>ProAir HFA (albuterol) inhaler</td>
<td></td>
</tr>
<tr>
<td>ProAir Respliclick (albuterol) inhaler</td>
<td></td>
</tr>
<tr>
<td>Serevent Diskus (salmeterol)</td>
<td></td>
</tr>
<tr>
<td>Ventolin HFA (albuterol) inhaler</td>
<td></td>
</tr>
<tr>
<td>Xopenex (levalbuterol)*</td>
<td></td>
</tr>
<tr>
<td><strong>Beta Agonists, Oral</strong></td>
<td></td>
</tr>
<tr>
<td>Alupent (metaproterenol) syrup*, tablet*</td>
<td></td>
</tr>
<tr>
<td>Brelite (terbutaline) tablet*</td>
<td></td>
</tr>
<tr>
<td>Proventil (albuterol) tablet*, syrup*</td>
<td></td>
</tr>
<tr>
<td>Vospire ER (albuterol extended release) tablet*</td>
<td></td>
</tr>
<tr>
<td><strong>Cough/Cold</strong></td>
<td></td>
</tr>
<tr>
<td>Tessalon (benzocainate)*</td>
<td></td>
</tr>
<tr>
<td><strong>Leukotriene Modulator</strong></td>
<td></td>
</tr>
<tr>
<td>Singulair (montelukast)*</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Agents</strong></td>
<td></td>
</tr>
<tr>
<td>Aralast NP (alpha-1-proteinase inhibitor) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Berinert (C1 inhibitor) (CC) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Bethkis (tocombaycin for inhalation) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Cayston (aztreonam) inhalation solution (SP)</td>
<td></td>
</tr>
<tr>
<td>Cinqair (reslumilast) (CC) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Cintyze (C1 inhibitor) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Cupposa (glycopyrrolate) (PA)</td>
<td></td>
</tr>
<tr>
<td>Daliresp (roflumilast) (PA)</td>
<td></td>
</tr>
<tr>
<td>Elprase (idursulfase) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Elixyphillin (theophylline) elixir</td>
<td></td>
</tr>
<tr>
<td>Epipen (epinephrine)* (generic only)</td>
<td></td>
</tr>
<tr>
<td>Epipen Jr (epinephrine)* (generic only)</td>
<td></td>
</tr>
<tr>
<td>Esbriet (pirenifidone) (PA) (QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Firazyr (icatibant) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Glassia (alpha-1-proteinase inhibitor) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Grastek (timothy grass pollen allergen extract) (PA)(QL)</td>
<td></td>
</tr>
<tr>
<td>Haegarda (C1 inhibitor) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Intal (cromolyn sodium) inhalation solution*</td>
<td></td>
</tr>
<tr>
<td>Kalibtor (escalantide) (PA) (QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Kalydeco (ivaflator) (CC) (PA) (QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Kitabis Pak (tobramycin) inhalation solution* (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Lysteda (traneaxamic acid)* (QL)</td>
<td></td>
</tr>
<tr>
<td>Nucala (mepolizumab) (PA) (QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Ofev (nintedanib) (PA) (QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Onral (grass mixed pollen allergen extract) (PA)(QL)</td>
<td></td>
</tr>
<tr>
<td>Orkambi (lumacaftor/ivaflator) (CC)(PA)(QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Pulmozyme (dornase alfa) inhalation solution (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Ragweitek (ragweed pollen allergen extract) (PA)(QL)</td>
<td></td>
</tr>
<tr>
<td>Ruconest (recombiant C1 inhibitor) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Symdeko (tezacator/ivaflator) (PA)(QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Theo-Dur (theophylline)*</td>
<td></td>
</tr>
<tr>
<td>TOBI (tobramycin) inhalation solution* (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>TOBI (tobramycin) Podhaler (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Xolair (omalizumab) (CC)(PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Zemaira (alpha-1-proteinase inhibitor) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td><strong>ANALGESICS</strong></td>
<td></td>
</tr>
<tr>
<td>Actemra (tocilizumab) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Arava (lefumonide)* (SP)</td>
<td></td>
</tr>
<tr>
<td>Astagraf XL (tacrolimus ext-rel) (PA)</td>
<td></td>
</tr>
<tr>
<td>Azulfidine (sulfasalazine)*</td>
<td></td>
</tr>
<tr>
<td>Cinzma (cortizumab) (CC)(PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Enbrel (etanercet) (CC)(PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Gengraf (cyclosporin)*</td>
<td></td>
</tr>
<tr>
<td>Humira (adalimumab) (CC)(PA) (SP)</td>
<td></td>
</tr>
<tr>
<td>Imuran (azathioprine)*</td>
<td></td>
</tr>
<tr>
<td>Kevzara (sarilumab) (PA)(QL)(SP)</td>
<td></td>
</tr>
<tr>
<td><strong>Arthritis</strong></td>
<td></td>
</tr>
<tr>
<td>Kinerit (anakinra) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Neoral (cyclosporine) capsules*, oral solution*</td>
<td></td>
</tr>
<tr>
<td>Orencia (abatacept) (CC)(PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Oteza (apremilast)(PA)(QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Oratrox (methotrexate injection) (PA)(QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Plaquinil (hydroxychloroquine)*</td>
<td></td>
</tr>
<tr>
<td>RASuv (methotrexate injection) (PA)(QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>heumatrex (methotrexate)*</td>
<td></td>
</tr>
<tr>
<td>Simundem (cyclosporine) capsules*, oral solution*</td>
<td></td>
</tr>
<tr>
<td>Simponi (golimumab) (PA)(SP)</td>
<td></td>
</tr>
<tr>
<td>Xeljanz (tofacitnib) (CC)(PA)(SP)</td>
<td></td>
</tr>
<tr>
<td><strong>Gout</strong></td>
<td></td>
</tr>
<tr>
<td>Benemid (probenecid)*</td>
<td></td>
</tr>
<tr>
<td>Colurix (colchicine)</td>
<td></td>
</tr>
<tr>
<td>Duzallo (lesinurad/allopurinol) (PA) (QL)</td>
<td></td>
</tr>
<tr>
<td>Zyloprim (allopurinol)*</td>
<td></td>
</tr>
<tr>
<td>Zurampic (lesinurad) (PA)(QL)</td>
<td></td>
</tr>
<tr>
<td><strong>Migraine</strong></td>
<td></td>
</tr>
<tr>
<td>Aimovig (erenumab-aooe) (PA) (QL)(SP)</td>
<td></td>
</tr>
<tr>
<td>Amerge (naratriptan)* (QL)</td>
<td></td>
</tr>
<tr>
<td>Cafergot (ergotamine/caffiene)*</td>
<td></td>
</tr>
<tr>
<td>D.H.E. (dihydroergotamine)*</td>
<td></td>
</tr>
<tr>
<td>Esig (butabital/acetaminophen/caffiene)*</td>
<td></td>
</tr>
<tr>
<td>Fioricet (butabital/acetaminophen/caffiene)* (QL)</td>
<td></td>
</tr>
<tr>
<td>Fioricet with Codeine (butabital/acetaminophen/caffeine/codeine)* (QL)</td>
<td></td>
</tr>
<tr>
<td>Fiorinal (butabital/aspirin/caffeine)*</td>
<td></td>
</tr>
<tr>
<td>Fiorinal with Codeine (butabital/aspirin/caffeine/codeine)*</td>
<td></td>
</tr>
<tr>
<td>Imitare (sumatriptan) injection*, nasal spray*, tablet* (QL)</td>
<td></td>
</tr>
<tr>
<td>Maxalt/Maxalt-MLT (rizatriptan)* (QL)</td>
<td></td>
</tr>
<tr>
<td>Migranal (dihydroergotamine)*</td>
<td></td>
</tr>
<tr>
<td>Migranal (dihydroergotamine)*</td>
<td></td>
</tr>
<tr>
<td>Relpax (eletriptan)* (QL)</td>
<td></td>
</tr>
<tr>
<td>Zomig (zolmitriptan) (QL)</td>
<td></td>
</tr>
<tr>
<td><strong>Muscle Relaxants</strong></td>
<td></td>
</tr>
<tr>
<td>Equanil (meprabamate)*</td>
<td></td>
</tr>
<tr>
<td>Flexeril (cylobenzaprine)*</td>
<td></td>
</tr>
<tr>
<td>Lioresal (bacoften)</td>
<td></td>
</tr>
<tr>
<td>Norflex (orphenadrine)*</td>
<td></td>
</tr>
<tr>
<td>Norgest (orphenadrine/aspirin/caffeine)*</td>
<td></td>
</tr>
<tr>
<td>Norgest Forte (orphenadrine/aspirin/caffeine)*</td>
<td></td>
</tr>
<tr>
<td>Parafon Forte DSC (chlorozoxacin)*</td>
<td></td>
</tr>
<tr>
<td>Rofaxin (methocarbamol)*</td>
<td></td>
</tr>
<tr>
<td>Skelaxin (metaxalone)*</td>
<td></td>
</tr>
<tr>
<td>Soma (carisoprodol)*</td>
<td></td>
</tr>
<tr>
<td>Zanaflex (tiazidine)*</td>
<td></td>
</tr>
</tbody>
</table>

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

***Indicates a generic is available but it is non-preferred.
### Drug Formulary Medications by Category (continued)

#### ANALGESICS (cont.)

**Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) (cont.)**
- Ansaid (flurbiprofen)*
- Arthrotec (diclofenac sodium delayed release/ misoprostol)*
- Cataflam (diclofenac)*
- Clinoril (sulindac)*
- Feldene (piroxicam)*
- Indocin (indomethacin)*
- Lodine (etodolac)*
- Mobic (meloxicam)*
- Motrin (ibuprofen) tablets*, suspension*
- Naproyn (naproxen)*
- Orudis (ketoprofen)*
- Pennsaid (diclofenac sodium solution)* (PA)
- Relafen (napabumetone)*
- Solaraze (diclofenac gel)* (PA)
- Tolectin (tolmetin)*
- Toradol (ketorolac)* (QL)
- Voltaren (diclofenac)*
- Voltaren (diclofenac) gel

#### Opioid Analgesics
- Avinza (morphine extended release)
- Codeine (codeine) tablet*
- Demerol (meperidine)*
- Dilaudid (hydromorphone)*
- Dolophine (methadone)*
- Duragesic (fentanyl)*
- Lortab (hydrocodone/acetaminophen) elixir*, (PA)
- MS Contin (morphine extended release)*
- MS IR (morphine) tablets*, solution*
- Norco (hydrocodone/acetaminophen)* (QL)
- Oxycodone (oxycodone/acetaminophen)* (QL)
- Percocet (oxycodone/acetaminophen)* (QL)
- Percodan (oxycodone/aspirin)*
- Tylenol with Codeine (acetaminophen/ codeine)* (QL)
- Ultracet (tramadol/acetaminophen)* (QL)
- Ultram (tramadol)*
- Ultram ER (tramadol extended release)*
- Vicodin (hydrocodone/acetaminophen)* (QL)
- Vicodin ES (hydrocodone/acetaminophen)* (QL)

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

#### Salicylates
- Disalcid (salicylate)*
- Dolobid (diflunisal)*
- Easprin (aspirin)*
- Trilisate (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 (ketoconazole)*
- Noxafil (posaconazole) (SP)
- Vfend (voriconazole)* (SP)

#### Antifungals, Topical
- Lotrisone (clotrimazole/betamethasone) cream*
- Mycolog II (nystatin/triamcinolone)*
- Nizoral (ketoconazole)*
- Mycelex Troche (clotrimazole)*
- Diflucan (fluconazole) tablet*, suspension*
- Selsun Rx (selenium sulfide) shampoo*

#### Antivirals, Injectable
- Fuzenon (enfuviride) (SP)
- Intron A (interferon alfa-2b) (SP)
- Pegvisomant (peginterferon alfa-2b) (PA) (SP)
- Prexysym (letrozomib) (PA) (QL) (SP)
- Sylatron (peginterferon alfa-2b) (SP)

#### Antivirals, Oral
- Aptivus (tipranavir) (SP)
- Atripla (efavirenz/emtricitabine/tenofovir) (CC) (SP)
- Baracatrac (entecavir) (SP)
- Combivir (zidovudine/lamivudine)* (SP)
- Complera (emtricitabine/ritonavir/ tenofovir) (CC) (SP)
- Copegus (ribavirin)* (SP)
- Crizalvix (indinavir) (SP)
- Cytovirine (ganciclovir) (SP)
- Daklinza (daclatasvir) (PA) (QL) (SP)
- Descovy (emtricitabine/tenofovir) (PA) (QL) (SP)
- Edurant (rilpivirine) (SP)
- Embriva (emtricitabine) (SP)
- Epluras (sofosbuvir/velpatasvir) (CC) (PA) (QL) (SP)
- Epivir (lamivudine)* (SP)
- Epivir HBV (lamivudine)* (SP)
- Epzicom (abacavir/lamivudine) (SP)
- Famvir (famciclovir)* (QL)
- Genwoya (elvitegravir/cobicistat/emtricitabine/ tenofovir alafenamide) (CC) (QL) (SP)

#### Antivirals, Oral (cont.)
- Harvoni (ledipasvir/sofosbuvir) (CC) (PA) (QL) (SP)
- Hespert (daferovir)* (SP)
- Incevek (telaprevir) (SP)
- Intellence (etravirine) (SP)
- Invirase (saquinavir) (SP)
- Isentress (raltegravir) (SP)
- Kaletra (lopinavir/ritonavir) tablets (SP)
- Kaletra (lopinavir/ritonavir)* solution (SP)
- Lexiva (fosamprenavir) (SP)
- Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)
- Norvir (ronitovir) (SP)
- Odofsey (emtricitabine/ritonavir/tenofovir) (CC) (QL) (SP)
- Olysio (simeprevir) (PA) (QL) (SP)
- Prexymis (letrozomib) (PA) (QL) (SP)
- Prezista (darunavir) (SP)
- Relbevol (ribavirin)* (SP)
- Rescriptor (delavirdine) (SP)
- Retovir (zidovudine)* (SP)
- Reyataz (atazanavir) (SP)
- Selzentry (maraviroc) (SP)
- Sovaldi (sofosbuvir) (CC) (PA) (QL) (SP)
- Stridil (elvitegravir, cobicistat, emtricitabine, tenofovir) (CC) (SP)
- Susviva (efavirenz) (CC) (SP)
- Symetrel (amantadine)*
- Technivie (ombitasvir/paritaprevir/ritonavir) (PA) (QL) (SP) (PA)
- Tivicay (Dolutegravir) (SP)
- Trizivir (abacavir/ lamivudine/tenofovir) (CC) (SP) (QL) (SP)
- Truvada (emtricitabine/tenofovir) (CC) (QL) (SP)
- Tyzeka (telbivudine) (SP)
- Valtace (valganciclovir) (SP)
- Valtrex (valacyclovir)* (QL)
- Viread (tenofovir) (SP)
- Vitekta (elvitegravir) (SP)
- Viramune (nevirapine)* (SP)
- Viread (tenofovir) (SP)
- Vitekta (elvitegravir) (SP)
- Viramune XR (nevirapine)* (SP)
- Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (CC) (PA) (QL) (SP)
- Viekira (ombitasvir/paritaprevir/ritonavir/ dasabuvir) (CC) (PA) (QL) (SP)
- Viekira XR (ombitasvir/paritaprevir/ritonavir/ dasabuvir) (CC) (PA) (QL) (SP)
- Viraic (nelfinavir) (SP)
- Viread (tenofovir) (SP)
- Vitekta (elvitegravir) (SP)
- Viramune XR (nevirapine)* (SP)
- Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (CC) (PA) (QL) (SP)
- Zepatier (elbasvir/grazoprevir) (PA) (SP)
- Zerit (stavudine)* (SP)
- Ziagen (abacavir)* (SP)
- Zovirax (acyclovir) capsule*, tablet*

---

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

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

(PA)—Indicates the drug requires prior authorization.

(CC)—Copay Card

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

(SP)—Indicates the drug is part of the step therapy program.
<table>
<thead>
<tr>
<th><strong>Drug Formulary Medications by Category</strong></th>
<th><strong>continuation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTI-INFECTIVES (cont.)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>(Antibiotics/Antifungals/Antivirals)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Antivirals, Topical</strong></td>
<td></td>
</tr>
<tr>
<td>Aldara (imiquimod)*</td>
<td></td>
</tr>
<tr>
<td>Condylol (podofilox) topical gel</td>
<td></td>
</tr>
<tr>
<td>Condylol (podofilox) topical solution*</td>
<td></td>
</tr>
<tr>
<td><strong>Antibiotics, Oral</strong></td>
<td></td>
</tr>
<tr>
<td>Cephalosporins</td>
<td></td>
</tr>
<tr>
<td>Cefclor (cefclor)*</td>
<td></td>
</tr>
<tr>
<td>Cefdin (cefdinaxime)*</td>
<td></td>
</tr>
<tr>
<td>Duricef (cefdiazole) capsule*</td>
<td></td>
</tr>
<tr>
<td>Keflex (cefalexin)*</td>
<td></td>
</tr>
<tr>
<td>Omnicef (cefdinir)*</td>
<td></td>
</tr>
<tr>
<td>Erythromycins/Macrolides</td>
<td></td>
</tr>
<tr>
<td>Biaxin (clarithromycin)*</td>
<td></td>
</tr>
<tr>
<td>Difluc (fluconaxime) (ST)</td>
<td></td>
</tr>
<tr>
<td>E.E.S. (erythromycin ethylsuccinate)*</td>
<td></td>
</tr>
<tr>
<td>EryPed (erythromycin ethylsuccinate)*</td>
<td></td>
</tr>
<tr>
<td>Ery-Tab (erythromycin)*</td>
<td></td>
</tr>
<tr>
<td>Zithromax (azithromycin)*</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin (amoxicillin)*</td>
<td></td>
</tr>
<tr>
<td>Augmentin (amoxicillin/clavulanate)*</td>
<td></td>
</tr>
<tr>
<td>Augmentin XR (amoxicillin/clavulanate XR)*</td>
<td></td>
</tr>
<tr>
<td><strong>Penicillins</strong></td>
<td></td>
</tr>
<tr>
<td>Dynapen (dicloxacillin)*</td>
<td></td>
</tr>
<tr>
<td>Pen-Vee K (penicillin VK)*</td>
<td></td>
</tr>
<tr>
<td>Prinicipen (ampicillin)</td>
<td></td>
</tr>
<tr>
<td><strong>Quinolones</strong></td>
<td></td>
</tr>
<tr>
<td>Avelox (moxifloxacin)*</td>
<td></td>
</tr>
<tr>
<td>Cipro (ciprofloxacin)*</td>
<td></td>
</tr>
<tr>
<td>Cipro XR (ciprofloxacin extended release)</td>
<td></td>
</tr>
<tr>
<td>Levaquin (levofloxacin)*</td>
<td></td>
</tr>
<tr>
<td><strong>Sulfas</strong></td>
<td></td>
</tr>
<tr>
<td>Bacitracin (sulfamethoxazole/trimethoprim)*</td>
<td></td>
</tr>
<tr>
<td>Bacitracin DS (sulfamethoxazole/trimethoprim)*</td>
<td></td>
</tr>
<tr>
<td><strong>Tetracyclines</strong></td>
<td></td>
</tr>
<tr>
<td>Minocin (minocycline) capsule*</td>
<td></td>
</tr>
<tr>
<td>Monodox (doxycycline)*</td>
<td></td>
</tr>
<tr>
<td>Sumycin (tetracycline)*</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
</tr>
<tr>
<td>Biltricide (praziquantel)*</td>
<td></td>
</tr>
<tr>
<td>Campral (acarpropate calcium)*</td>
<td></td>
</tr>
<tr>
<td>Cleocin (clindamycin)*</td>
<td></td>
</tr>
<tr>
<td>Dapsone (dapsone)*</td>
<td></td>
</tr>
<tr>
<td>Flagol (metronidazole)*</td>
<td></td>
</tr>
<tr>
<td>Humatin (paromomycin)*</td>
<td></td>
</tr>
<tr>
<td>Impavido (mifefosine) (PA)/(QL)/(SP)</td>
<td></td>
</tr>
<tr>
<td>Neomycin (neomycin)*</td>
<td></td>
</tr>
<tr>
<td>Sivexto (tedizolid) (SP)</td>
<td></td>
</tr>
<tr>
<td>Tindamax (timizolade)*</td>
<td></td>
</tr>
<tr>
<td>Vancocin (vancomycin)*</td>
<td></td>
</tr>
<tr>
<td>Xifaxan (rifaximin) (PA)/(SP)</td>
<td></td>
</tr>
<tr>
<td>Zyvox (linezolid)*</td>
<td></td>
</tr>
<tr>
<td><strong>Antibiotics, Topical</strong></td>
<td></td>
</tr>
<tr>
<td>Bactroban (mupirocin)*</td>
<td></td>
</tr>
<tr>
<td>Garamycin (gentamicin)*</td>
<td></td>
</tr>
<tr>
<td>Peridex (chlorhexidine gluconate)*</td>
<td></td>
</tr>
<tr>
<td>Silvadene (silver sulfadiazine)*</td>
<td></td>
</tr>
<tr>
<td><strong>Antimalariais</strong></td>
<td></td>
</tr>
<tr>
<td>Aralen (chloroquine phosphate)*</td>
<td></td>
</tr>
<tr>
<td>Lariam (methloquine)*</td>
<td></td>
</tr>
<tr>
<td>Plaquenil (hydroxychloroquine)*</td>
<td></td>
</tr>
<tr>
<td><strong>Antimycobacterials</strong></td>
<td></td>
</tr>
<tr>
<td>Nydrazid (isoniazid)*</td>
<td></td>
</tr>
<tr>
<td>Pirprofen (rifapentin)*</td>
<td></td>
</tr>
<tr>
<td>Pyrazinamide (pyrazinamide)*</td>
<td></td>
</tr>
<tr>
<td>Rifadin (rifampin)*</td>
<td></td>
</tr>
<tr>
<td><strong>Urinary Tract Agents</strong></td>
<td></td>
</tr>
<tr>
<td>Macrobid (nitrofurantoin)*</td>
<td></td>
</tr>
<tr>
<td>Macrodantin (nitrofurantoin)*</td>
<td></td>
</tr>
<tr>
<td>Proloprim (trimethoprim)*</td>
<td></td>
</tr>
<tr>
<td><strong>Vaccines</strong></td>
<td></td>
</tr>
<tr>
<td>(Only covered at Cleveland Clinic Akron General Pharmacies)</td>
<td></td>
</tr>
<tr>
<td>Adacel (diphtheria/tetanus toxoids/acelluar pertussis) (So copay; for members ≥ 7 years of age)</td>
<td></td>
</tr>
<tr>
<td>Pneumovax-23 (pneumococcal polysaccharide) (So copay; for members ≥ 2 years of age)</td>
<td></td>
</tr>
<tr>
<td>Prevnar-13 (pneumococcal conjugate) (So copay)</td>
<td></td>
</tr>
<tr>
<td>Shingrix (zoster vaccine recombinant, adjuvanted) (So copay; for members ≥ 50 years of age)</td>
<td></td>
</tr>
<tr>
<td><strong>Vaginal Agents</strong></td>
<td></td>
</tr>
<tr>
<td>Metrogel Vaginal (metronidazole)*</td>
<td></td>
</tr>
<tr>
<td><strong>CARDIOVASCULAR</strong></td>
<td></td>
</tr>
<tr>
<td><strong>(Blood Pressure/Heart/Cholesterol)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ACE Inhibitors</strong></td>
<td></td>
</tr>
<tr>
<td>Accupril (quinapril)*</td>
<td></td>
</tr>
<tr>
<td>Accuretic (quinapril/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Altace (ramipril)*</td>
<td></td>
</tr>
<tr>
<td>Capoten (captopril)*</td>
<td></td>
</tr>
<tr>
<td>Capzide (captopril/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Lotensin (benazepril)*</td>
<td></td>
</tr>
<tr>
<td>Lotensin HCT (benazepril/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Mavik (trandolapril)*</td>
<td></td>
</tr>
<tr>
<td>Monopril (fosinopril)*</td>
<td></td>
</tr>
<tr>
<td>Monopril-HCT (fosinopril/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Prinivil (lisinopril)*</td>
<td></td>
</tr>
<tr>
<td>Prinaze (lisinopril/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Univase (moexapril)*</td>
<td></td>
</tr>
<tr>
<td>Vaseretic (enalapril/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Vasotec (enalapril)*</td>
<td></td>
</tr>
<tr>
<td>Zestoretic (lisinopril/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Zestril (lisinopril)*</td>
<td></td>
</tr>
<tr>
<td><strong>Angiotensin II Receptor Blockers</strong></td>
<td></td>
</tr>
<tr>
<td>Atacand (candesartan)*</td>
<td></td>
</tr>
<tr>
<td>Atacand HCT (candesartan/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Avaside (irbesartan/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Avapro (irbesartan)*</td>
<td></td>
</tr>
<tr>
<td>Cozaar (losartan)*</td>
<td></td>
</tr>
<tr>
<td>Diovan (valsartan)*</td>
<td></td>
</tr>
<tr>
<td>Diovan HCT (valsartan/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Entresto (sacubitril/valsartan) (PA)/(QL)</td>
<td></td>
</tr>
<tr>
<td>Exforge (amlodipine/valsartan)*</td>
<td></td>
</tr>
<tr>
<td>Hyszaar (losartan/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Micardis (telmisartan)*</td>
<td></td>
</tr>
<tr>
<td>Micardis HCT (telmisartan/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td>Twynsta (amlodipine/telmisartan)*</td>
<td></td>
</tr>
<tr>
<td><strong>Antiarrhythmic Agents</strong></td>
<td></td>
</tr>
<tr>
<td>Betapace (sotalol)*</td>
<td></td>
</tr>
<tr>
<td>Cordarone (amiodarone)*</td>
<td></td>
</tr>
<tr>
<td>Mexitil (mesiletine)*</td>
<td></td>
</tr>
<tr>
<td>Multaq (dronedarone) (restricted to Cardiology)</td>
<td></td>
</tr>
<tr>
<td>Norpace (disopyramide)*</td>
<td></td>
</tr>
<tr>
<td>Norpace CR (disopyramide)</td>
<td></td>
</tr>
<tr>
<td>Rhythm (propafenone)</td>
<td></td>
</tr>
<tr>
<td>Rhythm SR (propafenone extended release)</td>
<td></td>
</tr>
<tr>
<td>Tambocor (flecainide)*</td>
<td></td>
</tr>
<tr>
<td>Tikosyn ( dofetilide)</td>
<td></td>
</tr>
<tr>
<td><strong>Beta Blockers</strong></td>
<td></td>
</tr>
<tr>
<td>Blocadren (timolol)*</td>
<td></td>
</tr>
<tr>
<td>Bystolic (nebivolol)*</td>
<td></td>
</tr>
<tr>
<td>Coreg (carvedilol)*</td>
<td></td>
</tr>
<tr>
<td>Inderal (propranolol)*</td>
<td></td>
</tr>
<tr>
<td>Lopressor (metoprolol)*</td>
<td></td>
</tr>
<tr>
<td>Sectral (acebutolol)*</td>
<td></td>
</tr>
<tr>
<td>Tenoretic (atenolol/chlorthalidone)</td>
<td></td>
</tr>
<tr>
<td>Tenormin (atenolol)*</td>
<td></td>
</tr>
<tr>
<td>Toprol XL (metoprolol extended-release)*</td>
<td></td>
</tr>
<tr>
<td>Trandate (labelanol)*</td>
<td></td>
</tr>
<tr>
<td>Visken (pindolol)*</td>
<td></td>
</tr>
<tr>
<td>Zebeta (bisoprolol)*</td>
<td></td>
</tr>
<tr>
<td>Ziac (bisoprolol/hydrochlorothiazide)*</td>
<td></td>
</tr>
<tr>
<td><strong>Calcium Channel Blockers</strong></td>
<td></td>
</tr>
<tr>
<td>Adalat CC (nifedipine extended release)*</td>
<td></td>
</tr>
<tr>
<td>Calan (verapamil)*</td>
<td></td>
</tr>
<tr>
<td>Calan SR (verapamil extended release)*</td>
<td></td>
</tr>
<tr>
<td>Cardizem (diltiazem)*</td>
<td></td>
</tr>
<tr>
<td>Cardizem CD (diltiazem extended release)*</td>
<td></td>
</tr>
<tr>
<td>Cardizem SR (diltiazem extended release)*</td>
<td></td>
</tr>
<tr>
<td>Lottrel (amlodipine/ bendazepin)*</td>
<td></td>
</tr>
<tr>
<td>Norvasc (amlodipine)*</td>
<td></td>
</tr>
</tbody>
</table>

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

(PA)—Indicates the drug requires prior authorization. (QC)—Coyt 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)**

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

- **Calcium Channel Blockers** *(cont.)*
  - Plendil (felodipine extended release)*
  - Procardia XL (nifedipine extended release)*
  - Sular (nisoldipine extended release)*
  - Verelan PM (verapamil extended release)*

- **Cholesterol-Lowering Agents**
  - Antara (fenofibrate capsules)
  - Colestid (colestipol)*
  - Crestor (rosuvastatin)* *(QL)*
  - Epanova (omega-3 carboxylic acids)
    *(restricted to Cardiology)* *(PA) *(QL)*
  - Juxtapid (lomitapide)* *(PA) *(SP)*
  - Lescol (fluvastatin immediate release)*
  - Lipitor (atorvastatin)* *(QL)*
  - Lovaza (omega-3-acid ethyl esters)* *(generic only)*
  - Niaspan (niacin extended release)*
  - Pravachol (pravastatin)* *(SP)*
  - Questran (cholestyramine)*
  - Questran Light (cholestyramine)*
  - Repatha (evolocumab)* *(PA) *(QL) *(SP)*
  - Tricor (fenofibrate)*
  - Triparil (fenofibrate)*
  - Vascepa (icosapent ethyl)
    *(restricted to Cardiology)*
  - Verelan PM (verapamil extended release)*
  - Sular (nisoldipine extended release)*
  - Procardia XL (nifedipine extended release)*
  - Plendil (felodipine extended release)*

**Diuretics**

- Aldactazide (spironolactone/hydrochlorothiazide)*
- Aldactone (spironolactone)*
- Bumex (bumetanide)*
- Demadex (torsemide)*
- DioPrel (chlorothiazide)*
- Dyazide (triateremere/hydrochlorothiazide)*
- HydroDURIL (hydrochlorothiazide)*
- Hygroton (chlorothalidone)*
- Inspira (epilorenene)*
- Laxis (furosemide)*
- Lopid (gemfibrozil)*
- Maxide (triateremere/hydrochlorothiazide)*
- Midamor (amiloride)*
- Moduretic (amiloride/hydrochlorothiazide)*
- Zaroxolyn (metolazone)*

**Orthostatic Hypotension**

- Advate (antihemophilic factor)
- Catapres-TTS (clonidine) patch*
- Catapres (clonidine) tablet*
- Catapres-TTS (clonidine) patch*
- Corfarol (ivabradine)* *(PA) *(QL)*
- Corzide (nadolol/bendroflumethiazide)*
- Hytrin (terazosin)*
- Lanozin (dioxin) tablet**
- Loniten (minoxidil) tablet*
- Minipress (prazosin)*

**Miscellaneous Agents**

- Aldomet (methyldopa)*
- Aldoril (methyldopa/hydrochlorothiazide)*
- Apresoline (hydralazine)*
- Cardura (doxazosin)*
- Catapres (clonidine) tablet*
- Catapres-TTS (clonidine) patch*
- Cilostat (tubaline)*
- Pradaxa (dabigatran etexilate)
- Repatha (evolocumab)* *(PA) *(SP)*
- Restasis (tobramycin)*
- Tiagabine (tiagabine)*
- Topiramate (topiramate)* *(QL)*
- Treprostinil (treprostinil)* *(PA) *(SP)*
- Tygase (treprostinil)* *(PA) *(SP)*
- Uptravi (selexipag)* *(PA) *(SP)*
- Venlafaxine (venlafaxine)* *(PA) *(SP)*
- Xarelto (rivaroxaban)*

**CENTRAL NERVOUS SYSTEM**

**Alzheimer's**

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

**Anticonvulsants**

- Aptiom (eslicarbazepine)* *(PA) *(QL)*
- Banzel (rufinamide)* *(PA) *(SP)*
- Briviact (brivaracetam)* *(PA) *(QL)*
- Carbamazepine extended release* *(PA) *(QL)*
- Cenestin (methsuximide)
- Depakene (valproic acid)*
- Depakote (divalproex)*
- Diastat (diazepam rectal gel)*
- Dilantin (phenytoin)*
- Gabitril (tiagabine)*
- Keppra (levitiracetam)*
- Keppra XR (levitiracetam)*
- Klonopin (clonazepam)*
- Lamictal (lamotrigine)*
- Lamictal OD (lamotrigine orally disintegrating tablets)*
- Lamictal XR (lamotrigine extended release)*
- Lyrica (pregabalin)*
- Mybfab (pregabalin extended-release)* *(PA) *(QL)*
- Mybf (primidone)*
- Neurontin (gabapentin)*
- Onfi (clozapam)* *(PA) *(SP)*
- Phenobarbital (phenobarbital)*
- Sabril (vigabatrin)* *(PA) *(SP)*
- Tegetrol (carbamazepine)*
- Tegetrol XR (carbamazepine extended release)*
- Topamax (topiramate)*
- Triage (oxcarbazepine) tablets*, suspension*
- Valium (diazepam)*
- Vimpat (lacosamide)*
- Zanopacin (zonisamide)*

**Antidepressants**

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

---

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

**Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).**

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

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

**(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)

**CENTRAL NERVOUS SYSTEM (cont.)**

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

**Miscellaneous Antidepressants**
- Desyrel (trazodone)*
- Effexor (venlafaxine)*
- Effexor XR (venlafaxine extended-release) capsules*, tablets* (PA)/(QL)
- Emsam (selegiline transdermal) (PA)
- Ludmila (maprotiline)*
- Parnate (tranylcypromine)*
- Remeron (mirtazapine)*

**Antiparkinson's**
- Artane (trihexyphenidyl)*
- Benadryl (diphenhydramine)* (50 mg only)
- Cogentin (benztropine)*
- Benadryl (diphenhydramine)* (50 mg only)
- Artane (trihexyphenidyl)*

**Anxiolytics/Sedatives/Hypnotics**
- Serax (oxazepam)*
- Serax (oxazepam)*
- Sinequan (doxepin)*
- Sinequan (doxepin)*
- Xanax (alprazolam)*
- Adderall (dextroamphetamine racemic salts)*
- Dextredine (dextroamphetamine)*
- Focalin (dexmethylphenidate)*
- Intuniv (guanfacine extended release)*
- Metadate CD (methylphenidate extended release)*
- Provigil (modafinil)*
- Ritalin (methylphenidate)*
- Ritalin LA (methylphenidate extended release)*
- Ritalin SR (methylphenidate extended release)*

**Attention Deficit Disorder/Narcolepsy**
- Stalevo (carbidopa/entacapone/levodopa)*
- Rexulti (rexaline)*

**Mood Stabilizers**
- Abilify Maintena (aripiprazole) (PA)
- Aripica (aripiprazole)/PA(Sp)
- Clozaril (clozapine)*
- Eskalith (lithium carbonate)*
- Geodon (ziprasidone)*
- Haldol (haloperidol)*
- Invenergy (paliperidone extended release)*
- Lutudia (lurasidone)*
- Lithobid (lithium carbonate extended release)*
- Lithobid (lithium carbonate extended release)*
- Lithotabs (lithium carbonate)*
- Loxitane (loxapine)*
- Mebrier (methylphenidate)*
- Mebrier (methylphenidate)*
- Trilafon (perphenazine)*
- Thorazine (chlorpromazine)*
- Seroquel (quetiapine)*
- Risperdal (risperidone)*
- Eskalith (lithium carbonate)*
- Clozaril (clozapine)*
- Aristada (aripiprazole)(PA)(SP)

**Multiple Sclerosis Agents**
- Ampyra (dalfampridine)* (PA)/(SP)
- Aubagio (teriflunomide) (PA)/(SP)
- Avonex (interferon beta-1a) (PA)/(SP)
- Copaxone (glatiramer acetate)* (CC)/(PA)/(QL)/(SP)
- Extavia (interferon beta-1b) (PA)/(SP)
- Gilenya (fingolimod) (CC)/(PA)/(SP)
- Glata (CC)/(PA)/(QL)/(SP)
- Plegridy (peginterferon beta-1a) (PA)/(SP)
- Rebif (interferon beta-1a) (PA)/(SP)
- Tecfidera (dimethyl fumarate) (PA)/(SP)
- Copaxone (glatiramer acetate)* (CC)/(PA)/(QL)/(SP)
- Extavia (interferon beta-1b) (PA)/(SP)
- Gilenya (fingolimod) (CC)/(PA)/(SP)
- Glata (CC)/(PA)/(QL)/(SP)
- Plegridy (peginterferon beta-1a) (PA)/(SP)
- Rebif (interferon beta-1a) (PA)/(SP)
- Tecfidera (dimethyl fumarate) (PA)/(SP)
- Mylotarg (eclophosphamide) (PA)/(SP)

**Dermatological**
- Acne Therapy
  - Claravis (isotretinoin)*
  - Cleocin T (clindamycin) lotion*, pads*, solution* Differin (adapalene) cream*, gel* (PA)
  - Erycette (erythromycin) pads*
  - Eryderm (erythromycin) topical solution* (PA)
  - Claravis (isotretinoin)*
  - Erycette (erythromycin) topical gel*
  - Xyrem (sodium oxybate) (PA)/(QL)/(SP)

**Immunomodulator**
- Elixed (pimecrolimus) (PA)/(QL)

**Rosacea**
- Metrocream (metrodimazole)*
  - MetroGel (metrodimazole)* (PA except 0.75% strength)
  - Metrolyon (metrodimazole)* (PA)

**Topical Corticosteroids**
- Aristocort (triamcinolone) cream*, ointment*
  - Cutivate (fluticasone) cream*, ointment*
  - Diprolene (augmented betamethasone dipropionate) cream*, gel*, ointment*
  - Diprolene AF (augmented betamethasone dipropionate) cream*

**Miscellaneous**
- Xyrem (sodium oxybate) (PA)/(QL)/(SP)
- Antabuse (disulfiram)*
- Austedo (deutetrabenazine) (PA)/(QL)/(SP)
- Hetlioz (tasimelteon) (PA)/(QL)/(SP)
- Ingrezzia (valbenazine) (PA)/(QL)/(SP)
- Nudexa (dextromethorphan/quinidine) (PA)/(SP)
- Probuphine (buprenorphine) (PA)/(SP)
- ReVia (naltrexone)*
- Subutex (buprenorphine) (PA)
- Xlenazine (tetrabenazine) (SP)
- Xyrem (sodium oxybate) (PA)/(QL)/(SP)

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

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

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

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

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

(ST)—Indicates the drug is part of the step therapy program.
### Drug Formulary Medications by Category (continued)

#### DERMATOLOGICAL (cont.)
- **Topical Corticosteroids (cont.)**
  - Diprosone (betamethasone dipropionate) *cream*  
  - Elocin (mometasone) *cream*, *lotion*, *ointment*  
  - Hytone (hydrocortisone) *cream*, *lotion*, *ointment*  
  - Kenalog (triamcinolone) *lotion*  
  - Lidex (flucononide) *solution*  
  - Temovate (clobetasol) *cream*, *gel*, *ointment*, *solution*  
  - Temovate-E (clobetasol emollient) *cream*  
  - Ultravate (halobetasol) *cream*, *ointment*  
  - Westcort (hydrocortisone valerate) *ointment*  

#### Miscellaneous
- Carac (fluorouracil)*  
- Drysol (aluminum chloride hexahydrate)*  
- Eudex (fluorouracil)*  
- Elimite (permethrin) *cream*  
- EMLA (lidocaine/prilocaine) *cream*  
- Kwell (lindane) *lotion*, *shampoo*  
- Panretin (alitretinoin)*  
- Drysol Dab-O (aluminum chloride hexahydrate)*  

### ENDOCRINE/DIABETES

#### Adrenal Hormones
- Corteo (hydrocortisone)*  
- Cortone Acetate (cortisone)*  
- Decadron (dexamethasone)*  
- Deltasone (prednisone)*  
- Florinef (fludrocortisone)*  
- Nilandron (nilutamide)*  

#### Antiandrogens
- Casodex (bicalutamide)*  
- Eulexin (flutamide)*  
- Nilandron (nilutamide)*  

#### Antithyroid
- Propylthiouracil (propylthiouracil)*  
- SSKI (potassium iodide)  
- Tapazole (methimazole)*  

#### Blood Glucose Monitoring Devices and Supplies
- All covered under DME Benefit

#### Carnitine
- Carnitor (levocarnitine)*

#### Glucose Elevating Agents
- GlucaGen (glucagon)  
- Glucagon Emergency Kit (glucagon)

#### Growth Hormone Releasing Factor
- Egrifta (tesamorelin) *(PA) *(SP)

#### Human Growth Hormone Receptor Antagonist
- Somavert (pegvisomant) *injection* *(PA) *(SP)

#### Human Growth Hormone
- Genotropin (somatropin) *(PA) *(SP) *(ST)
- Humatrope (somatropin) *(PA) *(SP)
- Inerelex (mecasemarin) *(PA) *(SP)
- Norditropin (somatropin) *(PA) *(SP)
- Nutropin AQ (somatropin) *(PA) *(SP) *(ST)
- Omnitrope (somatropin) *(PA) *(SP) *(ST)
- Saizen (somatropin) *(PA) *(SP) *(ST)
- Serostim (somatropin) *(PA) *(SP) *(ST)
- Tev-Tropin (somatropin) *(PA) *(SP) *(ST)
- Zomacton (somatropin) *(PA) *(SP) *(ST)

#### Hypoglycemic Agents
- Actos (pioglitazone)* *(QL)
- Actoplus Met (pioglitazone/metformin) *tablets*
- Adlyxin (lixisenatide) *(PA) *(QL)
- Amyl (glimepiride)*
- Bydureon (exenatide)*
- Byetta (exenatide) *(PA) *(QL)
- Diabeta (glyburide)*
- Duectact (pioglitazone/glimepiride) *tablets*
- Farxiga (dapagliflozin) *(PA) *(QL)
- Glucophage (metformin)*
- Glucophage XR (metformin extended release)*
- Glucotrol (glipizide)*
- Glucotrol XL (glipizide extended release)*
- Glucovance (glyburide/metformin)*
- Glyxambi (empagliflozin/linagliptin) *(QL) *(ST)
- Glynase (glyburide)*
- Invokana (canagliflozin) *(PA) *(QL)
- Janumet (sitagliptin/metformin) *(QL) *(ST)
- Janumet XR (sitagliptin/metformin) *(QL) *(ST)
- Januvia (sitagliptin) *(Alogliptin first) *(QL) *(ST)
- Jardiance (empagliflozin) *(PA) *(QL)
- Jentadueto (linagliptin/metformin) *(QL) *(ST)
- Kazano (alogliptin/metformin) *(QL) *(ST)
- Kombiglyze XR (saxagliptin/metformin) *(QL) *(ST)
- Micronase (glyburide)*
- Nesina (alogliptin)* *(QL) *(ST)

#### Insulin Therapy
- Admelog (insulin human lispro) *(PA)
- Apidra (insulin human glulisine) *(PA)
- Basaglar (insulin human glargine) *(PA)
- Flaps (insulin human aspart) *(PA)
- Humalog (insulin human lirio)
- Humalog Mix 50/50 *(insulin human lirio NPL/lispro)
- Humalog Mix 75/25 *(insulin human lirio NPL/lispro)
- Humulin 70/30 *(insulin human NPH/R)
- Humulin N (insulin human NPH)
- Humulin R (insulin human regular)
- Humulin U-500 *(insulin human regular) *(PA)
- Lantus (insulin human glargine)
- Leverm (insulin human detemir) *(PA)
- Novolin 70/30 *(insulin human NPH/R)
- Novolin N (insulin human NPH)
- Novolin R (insulin human regular)
- NovoLog (insulin human aspart) *(PA)
- NovoLog Mix 70/30 *(insulin human aspart NPL/laspo) *(PA)
- Toujeo (insulin human glargine) *(PA)
- Tresiba (insulin human degludec) *(PA)

#### Metabolic Bone Disorders
- Actonel (risedronate) *(QL)
- Didrolen (etidronate)*
- Forteo (teriparatide) *(CC) *(PA) *(QL) *(SP)
- Fosamax (alendronate)* *(PA) *(QL)
- Prolia (denosumab) *(PA) *(SP)
- Reclast (zoledronic acid) *(PA) *(SP)
- Tymlos (abaloparatide) *(PA) *(QL) *(SP)

#### Thyroid Supplement
- Levothroid (levothyroxine)*
- Synthroid (levothyroxine)*
- Unithroid (levothyroxine)*

#### Miscellaneous
- Arcalyst (rilonacept) *(PA) *(SP)
- Buphenyl (sodium phenylbutyrate)* *(SP)
- Danocrine (danazol)*

---

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

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).*

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

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

*(QL)—Indicates the drug is a specialty product.

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

---

**Indicates a generic is available but it is non-preferred.**
Drug Formulary Medications by Category (continued)

**ENDOCRINE/DIABETES (cont.)**

Miscellaneous (cont.)
- DDAVP (desmopressin acetate)*
- Dibenzylurea (phenylpropanolamine)*
- Natpara (parathyroid hormone) [PA]/[SP]
- Dostinex (cabergoline)*
- Korlym (mifepristone) [PA]/[SP]
- Orfadin (sitaxstatin) [SP]
- Regranex (beclomethasone) [SP]
- Rentav (selestatins) tablets*, powder
- Sensipar (cinacalcet) [PA]
- Stimate (desmopressin) [PA]
- Sucraid (sacrosidase) [PA]
- Xiaflex (collagenase) [PA]
- Zavesca (miglustat) [PA]
- Tigan (trimethobenzamide)*
- Phenergan (promethazine)*

GASTROINTESTINAL (cont.)

Antidiarrheals
- Imodium (loperamide)*
- Lomotil (hyoscyamine)*
- Levsin (hyoscine)*
- Bentyl (dicyclomine) capsule*, tablet*
- Emend (aprepitant) capsules, oral suspension [PA]/[QL]
- Kytril (granisetron)* [QL]
- Marinil (dronabinol)* [PA]
- Phenergan (promethazine)*
- Reglan (metoclopramide)*
- Tigan (trimethobenzamide)*
- Varubi (rolapitant) [PA]/[QL]
- Zofran (ondansetron) [QL]

Anti-Spasmodic Agents
- Bentyl (dicyclomine) capsule*, tablet*
- Levbid (hyoscynamine)*
- Levisin (hyoscynamine)*
- Librax (chlidinium/cloridiazepoxide)*
- Pro-Banthine (propantheline)*

Heartburn/Ulcer Therapies
- Carafate (sulfate) tablet*
- Cytotec (misoprostol)*
- First-Lansoprazole suspension (for members < 1 year of age only)
- First-Omeprazole suspension (for members < 1 year of age only)

Pancreatic Enzyme
- Creon (amylase/lipase/pancreatin)
- Pertzye (amylase/lipase/protease)

Saliva Stimulant
- Evocin (cevimeline)*

Miscellaneous
- Anusol HC (hydrocortisone)*
- Asacol HD (mesalamine)*
- Sulfasalazine (sulfasalazine)*
- Colazal (balsalazide)*
- Creon (amylase/lipase/protease)

GENITOURINARY (cont.)

BPH
- Avodart (dutasteride)*
- Cardura (doxazosin)*
- Flomax (tamsulosin)*
- Hytrin (terazosin)*
- Proscar (finasteride)*
- Uroxatral (alfuzosin)*

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

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

**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.
Drug Formulary Medications by Category (continued)

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

**ANTIMETABOLITES**
- Femara (letrozole)*
- Purinethol (mercaptopurine)**
- Purixan (mercaptopurine)*
- Rheumatrex (methotrexate)*
- Tabloid (thioguanine) (QL) (SP)
- Xeloda (capecitabine) (PA) (SP)

**IMMUNOSUPPRESSANT/ANTINEOPLASTIC**
- Cellcept (mycophenolate)*
- Gengraf (cyclosporine)*
- Ilaris (canakinumab) (PA) (SP)
- Imuran (azathioprine)*
- Myfortic (mycophenolic acid)*
- Neoral (cyclosporine) capsules*, oral solution*
- Prograf (tacrolimus)*
- Rapamune (sirolimus)*
- Sandimmune (cyclosporine) capsules*, solution*
- Zortress (everolimus) (SP)

**MISCELLANEOUS ANTINEOPLASTICS**
- Adcertis (brentuximab vedotin) (PA) (SP)
- Afinitor (everolimus) (CC) (QL) (SP)
- Alunbrig (brigitinib) (PA) (QL) (SP)
- Arimidex (anastrozole)*
- Aromasin (exemestane)*
- Bosulif (bosutinib) (PA) (SP)
- Cabometys (caboanthinib) (PA) (QL) (SP)
- Caprelsa (vandetanib) (PA) (SP)
- Cometriz (caboanthinib) capsules (PA) (QL) (SP)
- Cotellic (cobimetinib) (PA) (QL) (SP)
- Eligard (leuprolide) (PA) (SP)
- Emcyt (estramustine)*
- Erivedge (vimodegib) (PA) (SP)
- Farydak (panobinostat) (PA) (QL) (SP)
- Femara (letrozole)* (SP)
- Gilotrif (afatinib) (PA) (SP)
- Glofix (imatinib)* (CC) (PA) (QL) (SP)
- Hexalen (altretamine)*
- Hycamtin (topotecan) (PA) (QL) (SP)
- Ibrance (palbociclib) (CC) (PA) (SP)
- Iclusig (ponatinib) tablets (PA) (SP)
- Imbruvica (ibrutinib) (PA) (QL) (SP)
- Ilynita (axitinib) (CC) (PA) (QL) (SP)
- Iressa (gefitinib) (CC) (PA) (QL) (SP)
- Jakafi (ruxolitinib) (CC) (PA) (SP)
- Kisqali (ribociclib) (PA) (QL) (SP)
- Kisqali Femara (ribociclib/letrozole) (PA) (QL) (SP)
- Kyprolis (carfilzomib) (PA) (SP)
- Levnima (lenvatinib) (PA) (QL) (SP)

**MISCELLANEOUS ANTINEOPLASTICS (cont.)**
- Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)
- Lupron (leuprolide) (PA) (SP)
- Lynparza (olaparib) (CC) (PA) (QL) (SP)
- Lysodren (mitotane) (SP)
- Megace (megestrol) (except 625 mg/5 mL solution)*
- Mekinist (trametinib) (CC) (PA) (QL) (SP)
- Nexavar (sorafenib) (QL) (SP)
- Nivlolar (xazomib) (PA) (QL) (SP)
- Odomzo (sonidegib) (PA) (QL) (SP)
- Pomalyx (pomalidomide) (PA) (QL) (SP)
- Revlimid (lenalidomide) (CC) (PA) (QL) (SP)
- Rituxan (rituximab) (PA) (SP)
- Rubraca (rucarparib) (PA) (QL) (SP)
- Rydapt (midostaurin) (PA) (QL) (SP)
- Sandostatin (octreotide)*
- Sypcel (dasatinib) (CC) (QL) (SP)
- Stivarga (regorafenib) (PA) (SP)
- Sutent (sunitinib) (CC) (QL) (SP)
- Tafinlar (dabrafenib) (CC) (PA) (QL) (SP)
- Tagrisso (osimertinib) (CC) (PA) (QL) (SP)
- Tareva (erlotinib) (QL) (SP)
- Targetin (bevaroten) (PA)
- Tegsiga (nilotinib) (CC) (QL) (SP)
- Thalomid (thalidomide) (SP)
- Tykerb (lapatinib) (SP)
- Venclexa (venetoclax) (PA) (QL) (SP)
- Vepesid (etoposide)*
- Vesanos (tretinoin)*
- Votrient (pazopanib) (CC) (QL) (SP)
- Xalkori (crizotinib) (CC) (PA) (SP)
- Xtandi (enzalutamide) (PA) (SP)
- Zejula (nimarapib) (PA) (QL) (SP)
- Zelboraf (vemurafenib) (PA) (QL) (SP)
- Zolinza (vorinostat) (PA) (SP)
- Zykdia (ceritinib) (PA) (QL) (SP)

**CONTRACEPTIVES**
- Aviane (etinyl estradiol/levonorgestrel)*
- Brevicon (etinyl estradiol/norethindrone)*
- Cyclessa (etinyl estradiol/desogestrel)*
- Depo-Provera (medroxyprogesterone)*
- Aviane (etinyl estradiol/leEstrostep Fe (etinyl estradiol/norethindrone/ferrous fumarate)*
- Levora (ethinyl estradiol/levonorgestrel)*
- Lessina (ethinyl estradiol/levonorgestrel)*
- Lo/Ovral (ethinyl estradiol/norgestrel)*
- Loestrin (ethinyl estradiol/norethindrone)*
- Loestrin 24 Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*

**OBSTETRICS/GYNECOLOGY**
- Loestrin Fe (etinyl estradiol/norethindrone/ferrous fumarate)*
- Micronor (norethindrone)*
- Micette (ethinyl estradiol/desogestrel)*
- Modicon (ethinyl estradiol/norethindrone)*
- NuvaRing (ethinyl estradiol/etonogestrel)*
- Ogestrel (ethinyl estradiol/norgestrel)*
- Ortho Evra (ethinyl estradiol/norelgestromin)* (QL)
- Ortho Tri-Cyclen (ethinyl estradiol/norgestrate)*
- Ortho-Cept (ethinyl estradiol/desogestrel)*
- Ortho-Cyclen (ethinyl estradiol/norgestimate)*
- Ortho-Novum 1/35 (ethinyl estradiol/norethindrone)*
- Ortho-Novum 1/50 (mestranol & norethindrone)*
- Ortho-Novum 7/7/7 (ethinyl estradiol/norethindrone)*
- Ortho Tri-Cyclen Lo (ethinyl estradiol/norgestimate)*
- Seasonale (ethinyl estradiol/levonorgestrel)*
- Trivora (ethinyl estradiol/levonorgestrel)*
- Yasmin (ethinyl estradiol/drospirenone)*
- Zovia (ethinyl estradiol/ethynodiol diacetate)*

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

**ESTROGENS/PROGESTINS**
- Agynest (norethindrone acetate)*
- Climara (estradiol)*
- Duavee (conjugated estrogens/bazedoxifene)*
- Estrace (estradiol)*
- Estrace (estradiol) vaginal cream

**ESTROGENS/PROGESTINS (cont.)**
- FemHRT (ethinyl estradiol/norethindrone)*
- Ogen (estropipate)*
- Prefest (estradiol/norgestimate)
- Premarin (conjugated estrogens) tablets, vaginal cream
- Premphase (conjugated estrogens/medroxyprogesterone)
- Prempro (conjugated estrogens/medroxyprogesterone)
- Provera (medroxyprogesterone)*

**INFERTILITY (Consult SPD for Coverage)**
- Clomid (clomiphene)* (females only)

**MISCELLANEOUS**
- Evista (raloxifene)*
- Metherige (methylergonovine)*
- Zykdia (ceritinib) (PA) (QL) (SP)

---

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

(PA) — Indicates the drug requires prior authorization.

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

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

Copay Card

Brand names are listed only as a reference and do not indicate coverage of a particular brand.
**Drug Formulary Medications by Category (continued)**

**OPHTHALMIC**

**Antihistamines**
Patanol (olopatadine)*

**Anti-Infectives**
Bacitracin (bacitracin)*
Bleph-1o (sulfacetamide) solution*
Ciloxan (ciprofloxacin)*
Garamycin (gentamicin)*
Ilotycin (erythromycin)*
Neosporin (bacitracin/neomycin/polymixin B) ointment*
Neosporin (gramicidin/neomycin/polymixin B) solution*
Ocuflox (ofloxacin)*
Polysporin (bacitracin/polymyxin B)*
Polytrim (trimethoprim/polymyxin B)*
Tobrex (tobramycin) solution*

**Anti-Infective/Steroidal Combinations**
Cortisporin (bacitracin/hydrocortisone/neomycin/polymyxin B) ointment*
Maxitrol (dexamethasone/neomycin/polymyxin B)*
TobraDes (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*
Iluvien (flucinolone) (PA) (SP)
Lotemax (loteprednol)
Pred Forte (prednisolone acetate)*

**Beta-Blockers**
Betagan (levobunolol)*

**Beta-Blockers (cont.)**
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)*
IsopoTo Atropine (atropine)*
IsopoTo Homatropine (homatropine)*
Mydriacyl (tropicamide)*

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

**Sympathomimetics**
Alphagan P (brimonidine)*

**Miscellaneous Ophthalmics**
Cosopt (dorzolamide/timolol)*
Crolom (cromolyn)*
Pilocar (pilocarpine)*
Restasis (cyclosporine) (single-use vials only) (PA)/(QL) (SP)
Viroptic (trifluridine)*
Xiidra (lifitegrast) (PA)/(QL)/(SP)

**OTIC**

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

**VITAMINS/ELECTROLYTES**

**Electrolytes**
K-Dur (potassium chloride)*
Klor-Con (potassium chloride)*
K-Lyte (potassium bicarbonate/citrate)*
PhosLo (calcium acetate)*

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

**Prenatal Vitamins**
Prenatal Plus*

---

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

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).*

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

(PA)—Indicates the drug requires prior authorization.

(CC)—Copay Card

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

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

(ST)—Indicates the drug is part of the step therapy program.
### Drug Formulary Medications Alphabetically

**A**
- Abilify Maintena (aripiprazole) (PA)
- Accuneb (albuterol) inhalation solution*
- Accupril (quinapril)*
- Accuretic (quinapril/hydrochlorothiazide)*
- Actemra (tocilizumab) (PA)(SP)
- Actimmune (interferon gamma-1b)(SP)
- Actonel (risedronate) (QL)
- Actoplus Met (pioglitazone/metformin) tablets*
- Actos (pioglitazone)* (QL)
- Aculor (ketorolac)*
- Adacel (diphtheria/tetanus toxoids/acelluar pertussis)(So copay; for members ≥ 7 years of age)
- Adalat CC (nifedipine extended release)*
- Adecitril (brentuximab vedotin) (PA)(SP)
- Adcirca (tadalafil) (PA)(SP)
- Adderall (dextroamphetamine racemic salts)*
- Adempas (riociguat) (PA)(QL)(SP)
- Adlyxin (lisinopril) (PA)(QL)
- Admeg (insulin human lispro) (PA)
- Advar Diskus (fluticasone/salmeterol)*
- Adept (amphotericin B lipid complex) (PA)(SP)
- Agenx (dipryidamole extended release/aspirin)* (generic only)
- Agylin (anagrelide)*
- Ainomig (erenumab-aooe) (PA)(QL)(SP)
- AirDuo (fluticasone/salmeterol)* (generic only; for members ≥ 7 years of age)
- Aldactazide (spironolactone/hydrochlorothiazide)*
- Aldactone (spironolactone)*
- Aldara (imiquimod)*
- Aldomet (methyl dopa)*
- Aldoril (methyl dopa/hydrochlorothiazide)*
- Alkeran (melphalan) (PA)
- Alphagan P (brimonidine)*
- Alrex (loteprednol)*
- Altace (ramipril)*
- Alunbrig (brigatinib) (PA)(QL)(SP)
- Alupent (metaproterenol) syrup*, tablet*
- Akynezo (netupitant/palonosetron) (PA)(QL)
- Amaryl (glimepiride)*
- Ambien (zolpidem)* (QL)
- Amerge (naratriptan)* (QL)
- Amoxil (amoxicillin)*
- Ampyra (dalfampridine) (PA)(SP)
- Anafranil (clomipramine)*
- Ansaed (flurbiprofen)*
- Antabuse (disulfiram)*
- Antara (fenofibrate capsules)

**Ant (cont.)**
- AntiVert (meclizine)*
- Anusol HC (hydrocortisone)*
- Anzemet (dolasetron) (QL)
- Apida (insulin human glucisine) (PA)
- Apresoline (hydralazine)*
- Apro (mesalamine)*
- Aptom (eslicarbazepine) (PA)(QL)
- Apivus (tipranavir)*
- Ataxil NP (alpha-proteinase inhibitor) (PA)(SP)
- Aralen (chloroquine phosphate)*
- Aranesp (darbepoetin alfa) (SP)
- Arava (lefunomide)* (SP)
- Aracyst (rilonacept) (PA)(SP)
- Arcapta (dipofenac sodium delayed release/misoprostol)*
- Asacol HD (mesalamine)* (QL)
- Asmanex (mometasone) inhaler*
- Astagraf XL (tacrolimus ext-rel)(PA)
- Atacand (candesartan) (ST)
- Atacand HCT (candesartan/hydrochlorothiazide)* (ST)
- Atarax (hydroxyzine HCl)*
- Ativan (lorazepam)*
- Atripla (efavirenz/emtricitabine/tenofovir) (CC)(SP)
- Atrovent (ipratropium) inhalation solution*
- Atrovent (ipratropium)*
- Atrovent HFA (ipratropium) inhaler
- Aubio (teriflunomide) (PA)(SP)
- Augmentin (amoxicillin/clavulanate)*
- Augmentin XR (amoxicillin/clavulanate XR)*
- Auralgan (antipyrine/benzocaine)*
- Aucstedo (deuteretabenzene) (PA)(QL)(SP)
- Avalide (irbesartan/hydrochlorothiazide)* (ST)
- Avapro (irbesartan)* (ST)
- Avlonox (mosfloxacin)*
- Avian (ethinyl estradiol/levonorgestrel)*
- Avina (mophine extended release)
- Avodart (dutasteride)*
- Avonex (interferon beta-1a) (PA)(SP)
- Aygestin (norethindrone acetate)*
- Azopt (brinzolamide)
- Azulfidine (sulfasalazine)*

---

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

(PA) — Indicates the drug requires prior authorization.

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

(CC) — Copay Card

(CT) — Indicates the drug is part of the step therapy program.
<table>
<thead>
<tr>
<th>C (cont.)</th>
<th>C (cont.)</th>
<th>D (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casodex (bicalutamide)*</td>
<td>Cortenema (hydrocortisone)*</td>
<td>Dilaudid (hydromorphone)*</td>
</tr>
<tr>
<td>Cataflam (diclofenac)*</td>
<td>Cortisporin (bacitracin/hydrocortisone</td>
<td>Diovan (valsartan)* (ST)</td>
</tr>
<tr>
<td>Catapres (clonidine) tablet*</td>
<td>neomycin/polyoxin B) ointment*</td>
<td>Diovan HCT (valsartan/hydrochlorothiazide)* (ST)</td>
</tr>
<tr>
<td>Catapres-TTS (clonidine) patch*</td>
<td>Cortisporin Otic (hydrocortisone/neomycin/</td>
<td>Diprolene (augmented betamethasone dipropionate) cream*, gel*, ointment*</td>
</tr>
<tr>
<td>Cayston (aztreonam) inhalation solution (SP)</td>
<td>polymixin B)*</td>
<td>Diprolene AF (augmented betamethasone dipropionate) cream*</td>
</tr>
<tr>
<td>Celdon (cefaclor)*</td>
<td>Cortone Acetate (cortisone)*</td>
<td>Diprosone (betamethasone dipropionate) cream*</td>
</tr>
<tr>
<td>Gleostine (lomustine) (SP)</td>
<td>Corzide (nadolol/bendrofluemethiazide)*</td>
<td>Disalcid (salsalate)*</td>
</tr>
<tr>
<td>Cefdinir (cefuroxime)*</td>
<td>Cosentyx (secukinumab) (PA) (QL) (SP)</td>
<td>Ditropan (oxybutynin)*</td>
</tr>
<tr>
<td>Cipro XR (ciprofloxacin extended release)*</td>
<td>Cosopt (dorzolamide/timolol)*</td>
<td>Ditropan XL (oxybutynin extended release)*</td>
</tr>
<tr>
<td>Cipro (ciprofloxacin)*</td>
<td>Cotellec (cobimetinib) (PA) (QL) (SP)</td>
<td>Diuril (chlorothiazide)*</td>
</tr>
<tr>
<td>Cinryze (C1 inhibitor)*</td>
<td>Coumadin (warfarin)*</td>
<td>Dolobid (diflunisal)*</td>
</tr>
<tr>
<td>Cerezyme (imiglucerase) (PA) (SP)</td>
<td>Cozaar (losartan)*</td>
<td>Dolophine (methadone)*</td>
</tr>
<tr>
<td>Cellcept (mycophenolate)*</td>
<td>Creon (amylase/lipase/protease)*</td>
<td>Domeboro Otic (aluminum acetate/acetic acid)*</td>
</tr>
<tr>
<td>Cerezyme (iniglucerase) (PA) (SP)</td>
<td>Crestor (rosuvastatin)*</td>
<td>Dostinex (cabergoline)*</td>
</tr>
<tr>
<td>Cesamet (nabilone) capsules (PA) (SP)</td>
<td>Critical (indinavir) (SP)</td>
<td>Dovonex (calcipotriene)*</td>
</tr>
<tr>
<td>Chronulac (lactulose)*</td>
<td>Crolom (cromolyn)*</td>
<td>Drisdol (ergocalciferol)*</td>
</tr>
<tr>
<td>Ciloxan (ciprofloxacin)*</td>
<td>Crotal (amifostine)*</td>
<td>Drysol (aluminum chloride hexahydrate)*</td>
</tr>
<tr>
<td>Cinzair (certolizumab) (CC) (PA) (SP)</td>
<td>Crotic (clindamycin)*</td>
<td>Drysol Dab-O (aluminum chloride hexahydrate)*</td>
</tr>
<tr>
<td>Cinqair (resluzimab) (CC) (PA) (SP)</td>
<td>Crotin (T-clindamycin) lotion*, pads*, solution*</td>
<td>Duavee (conjugated estrogens/bazedoxifene)*</td>
</tr>
<tr>
<td>Cinyze (C1 inhibitor) (PA) (SP)</td>
<td>Crotone (crotaline)*</td>
<td>Duetact (pioglitazone/glimepiride) tablets*</td>
</tr>
<tr>
<td>Cipro (ciprofloxacin)*</td>
<td>Crotomax (clindamycin)*</td>
<td>Dulera (mometasone/formoterol)*</td>
</tr>
<tr>
<td>Cipro XR (ciprofloxacin extended release)*</td>
<td>Crotovine (ganciclovir)*</td>
<td>Duonel (iratrone/irbuterol)*</td>
</tr>
<tr>
<td>Claravis (isotretinoin)*</td>
<td>Crotocol (citrate/acetate/alkaline) (SP)</td>
<td>Duragesic (fentanyl)*</td>
</tr>
<tr>
<td>Clexane (cilindamicin)*</td>
<td>Crotol (sodium)</td>
<td>Duricef (cefadroxil) capsule*</td>
</tr>
<tr>
<td>Clexane (cilindamicin) (females only)*</td>
<td>Crotocal (calcium chloride)</td>
<td>Dupixent (dupilumab) (PA) (QL) (SP)</td>
</tr>
<tr>
<td>Clozaril (clozapine)*</td>
<td>Crotoral (diazepam)*</td>
<td>Duzallo (lesinurad/allopurinol) (PA) (QL)</td>
</tr>
<tr>
<td>Codeine (codeine) tablet*</td>
<td>Crotone (dexamethasone)*</td>
<td>Dyazide (triamterene/hydrochlorothiazide)*</td>
</tr>
<tr>
<td>Cognit (benztrapine)*</td>
<td>Crotone (dexamethasone) solution*</td>
<td>Dynanep (dicloxacillin)*</td>
</tr>
<tr>
<td>Collazal (balsalazide)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>E.E.S. (erythromycin ethylsuccinate)*</td>
</tr>
<tr>
<td>Colchery (colchicine)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Easprin (aspirin)*</td>
</tr>
<tr>
<td>Colestid (colestipol)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Edurant (rilpivirine)*</td>
</tr>
<tr>
<td>Colyte (polyethylene glycol/potassium/sodium)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Effexor (venlafaxine)*</td>
</tr>
<tr>
<td>Combitreat Resin (iratrone/formoterol) inhaler</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Effexor XR (venlafaxine extended-release) capsules*, tablets* (PA) (QL)</td>
</tr>
<tr>
<td>Combivir (zidovudine/lamivudine)* (SP)</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Egifta (tesamorelin) (PA) (SP)</td>
</tr>
<tr>
<td>Comprin (captopril/timolol)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Elaprase (idursulfase) (PA) (SP)</td>
</tr>
<tr>
<td>Comprin (captopril/timolol)</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Elavil (amitriptyline)*</td>
</tr>
<tr>
<td>Complessa (emtricitabine/tenofovir/</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Eldepryl (selegiline) capsules*</td>
</tr>
<tr>
<td>Comtan (entacapone)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Elidel (pimecrolimus)*</td>
</tr>
<tr>
<td>Condylod (podofo) topical gel</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Elivit (aminoptyline)*</td>
</tr>
<tr>
<td>Condylod (podofo) topical solution*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Eloxar (selegiline) capsules*</td>
</tr>
<tr>
<td>Copaxone (glatiramer acetate)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Elidel (pimecrolimus) (PA)</td>
</tr>
<tr>
<td>(CC) (PA) (QL) (SP)</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Eligard (leuprolide) (PA) (SP)</td>
</tr>
<tr>
<td>Copagan (rhIgB) (SP)</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Elimite (permethrin) cream*</td>
</tr>
<tr>
<td>Cordarone (amiodarone)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Eller (apiab)</td>
</tr>
<tr>
<td>Coreg (carvedilol)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Eluxaphyllin (theophylline) elixir</td>
</tr>
<tr>
<td>Corlacor (ivabradine) (PA) (QL)</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Emsy (estradiol) (SP)</td>
</tr>
<tr>
<td>Cortef (hydrocortisone)*</td>
<td>Crotone (dexamethasone solution)*</td>
<td>Emsc (estradiol) (SP)</td>
</tr>
</tbody>
</table>

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

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

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

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

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

(ST)—Indicates the drug is part of the step therapy program.
<table>
<thead>
<tr>
<th>B</th>
<th>Brand names are listed only as a reference and do not indicate coverage of a particular product. *Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8). **Indicates both the brand and generic product are on the Formulary. (PA)—Indicates the drug requires prior authorization. (CC)—Copay Card (SP)—Indicates the drug is a specialty product. (ST)—Indicates the drug is part of the step therapy program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Emend (aprepitant) capsules, oral suspension (PA)/(QL) EMLA (lidoctaine/prilocaine) cream* Emsam (selegline transdermal) (PA) Emtriva (emtricitabine) (SP) Enbrel (etanercept) (CC) (PA) (SP) Entresto (sacubitril/valsartan) (PA)/(QL) Envyco (epinephrine)* (generic only) Epitope (epinephrine)* (generic only) Epivir (lamivudine)* (SP) Epivir HBV (lamivudine)* (SP) Epanol (omega-3 carboxylic acids) (restricted to Cardiology) (PA) (QL) Epogen (epoetin alfa) (SP) Epizom (abacavir/lamivudine) (SP) Equanil (meprobamate)* Erycette (erythromycin) pads* Erycette (erythromycin) topical (PA) (QL) Erygel (erythromycin) topical gel* Etracycline (erythromycin) topical gel* EryPed (erythromycin ethylsuccinate)* EryTab (erythromycin) topical gel* Erythromycin 5 mg/g ointment* Etesop (rifampin) (PA) (QL) (SP) Estrogen (estriol) (PA) (SP) Estrace (estradiol)* Estrace (estradiol) vaginal cream Estrogen (estradiol/norethindrone/fertility fumurate)* Eulexin (flutamide)* Evista (raloxifene)* Evocan (cevimeline)* Evedon (rivastigmine)* Exforge (amlodipine/valsartan)* Ejac (deferasirox) (CC) (PA) (SP) Etenavir (atavirbeta-1b) (PA) (SP) F</td>
</tr>
</tbody>
</table>
Drug Formulary Medications Alphabetically (continued)

<table>
<thead>
<tr>
<th>L</th>
<th>Lamictal (lamotrigine)*</th>
<th>Lamictal ODT (lamotrigine orally disintegrating tablets)*</th>
<th>Lamictal XR (lamotrigine extended release)*</th>
<th>Laxin (furosemide)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>Jadenu (deferasirox) (CC) (PA) (SP)</td>
<td>Jakoxtreme (rivastigmine) (CC) (PA) (SP)</td>
<td>Januvia (sitagliptin) (Alogliptin first) (QL) (ST)</td>
<td>Latisse (verapamil)</td>
</tr>
<tr>
<td></td>
<td>Jardiance (empagliflozin) (PA) (QL)</td>
<td>Jenstin (rifampin)</td>
<td>Janumet (sitagliptin/metformin) (PA)</td>
<td>Levaquin (levofloxacin)*</td>
</tr>
<tr>
<td></td>
<td>Jentadueto XR (linagliptin/metformin) (SP)</td>
<td>Jentadueto (linagliptin/metformin) (SP)</td>
<td>Jendexto (linagliptin/metformin) (QL) (ST)</td>
<td>Levothroid (levothryoxine) **</td>
</tr>
<tr>
<td></td>
<td>Juxtapid (lomitapide) (PA)</td>
<td>Juxtapid (lomitapide) (SC)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Levosimendan (levosimendan)</td>
</tr>
<tr>
<td></td>
<td>Juxtapid (lomitapide) (SC)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lenvima (lenvatinib)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Levpre (levodopa/sertraline)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Levofloxacin (levofloxacin)*</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Levofulvite (levoflite)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Leflunomide (leflunomide)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Levosa (levosimendan)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefusente (leflunte)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Levostat (levostat)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefuzene (lefuzine)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefuzine (lefuzine)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefugene (lefugene)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefuomide (lefoomide)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefumide (lefumide)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefumide (lefumide)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefumide (lefumide)</td>
</tr>
<tr>
<td></td>
<td>Juviaflex (glibenclamide)</td>
<td>Juviaflex (glibenclamide)</td>
<td>Letairis (ambrisentan)</td>
<td>Lefumide (lefumide)</td>
</tr>
</tbody>
</table>

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

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

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

(CC)——Copay Card

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

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

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

(St)——Indicates the drug is part of the step therapy program.
Drug Formulary Medications Alphabetically (continued)

M (cont.)
Minitran (nitroglycerin) patches*
Minoxin (minoxidil) capsule*
Miralix (polyethylene glycol)*
Mirapex (pramipexole)*
Mirapex ER (pramipexole extended release)*
Mirniva (methoxy peg-epoetin beta) (SP)
Mircette (ethinyl estradiol/desogestrel)*
Mobic (meloxicam)*
Modacon (ethyl estradiol/norethindrone)*
Moduretic (amiloride/hydrochlorothiazide)*
Monodox (doxycycline)*
Monopril (lisinopril)*
Monopril-HCT (lisinopril/hydrochlorothiazide)*
Motrin (ibuprofen) tablets*, suspension*
MoviPrep (polyethylene glycol)
MS Contin (morphine extended release)*
MSIR (morphine) tablets*, solution*, powder*
Multaq (dronedronate) (restricted to Cardiology)
Mycelex Troche (clotrimazole)*
Mycol II (nystatin/triamcinolone)*
Myostatin (narcotine) tablet*, ointment*, powder*
Myoctrin (nystatin) tablet*, suspension*
Mydriacyl (tropicamide)*
Myfertic (meprobamate)* (Note: inpatient only)
Myleran (busulfan) (Tablets only)
Mycostatin (nystatin) tablet*, suspension*
Mycolog II (nystatin/triamcinolone)*
Mycelex Troche (clotrimazole)*

N (cont.)
Ninlaro (naxomib) (PA) (QL) (SP)
Nitro-Bid (nitroglycerin) ointment
Nitro-Dur (nitroglycerin) patches*
Nitroprusside (nitroglycerin) spray*
Nitrostat (nitroglycerin) SL tablets
Nizoral (ketocanazole)*
Nizoral (ketoconazole) cream*
Nolvadex (tamoxifen)*
Norco (hydrocodone/acetaminophen)* (QL)
Norditropin (somatropin) (PA) (SP)
Norflex (norgestimate)*
Norvir (ritonavir) (SP)
Novolin 70/30 (insulin human NPH/R)
Novolin N (insulin human NPH)
Novolin R (insulin human regular)
NovoLog (insulin human aspart) (PA)
NovoLog Mix 70/30 (insulin human aspart NPL/apart) (PA)
Novafil (hexacapone) (SP)
Nucala (neptrelinum) (PA) (QL) (SP)
Nuedexta (dextromethorphan/quinidine) (PA) (SP)
Nuplazid (pitavastatin) (PA) (QL) (SP)
Nutropin AQ (somatropin) (PA) (SP) (ST)
NuvaRing (ethinyl estradiol/etonogestrel) (ST)
Nuvisil (armofol) (ST)
Nydrazid (isoniazid)*
Ocaliva (obeticholic acid) (PA) (QL) (SP)
OcuBen (lubricant) (PA) (SP)
Ocuvis (lubricant) (PA) (QL) (SP)
Ocuflex (lubricant) (PA) (QL) (SP)
Ocupress (carteolol)*
Odesyf (emtricitabine/rilpivirine/tenofovir) (CC) (QL) (SP)
Odomzo (sonidegib) (PA) (QL) (SP)
Ofev (nintedanib) (PA) (QL) (SP)
Ogen (estropipate)*
Ogestrel (ethinyl estradiol/norgestrel)*
Olysoy (miniprevir) (PA) (QL) (SP)
Omnicef (cefdinir)*
Omitrite (somatropin) (PA) (SP) (ST)
Onfi (clozapine) (PA) (SP)
Onglyza (saxaglaptin) (Alogliptin first) (ST)
Opsumit (macitentan) (SP)
OptiPranolol (metipranolol)*

O (cont.)
Oralkair (grass pollen allergy extract) (PA) (QL)
Orapred (prednisolone)*
Orenicia (abatacept) (CC) (PA) (SP)
Orfadin (nitidine) (SP)
Orkambi (lumactaftor/vacaftor) (CC) (PA) (QL) (SP)
Orthenova (etinyl estradiol/norethindrone)* (QL)
Ortho Tri-Cyclen (etcynil estradiol/norgestrate)*
Ortho-Cept (ethinyl estradiol/desogestrel)*
Ortho-Cept (etinyl estradiol/norgestrate)*
Ortho-Novum 1/35 (etinyl estradiol/norethindrone)*
Ortho-Novum 1/50 (mestranol & norethindrone)*
Ortho-Novum 7/7/7 (etinyl estradiol/ norethindrone)*
Ortho Tri-Cyclen Lo (etinyl estradiol/ norgestrate)*
Orudis (ketoconazole)*
Oseni (alogliptin/pioglitazone)* (QL) (ST)
Otezla (apremilast) (PA) (QL) (SP)
Otrexup (methotrexate injection) (PA) (QL) (SP)
Oxsoralen-Ultra (mesoxsalen) (PA) (SP)
Oxysyn (oxycodone extended release)
Oxymet (salmethyl) (PA) (QL)

P
Pamelor (nortriptyline)*
Pamim (methcopolamine)*
Panretin (alitretinoin) (SP)
Parco (carbidopa/levodopa orally disintegrating tablets)*
Parafon Forte (clorazoxazone)*
Paregoric (paregoric)*
Parlodel (bromocriptine)*
Pentasy (parginferon alfa-2a) (PA) (SP)
Pegintor (parginferon alfa-2b) (PA) (SP)
Pen-Vee K (penicillin VK)*
Pennsaid (diclofenac sodium injection) (PA) (QL) (SP)
Pepcid ( Famotidine) 40 mg/5 mL suspension (for children <1 year of age only)
Percoct (oxycodone/acetaminophen)* (QL)
Percodan (oxycodone/acetaminophen)*
Peridox ( naloxone/acetaminophen)*
Persantine (diprydiamole)*
Pertzye (amylase/lipase/protease)
Phenergan (promazine)*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.
*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).
**Indicates both the brand and generic product are on the Formulary. (PA)—Indicates the drug requires prior authorization. (CC)—Copay Card (SP)—Indicates the drug is a specialty product. (ST)—Indicates the drug is part of the step therapy program.
*** Indicates a generic is available but it is non-preferred.
## Drug Formulary Medications Alphabetically (continued)

<table>
<thead>
<tr>
<th>P (cont.)</th>
<th>Proliprim (trimethoprim)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Promacta (eltrombopag) (PA) (SP)</td>
</tr>
<tr>
<td></td>
<td>Propylthiouracil (propylthiouracil)*</td>
</tr>
<tr>
<td></td>
<td>Proscar (finasteride)*</td>
</tr>
<tr>
<td></td>
<td>Protopic (tacrolimus)*</td>
</tr>
<tr>
<td></td>
<td>Proventil (albuterol) inhalation solution*</td>
</tr>
<tr>
<td></td>
<td>Proventil (albuterol) tablet*, syrup*</td>
</tr>
<tr>
<td></td>
<td>Proventil HFA (albuterol) inhaler</td>
</tr>
<tr>
<td></td>
<td>Provera (medroxyprogesterone)*</td>
</tr>
<tr>
<td></td>
<td>Provigil (modafinil)*</td>
</tr>
<tr>
<td></td>
<td>Provzac (fluoxetine)*</td>
</tr>
<tr>
<td></td>
<td>Pulmicort (budesonide) inhaler</td>
</tr>
<tr>
<td></td>
<td>Pulmicort Respules (budesonide)*</td>
</tr>
<tr>
<td></td>
<td>Pulmozyme (dornase alfa) inhalation solution (SP)</td>
</tr>
<tr>
<td></td>
<td>Purinethol (mercaptopurine)** (SP)</td>
</tr>
<tr>
<td></td>
<td>Puritan (mercaptopurine) (SP)</td>
</tr>
<tr>
<td></td>
<td>Pyrazinamide (pyrazinamide)*</td>
</tr>
<tr>
<td></td>
<td>Pyridium (phenazopyridine)*</td>
</tr>
<tr>
<td>Q</td>
<td>Questran (cholestyramine)*</td>
</tr>
<tr>
<td></td>
<td>Questran Light (cholestyramine)*</td>
</tr>
<tr>
<td></td>
<td>Qvar (beclomethasone) inhaler</td>
</tr>
<tr>
<td>R</td>
<td>Ragwitek (ragweed pollen allergen extract) (PA) (QL)</td>
</tr>
<tr>
<td></td>
<td>Ranexa (ranolazine) (PA)</td>
</tr>
<tr>
<td></td>
<td>Rapamune (sirolimus)* (SP)</td>
</tr>
<tr>
<td></td>
<td>Rasuvo (methotrexate injection) (PA) (QL) (SP)</td>
</tr>
<tr>
<td></td>
<td>Razadyne (galantamine)*</td>
</tr>
<tr>
<td></td>
<td>Rebetol (ribavirin)* (SP)</td>
</tr>
<tr>
<td></td>
<td>Rebif (interferon beta-1a) (PA) (SP)</td>
</tr>
<tr>
<td></td>
<td>Reclast (zoledronic acid) (PA) (SP)</td>
</tr>
<tr>
<td></td>
<td>Reglan (metoclopramide)*</td>
</tr>
<tr>
<td></td>
<td>Regranex (bacaplermin) (SP)</td>
</tr>
<tr>
<td></td>
<td>Relafan (nabumetone)*</td>
</tr>
<tr>
<td></td>
<td>Relpax (eletriptan)* (QL)</td>
</tr>
<tr>
<td></td>
<td>Remeran (mirtazapine)*</td>
</tr>
<tr>
<td></td>
<td>Renvela (sevelamer) tablets*, powder</td>
</tr>
<tr>
<td></td>
<td>Repatha (evolocumab) (PA) (QL) (SP)</td>
</tr>
<tr>
<td></td>
<td>Requip (ropinirole)*</td>
</tr>
<tr>
<td></td>
<td>Requip XL (ropinirole extended release)*</td>
</tr>
<tr>
<td></td>
<td>Rescriptor (delavirdine) (SP)</td>
</tr>
<tr>
<td></td>
<td>Restasis (cyclosporine) (single-use vials only) (PA) (QL) (SP)</td>
</tr>
<tr>
<td></td>
<td>Restoril (temazepam)*</td>
</tr>
<tr>
<td></td>
<td>Retin-A (tretinoin) gel*</td>
</tr>
<tr>
<td></td>
<td>Retrovir (sildenafil)* (SP)</td>
</tr>
<tr>
<td></td>
<td>Revatio (sildenafil)* (PA) (SP)</td>
</tr>
<tr>
<td></td>
<td>Revia (naltrexone)*</td>
</tr>
<tr>
<td></td>
<td>Revlimid (lenalidomide) (CC) (PA) (QL) (SP)</td>
</tr>
</tbody>
</table>

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

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).

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

(PA)—Indicates the drug requires prior authorization.  
(CC)—Copay Card  
(QL)—Indicates the drug is a quantity limit product.  
(SP)—Indicates the drug is a specialty product.  
(ST)—Indicates the drug is part of the step therapy program.

** Indicates a generic is available but it is non-preferred.
<table>
<thead>
<tr>
<th>S (cont.)</th>
<th>T (cont.)</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soma (carisoprodol)*</td>
<td>Temovate (clobetasol) cream*, gel*, ointment*</td>
<td>Uceris (budesonide extended release) (PA)/(QL)</td>
</tr>
<tr>
<td>Somavert (pegvisomant) injection (PA)/(SP)</td>
<td>Temovate-E (clobetasol emollient) cream*</td>
<td>Ultracet (tramadol/acetaminophen)* (QL)</td>
</tr>
<tr>
<td>Sonata ( zaleplon)*</td>
<td>Tenex (guanfacine)*</td>
<td>Ultram (tramadol)*</td>
</tr>
<tr>
<td>Soriatane (acitretin)* (PA)</td>
<td>Tenoretic (atenolol/chlorthalidone)*</td>
<td>Ultram ER (tramadol extended release)*</td>
</tr>
<tr>
<td>Sooltra (sofosbuvir) (CC) (PA) (QL)</td>
<td>Tenormin (atenolol)*</td>
<td>Ultravate (halobetasol) cream*, ointment*</td>
</tr>
<tr>
<td>Spiriva HandiHaler (tiotropium)</td>
<td>Thealon (benzonatate)*</td>
<td>Unithroid (levothyroxine)**</td>
</tr>
<tr>
<td>Spiriva Respimat (tiotropium)</td>
<td>Tef-Tropin (somatropin) (PA) (SP) (ST)</td>
<td>UnioVase (levothyroxine)*</td>
</tr>
<tr>
<td>Sprycel (dasatinib) (CC) (QL) (SP)</td>
<td>Thalomid (thalidomide) (SP)</td>
<td>Unnyril (hydrocodone/acetaminophen)*</td>
</tr>
<tr>
<td>SSKI (potassium iodide)</td>
<td>Theo-Dur (theophylline)*</td>
<td>Upratvi (selexipag) (PA)/(SP)</td>
</tr>
<tr>
<td>SSS (sulfacetamide/sulfur) foam*</td>
<td>Thioramazine (chlorpromazine)*</td>
<td>Uroxatral (alfuzosin)*</td>
</tr>
<tr>
<td>Stadal NS (butorphanol)*</td>
<td>Ticlid (ticlopidine)*</td>
<td>Urso (ursodiol)*</td>
</tr>
<tr>
<td>Steblon (tiotropium)</td>
<td>Tigan (trimethobenzamide)*</td>
<td>Vascepa (icosapent ethyl) **(restricted to Cardiology)</td>
</tr>
<tr>
<td>Sterile (delavirdine, cobicistat, emtricitabine, tenofovir) (CC) (SP)</td>
<td>Tikosyn (dofetilide)*</td>
<td>Vaseretic (enalapril/hydrochlorothiazide)*</td>
</tr>
<tr>
<td>Suboxone (buprenorphine/naloxone sublingual tablets) (PA)</td>
<td>Timoptic (timolol)*</td>
<td>Vascodil (sodium nitroprusside)*</td>
</tr>
<tr>
<td>Subutex (buprenorphine)* (PA)</td>
<td>Timoptix (timolol)*</td>
<td>Vascodil (sodium nitroprusside)*</td>
</tr>
<tr>
<td>Suclaid (asfotase alfa) (PA) (SP)</td>
<td>Timotry (timolol)*</td>
<td>Vasotec (enalapril)*</td>
</tr>
<tr>
<td>Sular (nisoldipine extended release)*</td>
<td>Tioran (trimethobenzamide)*</td>
<td>Veltassa (patiromer) (PA) (QL)</td>
</tr>
<tr>
<td>Sulfamylon (mafenide) cream, lotion (SP)</td>
<td>Tipac (examicetin)*</td>
<td>Venclor (vencloxacin)*</td>
</tr>
<tr>
<td>Sumycin (tetracycline)*</td>
<td>Tipacex (examicetin)*</td>
<td>Varubi (rolapitant) (PA) (QL)</td>
</tr>
<tr>
<td>Susvita (efavirenz) (CC) (SP)</td>
<td>Tipex (examicetin)*</td>
<td>Vasopressin (vasopressin) (PA)</td>
</tr>
<tr>
<td>Sutent (sunitinib) (CC) (QL) (SP)</td>
<td>Tipirox (examicetin)*</td>
<td>Verelan PM (verapamil extended release)*</td>
</tr>
<tr>
<td>Sylatron (trientine) (PA) (SP)</td>
<td>Toprol XL (metoprolol extended-release)*</td>
<td>Verson (midazolam)*</td>
</tr>
<tr>
<td>Symmetrel (amantadine)*</td>
<td>Toradol (ketorolac)*</td>
<td>Vesnarinone (trental) (SP)</td>
</tr>
<tr>
<td>Symproic (naldemedine) (PA) (QL)</td>
<td>Toradol (ketorolac)*</td>
<td>Vesnarinone (trental) (SP)</td>
</tr>
<tr>
<td>Synarel (nafarelin) (PA) (SP)</td>
<td>Tornado (ketorolac)*</td>
<td>Vesanoid (tretinoin)* (SP)</td>
</tr>
<tr>
<td>Synthroid (levothyroxine)**</td>
<td>Torasemide (torasemide)*</td>
<td>Varden (vardenafil)*</td>
</tr>
<tr>
<td>Syprine (trientine) (PA) (SP)</td>
<td>Torasemide (torasemide)*</td>
<td>Varden (vardenafil)*</td>
</tr>
<tr>
<td>T</td>
<td>Tabloid (thioguanine) (QL) (SP)</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>Tabloid (thioguanine) (QL) (SP)</td>
<td>Tafinlar (dabrafenib) (CC) (PA) (QL) (SP)</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>Tafirso (osimertinib) (CC) (PA) (QL) (SP)</td>
<td>Taltz (ixekizumab) (PA) (QL) (SP)</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>Talwin NX (pentazocine/naloxone)*</td>
<td>Talwin (naloxone) (QL) (SP)</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>Tambocor (leflunomide)*</td>
<td>Tamoxifen (tamoxifen)*</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>Tapazole (methazolamide)*</td>
<td>Tarceva (erlotinib) (QL) (SP)</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>Tarceva (erlotinib) (QL) (SP)</td>
<td>Targetin (bexarotene) (SP)</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>Tasigna (nilotinib) (CC) (QL) (SP)</td>
<td>Tecfidera (dimethyl fumarate) (PA) (SP)</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>tegretol (carbamazepine)*</td>
<td>Tegretol-XR (carbamazepine extended release)*</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>Tegretol (carbamazepine)*</td>
<td>Temodar (temozolomide)* (SP)</td>
<td>Tadalafil (tadalafil)*</td>
</tr>
<tr>
<td>temodar (temozolomide)* (SP)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8).**Indicates both the brand and generic product are on the Formulary. (PA)—Indicates the drug requires prior authorization. (CC)—Copay Card (SP)—Indicates the drug is a specialty product. (ST)—Indicates the drug is part of the step therapy program.*** Indicates a generic is available but it is non-preferred.
Drug Formulary Medications Alphabetically (continued)

V (cont.)
Viorect (trifluridine)*
Visken (pindolol)*
Vistaril (hydroxyzine pamoate)*
Vitekta (elvitegravir) (SP)
Voltaren (diclofenac)*
Voltaren (diclofenac) gel
Voltaren (diclofenac) solution*
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (CC) (PA) (QL) (SP)
Vosol (acetic acid)*
Vosol HC (acetic acid/hydrocortisone)*
Vospire ER (albuterol extended release) tablet*
Votrient (pazopanib) (PA) (QL) (SP)
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (CC) (PA) (QL) (SP)
Vosol (acetic acid)*
Vosol HC (acetic acid/hydrocortisone)*
Vospire ER (albuterol extended release) tablet*
Votrient (pazopanib) (PA) (QL) (SP)

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

X
Xadago (safinamide) (PA) (QL)
Xelata (latanoprost)*
Xalkori (crizotinib) (CC) (PA) (SP)
Xanex (alprazolam)*
Xarelto (rivaroxaban)
Xeljanz (tofacitinib) (CC) (PA) (SP)
Xeloda (capecitabine) (PA) (SP)
Xenazine (tetrabenazine) (SP)
Xiaflex (collagenase) (PA) (SP)
Xifaxan (rifaximin) (PA) (SP)
Xidra (lifitegrast) (PA) (QL) (SP)
Xolair (omalizumab) (CC) (PA) (SP)
Xopenex (levalbuterol)*
Xtandi (enzalutamide) (PA) (SP)
Xylocaine (lidocaine) gel*, ointment*
Xyrem (sodium oxybate) (PA) (QL) (SP)
Xyrem (sodium oxybate) (PA) (QL) (SP)

Y
Yasmin (ethinyl estradiol/drospirenone)*
Yasmin (ethinyl estradiol/drospirenone)*
Yasmin (ethinyl estradiol/drospirenone)*

Z
Zanaflex (tizanidine)*
Zantac (Ranitidine) 75mg/5 mL syrup* (for members < 1 year of age only)
Zarontin (ethosuximide)*
Zaroxolyn (metolazone)*
Zarxio (filgrastim) (SP)
Zavesca (miglustat) (SP)
Zebeta (bisoprolol)*
Zejula (niraparib) (PA) (QL) (SP)
Zelboraf (vemurafenib) (PA) (QL) (SP)
Zemaira (alpha-1-proteinase inhibitor) (PA) (SP)
Zepatier (elbasvir/grazoprevir) (PA) (SP)
Zerit (stavudine)* (SP)
Zestoretic (lisinopril/hydrochlorothiazide)*
Zestril (lisinopril)*
Ziac (bisoprolol/hydrochlorothiazide)*
Ziagen (abacavir) (SP)
Zithromax (azithromycin)*
Zocor (simvastatin)*
Zofran (ondansetron)* (QL)
Zolinza (vorinostat) (QL) (SP)
Zoloft (sertraline)*
Zonacton (somatropin) (PA) (SP) (ST)
Zonemig (zolmitriptan)* (QL)
Zonegran (zonisamide)*
Zorbtive (somatropin) (PA) (SP) (ST)
Zortress (everolimus) (SP)
Zovia (ethinyl estradiol/ethylodiol diacetate)*
Zovirax (acyclovir) capsule*, tablet*
Zurampic (lesinurad) (PA) (QL) (SP)
Zykadia (ceritinib) (PA) (QL) (SP)
Zylorprin (allopurinol)*
Zypexa (olanzapine)*
Zytiga (aboraterone acetate) (PA) (QL) (SP)
Zyvox (linezolid)*
Member Name: ____________________________

Member EHP Insurance ID Number: ______________ Member 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 Member:

<table>
<thead>
<tr>
<th>Drug &amp; Strength</th>
<th>Dosing Regimen</th>
<th>Dates Used (Approximate)</th>
<th>Documentation of Treatment Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 member via U.S. mail.

Internal Use Only: DO NOT WRITE BELOW

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

Rev. 3/2018
# USPSTF Copay Free Statin Coverage for Primary Prevention Request Form

Cleveland Clinic/Akron General  
EHP Pharmacy Management  
Please complete this form and return via fax: 216.442.5790.

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Member EHP Insurance ID Number:</th>
<th>Member DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requesting Physician’s Name:</td>
<td>Office Phone Number:</td>
<td>Office Fax Number:</td>
</tr>
<tr>
<td>Requesting Physician’s Signature:</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Requested Statin:</td>
<td>Strength:</td>
<td>Quantity:</td>
</tr>
</tbody>
</table>

Please answer the following questions in regards to the member (Patient):

1. Age ___ (Must be aged 40 to 75)
2. History of cardiovascular disease (CVD)? Yes ☐ No ☐ (Copay free statin is for primary prevention only)
3. ≥1 CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking)? Yes ☐ No ☐
4. Gender? Male ☐ Female ☐
5. Race? White ☐ African American ☐ Other ☐
6. Total cholesterol ____mg/dL; HDL cholesterol ____mg/dL; LDL cholesterol ____mg/dL
7. Systolic blood pressure _____mm Hg
8. History of diabetes? Yes ☐ No ☐
9. On treatment for hypertension? Yes ☐ No ☐
10. Smoker? Yes ☐ No ☐ Former ☐ (Quit date: ____ / ____ / ____)
11. On statin therapy? Yes ☐ No ☐ (Copay free statin is for low- or moderate-intensity statin only)
12. On aspirin therapy? Yes ☐ No ☐
13. Known history of familial hypercholesterolemia? Yes ☐ No ☐

**Internal Use Only: DO NOT WRITE BELOW**

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

Rev. 7/2018