



2024

National Formulary

1st Quarter Edition

Last Revised: 03/11/2024

Version 2024Q1e

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Overview

The **Clinically Preferred Drug List** or “PDL” is a continually updated list of prescription medications that represents the current clinical judgement of our clinical team, providers and experts in the diagnosis and treatment of different diseases. It contains clinical prescribing information that assists health care professionals when prescribing the highest quality affordable drugs to patients. The PDL represents the efforts of our clinical team to a method to evaluate the various drug products available. *Note that not all drugs that are available are listed in this document ... just those that are the most commonly dispensed by general practitioners and specialists. There are thousands of generic drugs for effective products that are readily available not listed in this book.* The PDL shows both generic and brand names for reference and convenience. Some plan sponsors, HMOs or Health Plans, Unions or Employers may be provided with the option of imposing further restrictions or choose not to reimburse some products listed in the PDL.

Additionally, as drug prices increase, new specialty drugs are released, and brand drugs lose patent, limiting drug selection to preferred products (generics, brands, as well as specialty) has become more critical. Our clinicians work to manage a balanced formulary, offering the best clinical products based on (1) safety, (2) efficacy, (3) availability, (4) lowest potential for abuse, (5) limited side effects, (6) viable clinical alternatives, (7) patient educational needs & availability, and finally (8) cost. While a very high percentage of plan designs follow this formulary, some small percentage may make plan design modifications and/or apply their own clinical management parameters.

Coverage Limitation

The PDL does not provide information regarding specific coverage, limitations or exclusions, member out-of-pocket costs (known as “member contributions” or more commonly “copays”) that may be assigned at plan level. The PDL applies to out-patient drugs provided to members, and *does not* apply to medications used in the in-patient setting (with the exception of some physician administered office products). All applicable dosage forms and strengths of a particular drug are included in the PDL under the specific entry unless otherwise noted and listed separately.

Compounded Drugs

Our Pharmacy & Therapeutics Committee (“P&T Committee”) has recommended against the coverage of compounded products. This decision was based on our research that compounds are not currently FDA approved as indicated for therapeutic use. Compounds have not passed the standards of clinical safety nor clinical efficacy that the FDA has set for authorization to be used in human diseases. Furthermore, due to ongoing reports concerning compounded pharmacy products causing harm for their intended patients, the P&T Committee has decided to take a prudent position against approval of compounding products to keep the safety and best interests of our members as its highest priority. If you have any questions, please contact your account executive.

While the P&T Committee does not recommend the use or coverage of compounds, we maintain that every patient has the right to order, and pharmacies have the right to dispense, compounded drugs at their own risk and expense. Please note that some plan benefits may opt to include them on a limited basis.

Drug Placement Determination

New Drugs are constantly being developed and approved by the FDA for the treatment of the different disease states. Due to vast availability of medication therapies and treatments, a reasonable process of drug selection and drug usage has been developed. The goal of the PDL is to enhance the physicians’ and pharmacists’ abilities to provide optimal cost-effective drug therapies to patients.

The development, maintenance, and improvement of the PDL are evolutionary processes that require the constant attention of our P&T Committee. As stated above, the PDL is a continually reviewed and revised list of drug products that mirrors the prevailing clinical opinion of the P&T Committee. Unfortunately, this dynamic process does not allow this document to be completely accurate in official print at all times. Updates are provided as necessary through newsletters and updates made readily available on the Internet for members, physicians, pharmacists and plan sponsors.

New Drugs being considered for formulary inclusion will be reviewed for their safety, efficacy, FDA-approved indications, contraindications, side effects, pharmacokinetic profile, patient compliance potential, drug cost and effects on other indirect health costs. A thorough medical literature review will place an emphasis on the following characteristics:

- Safety and Effectiveness of Product
- Potential for Patient Clinical or Utilization Abuse
- Comparison Studies with Similar Products if available
- Therapeutic Outcomes and Economic Data

Drugs that are given a "priority" review by the FDA will be reviewed for possible inclusion into the formulary in as little as 7 days if necessary. New drugs will have their characteristics compared to other similar drugs within a therapeutic class when available. New drugs that are added to an existing therapeutic class may result in the deletion of other drug(s) within the particular therapeutic class as clinical applications warrant. This process ensures the selection of the most clinically useful and cost-effective drugs within a specific therapeutic class.

Preferred Brand Products

Brand drugs (listed in bold) that are added to the PDL in the "Preferred Brand" column include those that offer a clinical and/or cost advantage over other existing comparable brand drugs (listed under "Non-Preferred Brands") without sacrificing safety or effectiveness. Drugs will not be placed in either column if there currently is insufficient clinical evidence of its appropriate clinical effectiveness.

Brand drugs, whose generic form is also listed in the "Generic Drugs" column, should be considered as Non-Preferred brands as there have readily available generic equivalents. Brand drugs listed in the "Generic Drugs" column that have a caret (^) are considered Preferred Brands with preferred brand copays. Brand drugs listed in the "Generic Drugs" column that have a hash or pound sign (#) are brand drugs with generic copays. Copays as always are part of the member's defined benefits and vary by plan for brands and generics for standard and specialty drugs.

Brand drugs that may vary from formulary to formulary are notated with an asterisk (*). Brand drugs that have ^{RECOMMEND} next to their name may not have any tier limitations in place, although they are subject to the copay tier assigned.

Brand drugs that are crossed out (i.e. ~~Drug Name~~) are no longer marketed but are available generically.

Exclusions & Grandfathering: Patients on continuous therapy of a Non-Preferred brand that may be excluded or is in a higher formulary tier may continue to take these drugs at the Preferred Brand copay until therapy is discontinued (called "grandfathering"). Restart of such brand drugs may require restart of therapy and may be charged the higher Non-Preferred Brand copay.

Generic Substitution

Whenever available, lower cost generic drugs approved by the FDA should be used regardless of the brand name indicated. Generic drugs provide the patients with a more cost effective, chemically and therapeutically equivalent option that can reduce the patient's out of pocket cost. Generic drugs will be listed in the "Generic Drugs" column, or in parenthesis next the brand drug name in the "Preferred Brands" or "Non-Preferred Brands" columns. The brand drugs listed under the "Generic Drugs" column are for reference only, do not have a generic copay, and do not guarantee coverage. This statement is not meant to preclude or override any state statutes that may exist (e.g., Non-Substitutable Drugs). Inclusion of a brand drug for generic substitution is subject to the following:

- An FDA Rating of "A" for generic equivalency as well as thorough review by the P&T Committee for efficacy and safety
- A narrow therapeutic index that makes it not subject to substitution due to complex pharmacokinetics, dosage forms, etc.

Single & Dual Source Generics

Upon patent expiration, brand drugs become available from one or more generic manufacturers. If the brand drug becomes available from only one generic manufacturer – typically for an exclusivity period or when other competing generics are removed from the market – the generic drug is called a "*Single Source Generic*" or SSG. If a brand drug becomes available from two (2) manufacturers, the generic drugs are called "*Dual Source Generics*" or DSG; if a brand drug is available from many generic

manufacturers, it is then called a “Multi-Source Brand” or MSB, while the generic drugs are called “Multi-Source Generics” or MSG.

While a generic drug is a SSG or DSG, its price may only be slightly cheaper than the original equivalent brand drug. During this time, at the clinical team’s recommendation, the SSG or DSG may be priced according to one of the following algorithms:

- GENERIC discount with a GENERIC copay
- GENERIC discount with a BRAND copay
- BRAND discount with a GENERIC copay
- BRAND discount with a BRAND copay
- NDC blocked so that the member must buy the BRAND at the full cash price (100% copay) with our discounts being applied

Prior Authorizations, Step Edits & Quantity Limits

Prior Authorization: Some brand drugs may require approval called “prior authorization” before the prescription can be dispensed. If a drug requires prior authorization, it may be noted in this PDL with either a ^{P/A} or ^{P/A Req’d}. Note that your plan may also restrict specific drugs and require a Prior Authorization that may not be shown on this PDL.

When a Prior Authorization is required, one or more of the following criteria must be fulfilled before the Prior Authorization will be issued:

1. Patient must have failed an appropriate trial of generics or other clinically Preferred Brand drugs (“step edit” – see below).
2. Use of a Preferred Brand drug(s) may cause documented underlying conditions or side effects, which would be detrimental to the patient’s health.
3. The treatment algorithm for that disease state is being followed according to the generally accepted published guidelines or the protocol in the FDA approved package insert.
4. A more cost effective, clinically equivalent agent is available as the Preferred Brand Drug.

Step Edits: Many drugs on the PDL may have specific step edits or quantity limits. A “step edit” is the process where another drug may be required to be used first before the prescribed drug is covered. Such drugs requiring use of another drug before it can be dispensed will be indicated in this PDL with an ^{S/E} or an ^{S/E-2}.

Quantity Limits: Our clinical team has implemented quantity limits to limit utilization on many drugs. Many products may have quantity limits implemented in your plan benefit design that are consistent with their FDA approved package insert or appropriate clinical guidance to control utilization. They are not specifically marked in this PDL.

More information on specialty drugs are detailed at the end of the PDL.

100% Copay vs. Excluded Drugs

Our P&T Committee and clinicians believe that excluding drugs limit the choice of physicians and patients in treating specific conditions. Some drugs are manufactured simply for patient convenience at a much higher price, while other have cheaper equivalent drugs. To maintain a complete patient profile of drugs, clients should *not* exclude drugs indicated with **100% Copay** but instead cover them at 100% copay to the patient, encouraging the patient to use manufacturer copay cards to reduce their out of pocket costs. If a patient is already on one of the drugs listed with a star (*), therapy should be continued at the non-preferred copay.

The list includes but is not limited to:

Adlarity Patches	Epaned Soln	Pexeva	Steglujan
Auvi-Q	Esprontia Soln	Prexxartan Soln	Taperdex
Cambia	Evzio**	Protonix Soln	Tadliq Susp
Carospir Soln	Fleqsuvy Susp	Qbrelis Soln	Tivorbex
Conjupri	Fortamet ER	Rayos	Treximet
Consensi	Glumetza	Riomet	Vimovo
Cycloset	Gocovri	Roszet	Vivlodex
Duexis	Katerzia Soln	Seglantis	Xadago
Durlaza	Konvomep Susp	Segluromet	Yosprela
Edecrin	Lucemyra	Sitavig	Zorvolex
Elyxyb Soln	Millipred Pak	Steglatro	
Enteragam	Norliqva Soln		
	Noxafil		

** May be covered by some plan benefit designs at standard copay. 100% copay applies if P/A protocols are not met

Non-Listed Drugs & Drug Categories

Drug categories that are not specifically listed in the book are generally categories of lower utilization where generic products are readily available (i.e. cough & cold) and shall be driven by plan design if covered. A specific brand drug may be “preferred”, “non-preferred” or “non-formulary” depending on the class.

Additionally, if a specific drug is not listed in the PDL, the drug is categorized under a general statement (such as that of HIV products on page 9), is covered under a medical benefit due to the location of administration, or is in a therapeutic class generally not seen in managed care. Oral products (other than oral oncology drugs) that are not listed should be considered as having a Non-Preferred brand copay.

Formulary Modifications & Changes

Changes may be made to this PDL at any time based on availability or market conditions. Drugs approved by the FDA are added as Non-Preferred Brands with the same restrictions as other Non-Preferred Brands in the same clinical equivalent drug class until they are reviewed by the P&T Committee unless the clinical team determines that the product is a “line extension”. Drugs that are NOT listed in this book when the competitors *are* should be considered as excluded, not covered, or non-preferred drugs.

Biosimilars

The FDA acknowledges a biosimilar drug as a specialty product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product, and listed in the FDA Purple Book, with the following definitions:

- “Highly Similar” means that a manufacturer developing a proposed biosimilar demonstrates that its product is highly similar to the original brand drug product by extensively analyzing (i.e., characterizing) the structure and function of both the reference product and the proposed biosimilar.
- “No Clinically Meaningful Differences” means that the manufacturer must demonstrate that its proposed biosimilar product has no clinically meaningful differences from the original brand drug in terms of safety, purity, and potency (safety and effectiveness).

Changes to the PDL

Changes to the PDL generally occur on a quarterly basis; however due to the ongoing changes in the market, availability of new drugs, patent losses, new generics and other factors, tier and utilization management changes may occur at any time. Placement of new drugs can be found in the formulary newsletter posted on the MC-Rx website, while a list of changes to the PDL may be requested through your account manager.

The following Pfizer products will be switched to 100% copay effective 01/01/2024 for all new starts.

- | | |
|--------------------------|-----------------------------|
| • Cardura | • Nivestym (Filgrastim) |
| • Cardura XL | • Nyvepria (Pegfilgrastim) |
| • Cibinqo | • Retacrit (Epoetin) |
| • Eucrisa | • Ruxience (Rituximab) |
| • Fragmin | • Trazimera (Trastuzumab) |
| • Inflectra (Infliximab) | • Xeljanz (all indications) |
| • Litfulo | • Zavzpret Nasal Spray |
| • Ngenla | • Zirabev (Bevacizumab) |

Antibiotics

GENERIC DRUGS	PREFERRED BRANDS	NON- PREFERRED BRANDS
Penicillins & Cephalosporins <i>Multiple Generics available for Prescribing</i> W1		Spectracef (Cefditoren Pivoxil) Suprax (Cefixime) ^{S/E}
Tetracyclines Doxycycline (various) / Doryx, Vibramycin Minocycline / Minocin, Dynacin, Solodyn <i>Multiple Generics available for Prescribing</i> W1		Acticlate (Doxycycline Hyclate) Oracea (Doxycycline Monohydrate)
Macrolides, Clindamycins & Ketolides <i>Multiple Generics available for Prescribing</i> W9		
Sulfonamides, Sulfones & Nitrofurantoin <i>Multiple Generics available for Prescribing</i> W2		Furadantin Liquid (Nitrofurantoin)
Quinolones Ciprofloxacin / Cipro, Cipro-XR Levofloxacin / Levaquin Moxifloxacin / Avelox Ofloxacin / Floxin W1		Baxdela (Delafloxacin) ^{S/E} Factive (Gemifloxacin)
Miscellaneous Antibiotics Vancomycin / Vancocin Linezolid / Zyvox W1	Dificid [®] (Fidaxomicin [™])	FirVanq (Vancomycin) Rebyota Susp (Fecal Microbiota Spores) Vowst (Fecal Microbiota Spores)

Antivirals

[illegible]

ANTIVIRALS

Anti-Infectives

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anaerobic Anti-Infectives Metronidazole / Flagyl Paromomycin Sulfate / Humatin Tinidazole / Tindamax W4		Likmez Suspension (Metronidazole) 100% Copay
Antiparasitics W4	Alinia (Nitazoxanide)	
Antimalarials & Antiprotozoals Atovaquone/Proguanil / Malarone Hydroxychloroquine / Plaquenil Mefloquine / Lariam Quinine Sulfate / Qualaquin W4		Arakoda (Tafenoquine) Daraprim (Pyrimethamine) 100% Copay Lampit (Nifurtimox)
Antihelmintic Drugs Ivermectin / Stromectol W4		Albenza (Albendazole) Biltricide (Praziquantel) Emverm (Mebendazole)

INFECTIONS

Antiemetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Antiemetics (Assorted Use) Aprepitant / Emend Dronabinol / Marinol Granisetron / Kytril Meclizine / Antivert Ondansetron / Zofran, Zofran ODT Doxylamine/Pyridoxine / Diclegis Prochlorperazine / Compazine Promethazine HCL / Phenergan, Promethegan Supp. Trimethobenzamide / Tigan H6	Bonjesta ER (Doxylamine Succinate/Vitamin B6) Transderm-Scop Patch (Scopalamine)	Akynzeo (Netupitant/Palonosetron) P/A Req'd Sancuso Patch (Granisetron) P/A Req'd Sustol Injectable (Ganisetron) P/A Req'd Syndros Oral Solution (Dronabinol) P/A Req'd Varubi (Rolapitant) Zuplenz Film (Ondansetron)

NAUSEA

Neurologic: Parkinsons & Migraine Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Parkinsons Drugs Amantadine / Symmetrel Benztropine / Cogentin Bromocriptine / Parlodel Carbidopa/Levodopa / Sinemet/CR, Parcopa Carbidopa/Levodopa/Entacapone / Stalevo Entacapone / Comtan Pramipexole / Mirapex, Mirapex ER Rasagiline / Azilect Ropinirole / Requip, Requip XL Tolcapone / Tasmar H6 <u>Parkinsons Motion/Dyskinesia Drugs:</u> H6 <u>Psychosis Drugs:</u> H8	Parkinsons Motion/Dyskinesia Drugs: Psychosis Drugs:	Apokyn Injectable, Kynmobi SL Film (Apomorphine) Banze (Rufinamide) Imbrija Inhaler (Levodopa) P/A Req'd Neupro Patch (Rotigotine) Ongentys (Opicapone) Osmolex ER (Amantadine) Rytary ER (Carbidopa/Levodopa ER) S/E Zelapar ODT (Selegiline) Parkinsons Motion/Dyskinesia Drugs: Gocovri (Amantadine) 100% Copay Xadago (Safinamide) 100% Copay Psychosis Drugs: Nuplazid (Pimavanserin) P/A Req'd
Anti-Migraine Drugs <u>Triptans:</u> Sumatriptan / Imitrex, Imitrex Nasal Spray Sumatriptan / Naproxen Sodium Treximet 100% Copay Zomatriptan / Zomig, Zomig Nasal Spray {All Generic TRIPTANS} <u>CGRP (Prevention):</u> <u>CGRP (Treatment):</u> <u>Other Products:</u> Ergotamine / Ergomar Ergotamine/Caffeine / Cafergot Dihydroergotamine/ Migranal Nasal H3	<u>Triptans:</u> <u>CGRP (Prevention) S/E</u> Ajovy' Injector (Fremanezumab) Emgality' Injector (Galcanezumab) Qulipta' (Atogepant) <u>CGRP (Treatment) S/E</u> Reyvow (Lasmiditan) Ubrelvy (Ubrogepant) <u>Other Products:</u> Nervio' REN Device'	<u>Triptans:</u> Onzetra Xsail (Sumatriptan Nasal) RizaFilm (Rizatriptan Oral Film) S/E Tosymra Nasal Spray (Sumatriptan) S/E Zembrace SymTouch (Sumatriptan) P/A Req'd <u>CGRP (Prevention) S/E</u> Aimovig Injector (Erenumab) Clinical P/A Nurtec-ODT (Rimegepant) <u>CGRP (Treatment) S/E</u> Nurtec-ODT (Rimegepant) Zavzpret Nasal Spray (Zavegepant) <u>Other Products:</u> Cambia Powder (Diclofenac Potassium) 100% Copay GammaCore Device – VNS Elyxib Oral Solution (Celecoxib) 100% Copay Trudhesa Nasal Spray (Dihydroergotamine) P/A Req'd

Note: BROKEN Packages for Oral CGRPs are Prohibited, Must be Full Box

PARKINSONS

MIGRAINES

ALZHEIMERS

EPILEPSY & SEIZURES

ALZHEIMERS

EPILEPSY & SEIZURES

ALZHEIMERS

EPILEPSY & SEIZURES

Blood Modifiers

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anticoagulants /Anti-10A/Thrombin Inhibitors Dabigatran Etexilate / Pradaxa Warfarin Sodium / Coumadin , Jantoven Heparin Sodium M9	Eliquis' (Apixaban) Xarelto 2.5mg, 15mg, 20mg' (Rivaroxaban) Suspension & Starter Pak – all'	Savaysa (Edoxaban Tosylate)
Heparin-Related Drugs / DVT Dabigatran Etexilate / Pradaxa M9	Eliquis' (Apixaban) Xarelto 10mg' (Rivaroxaban)	Bevyxxa (Betrixaban) Savaysa (Edoxaban Tosylate)
Platelet Aggregation Inhibitors / ACS Anagralide / Agrylin Cilostazol / Pletal Clopidogrel / Plavix Dipyridamole / Persantine Dipyridamole & Aspirin / Aggrenox Pentoxifylline / Trental Prasugrel / Effient M9 / N1	Brilinta' (Ticagrelor)	Durlaza ER (Aspirin) ^{100% Copay}
Other Drugs Aminocaproic Acid / Amicar Omeprazole & Aspirin / Yosprela ^{100% Copay} Tranexamic Acid / Lestya M9		Zontivity (Vorapaxar)

BLOOD THINNERS

HEART/CARDIAC

HEART/CARDIAC

Cardiovascular: ACE, ARBs & Diuretics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ACE Inhibitors with/without Diuretics Benazepril / Lotensin (Lotensin HCT) Captopril / Capoten (Capozide) Enalapril / Vasotec (Vaseretic) Fosinopril / Monopril (Monopril HCT) Lisinopril / Prinivil (Prinzide), Zestril (Zestoretic) Moexipril / Univasc (Uniretic) Quinapril / Accupril (Accuretic) ^{100% Copay for Brand} Perindopril Erbumine / Aceon Ramipril / Altace Trandolapril / Mavik		Epaned Solution (Enalapril) ^{100% Copay} Qbrelis Solution (Lisinopril) ^{100% Copay}
ACE Inhibitor / CCB Combination Benazepril/Amlodipine / Lotrel (<i>all other strengths</i>) Trandolapril/Verapamil / Tarka		Prestalia (Amlodipine / Perindopril) ^{S/E}
ARBs without & with Diuretics Candesartan, Candesartan HCTZ / Atacand , Atacand HCT Irbesartan, Irbesartan HCTZ / Avapro , Avalide Losartan, Losartan HCT / Cozaar , Hyzaar Olmesartan/HCT / Benicar , Benicar HCT Telmisartan, HCTZ / Micardis , Micardis HCT Valsartan, Valsartan HCTZ / Diovan , Diovan HCT	Edarbi [*] (Azilsartan) Edarbyclor [*] (Azilsartan/Chlorthalidone)	Prexxartan Solution (Valsartan) ^{100% Copay}
ARB Combinations Olmesartan/Amlodipine/HCT / Azor , Tribenzor Telmisartan/Amlodipine / Twynsta Valsartan/Amlodipine/HCT / Exforge/HCT		Byvalson (Valsartan/Nebivolol)
Heart Failure Agents	Entresto [*] (Naprilysin/Valsartan)	Inpefa (Sotagliflozin)
Diuretics Chlorothiazide / Diuril Chlorthalidone / Hygroton Furosemide / Lasix Spironolactone/HCTZ / Aldactone , Aldactazide Toresmide / Demadex Triamterene / HCTZ / Dyazide , Maxzide <i>(Various other Generics)</i>		Carospir Solution (Spironolactone) ^{100% Copay} Dyrenium (Triamterene) Edecrin (Ethacrynic Acid) ^{100% Copay} Furoscix Inj (Furosemide) ^{S/E} Soanz (Toresmide) ^{P/A to Indication}

Cardiovascular: Anti-Arrhythmia & Vasodilators

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Renin Inhibitors & Combinations^{##} A4	Tektura/HCT[†] (Aliskiren Hemifumarate/HCT)	
Antiarrhythmics / Anti-Ischemic Amiodarone / Pacerone Disopyramide / Norpace/ Norpace CR 150mg Dofetilide / Tikosyn Propafenone / Rythmol, Rythmol SR A2		Multaq (Dronedarone) Norpace CR 100mg (Disopyramide) Ranexa ER (Ranolazine)
Cardiac Glycosides Digoxin / Lanoxin A1		
Vasodilators, Coronary, Nitrates Isosorbide Dinitrate / Isordil, Sorbitrate Isosorbide Mononitrate / Imdur-ER <u>Nitroglycerins</u> Nitroglycerin (Patch) / Nitro-Dur, Minitran Nitroglycerin Mist / NitroMist Spray, Nitrolingual Spray A7	<u>Nitroglycerins</u> Nitrostat (Nitroglycerin Oral)	Bidil (Isosorbide Dinitrate/Hydralazine) <u>Nitroglycerins</u> Gonitro (Nitroglycerin Sublingual) Nitro-BID Ointment (Nitroglycerin)
Vasodilators, Sympatholytics Clonidine / Catapres, Catapres TTS Patch Guanfacine / Tenex Hydralazine / Apresoline Methyldopa / Aldomet Methyldopa/HCTZ / Aldoril A4		
Other Drugs (Various Indications) Colchicine / Colcrys	Farxiga[†] (Dapagliflozin) S/E (Allowed for HF & CKD) Jardiance[†] (Empagliflozin) S/E (Allowed for HF & CKD)	Aspruzo Sprinkle (Ranolazine) ^{P/A Req'd} Corlanor (Ivabradine) Lodoco (Colchicine) Northera (Droxidopa) Vecamyl (Mecamylamine) Verquvo (Vericiguat) ^{P/A Req'd}

^{##} Note special warnings on use of Aliskiren containing products in treatment of diabetics

CHOLESTEROL

CHOLESTEROL

Pancreative Drugs & Urological: Diuretics, BPH, OAB & E/D

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Pancreatic Drugs D8	Creon[®] (Lipase/Protease/Amylase) Zenpep[®] (Lipase/Protease/Amylase)	Pancreaze (Lipase/Protease/Amylase) Pertyze, Viokase (Lipase/Protease/Amylase)
Benign Prostate Hyperplasia <u>Alpha Blockers</u> Alfuzosin / Uroxatral Doxazosin / Cardura Prazosin / Minipress Silodosin / Rapaflo Tamsulosin / Flomax Terazosin / Hytrin J7/Q9 <u>5 Alpha Reductase Inhibitors</u> Finasteride / Proscar Dutasteride / Avodart Dutasteride/Tamsulosin / Jalyn Q9 <u>Phosphodiesterase-5 Enzyme Inhibitors</u> Tadalafil / Cialis 5mg Only F2	<u>Alpha Blockers</u> <u>5 Alpha Reductase Inhibitors</u> <u>Phosphodiesterase-5 Enzyme Inhibitors</u>	<u>Alpha Blockers</u> Cardura XL (Doxazosin Mesylate) <u>5 Alpha Reductase Inhibitors</u> Entadafil (Finasteride/Tadalafil) ^{100% Copay} <u>Phosphodiesterase-5 Enzyme Inhibitors</u>
Urologic Drugs <u>Overactive Bladder</u> Oxybutynin / Ditropan XL Darifenacin / Enablex Solifenacin Succinate / VESIcare Tolterodine / Detrol, Detrol LA Trospium / Sanctura, Sanctura XR R1 <u>Other Drugs</u> Desmopressin Acetate / DDAVP Flavoxate / Urispas Phenazopyridine / Pyridium R5/P2	<u>Overactive Bladder</u> Myrbetriq[®] (Mirabegron) <u>Other Drugs</u>	<u>Overactive Bladder Anti-Cholinergics</u> Gelnique (Oxybutynin) ^{S/E} Gemtesa (Vibegron) ^{S/E} Oxytrol Patch (Oxybutynin) Toviaz (Fesoterodine Fumarate) ^{S/E} <u>Other Drugs</u> Elmiron (Pentosan Polysulfate) Nocdurna SL (Desmopressin Acetate) ^{P/A Req'd} Noctiva Nasal Spray (Desmopressin) ^{P/A Req'd}
Erectile Dysfunction Drugs Sildenafil / Viagra ^{S/E} Tadalafil / Cialis ^{S/E} Vardenafil / Levitra ^{S/E} F2	Stendra[®] (Avanafil)	Staxyn (Vardenafil) ^{S/E} Caverject, Edex (Alprostadil) ^{S/E} Muse (Alprostadil) ^{S/E}

CKD & Urological: Gout, PH / K Modifiers & Depleters

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Chronic Kidney Disease Drugs	Farxiga' (Dapagliflozin) ^{S/E} (Allowed for Indication Determination) Jardiance' (Empagliflozin) ^{S/E} (Allowed for Indication Determination) Kerendia' (Finerenone) ^{S/E} for Indication	
Gout Drugs <u>Orals</u> Allopurinol / Zyloprim Colchicine / Colcryst Febuxostat / Uloric Probenecid / Benemid , Col-Bemenid <u>Topicals</u> C7	<u>Orals</u> Mitigare' (Colchicine) <u>Topicals</u>	<u>Orals</u> Duzallo (Lesinurad+Allopurinol) Gloperba Solution (Colchicine) ^{100% Copay} Zurampic (Lesinurad) <u>Topicals</u> ColciGel (Colchicine Gel)
Urinary Ph Modifiers Potassium Citrate / Urocit-K Potassium Acid Phosphate / K-Phos Original R1		Citra-K (Potassium Citrate + Citric Acid) K-Phos MF, N° 2 (Sod. Phos/Pot. Phos) Renacidin Solution (Mag Carb/Citric Acid/Lact)
Potassium & Electrolytes Potassium Bicarbonate / Effer-K Potassium Bicarb+Potassium Citrate / K-Lyte Potassium Gluconate, Potassium Chloride / KTab ER [#] Potassium Phosphate / K-Phos C1/R1		Klor-Con (Potassium Chloride) Micro-K (Potassium Chloride)
Phosphorus/Calcium Electrolyte Depleters <u>Hyperkalemia</u> Sodium Polystyrene Sulfonate / Kayexalate ^{HK} <u>Hyperphosphatemia</u> Calcium Acetate / Eliphos ^{HP} Lanthanum Carbonate / Fosrenol ^{HP} Sevelamer Carbonate / Renvela ^{HP} Sevelamer Hydrochloride / Renagel ^{HP} C1	<u>Hyperkalemia</u> Lokelma' (Sodium Zirconium Cyclosilicate) ^{HK} <u>Hyperphosphatemia</u> Phoslyra Oral Solution' (Calcium Acetate) ^{HP} Velphoro' (Sucroferric Oxyhydroxide) ^{HP}	<u>Hyperkalemia</u> Kionex (Sodium Polystyrene Sulfonate) ^{HK} Veltassa Powder Packets (Patiromer Calcium) ^{HK} <u>Hyperphosphatemia</u> Auryxia (Ferric Citrate) ^{HP}

Osteoporosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Osteoporosis Drugs / Paget's Disease <u>Bisphosphonates</u> Alendronate / Fosamax Ibandronate / Boniva 150mg Tablets Risedronate / Actonel, Atelvia <u>Other Drugs</u> Raloxifene / Evista Calcitonin / Miacalcin Nasal Spray	<u>Bisphosphonates</u> <u>Other Drugs</u>	<u>Bisphosphonates</u> Binosto Effervescent Tabs (Alendronate) Fosamax Plus D (Alendronate w/ Vit D) <u>Other Drugs</u>

BONE

Anti-Inflammatory & Pain

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Inflammatory Drugs (NSAID) Diclofenac/Misoprostol / Arthrotec Diclofenac Potassium / Cataflam Diclofenac Sodium / Voltaren/XR Etodolac / Lodine Fenoprofen / Nalfon Flurbiprofen / Ansaid Ibuprofen / Motrin Indomethacin / Indocin Ketoprofen / Orudis, Oruvail Ketorolac / Toradol Meclofenamate / Meclomen Mefenamic Acid / Ponstel Meloxicam/ Mobic Nabumetone / Relafen Naproxen / Naprosyn/EC, Anaprox DS, Naprelan Oxaprozin / Daypro Piroxicam / Feldene Sulindac / Clinoril Tolmetin / Tolectin-DS		Combogesic Tabs (Acetaminophen/Ibuprofen) ^{100%} Duexis (Ibuprofen/Famotidine) ^{100% Copay} Relafen DS[†] (Nabumetone) ^{S/E} Sprix Spray (Ketorolac Tromethamine) Tivorbex (Indomethacin) ^{100% Copay} Vimovo (Naproxen/Esomeprazole IR) ^{100% Copay} Vivlodex (Meloxicam) ^{100% Copay} Yosprala (Aspirin/Omeprazole) ^{100% Copay} Zipsor (Diclofenac Potassium) ^{P/A Req'd} Zorvolex (Diclofenac) ^{100% Copay}

PAIN (Non-Narcotic)

*** May not be covered by all plan benefit designs.

Anti-Inflammatory & Pain

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
COX-II Drugs Celecoxib / Celebrex S2		Consensi (Celecoxib/Amlodipine) 100% Copay Seglentis (Celecoxib/Tramadol) 100% Copay
Analgesics, Narcotics <u>Opioids</u> Acetaminophen w/Codeine / Tylenol #3/4 Aspirin w/Codeine / Empirin #2/3/4 Codeine/Acetaminophen/Butalbital/Caffeine / Fiorinal #3 Codeine/Aspirin/Butalbital/Caffeine / Fioricet Fentanyl Citrate / Actiq Hydrocodone/Acetaminophen / Vicodin ▶ Hydromorphone / Dilaudid Meperidine / Demerol Morphine Sulfate Extend Release / Avinza ▶ Morphine Sulfate Sust Release / Kadian Oxycodone w/Acetaminophen / Percocet Tramadol (w/ Acetaminophen)/ Ultram/ER, Ultracet H3	<u>Opioids</u> Belbuca Film' (Buprenorphine) ^{eff 01/01/2024} Butrans Patch' (Buprenorphine) ▶ Oxycontin' (Oxycodone)	<u>Opioids</u> Double Step Edit for Most Orals with MME Check Conzip Caps (Tramadol HCL) Hysingla ER (Hydrocodone Bitartrate) Lazanda Nasal Spray (Fentanyl) ^{P/A Req'd} Nucynta/ER (Tapentadol) Oxaydo (Oxycodone IR) Qdolo Solution (Tramadol Liquid) ^{P/A Req'd} Subsys Spray' (Fentanyl) ^{NDC BLOCK - P/A Req'd} ▶ Xtampza ER (Oxycodone)
Analgesics, Salicylates/Non-Salicylates/Other <u>Salicylates</u> Aspirin / Butalbital / Caffeine/ Fiorinal Diflunisal / Dolobid Salsalate / Disalcid <u>Non-Salicylates</u> Acetaminophen/Caffeine/Butalbital / Esgic, Fioricet <u>Other</u> H3	<u>Salicylates</u> <u>Non-Salicylates</u> <u>Other</u>	<u>Salicylates</u> Durlaza ER (Aspirin) 100% Copay <u>Non-Salicylates</u> <u>Other</u> Qutenza Patches (Capsaicin) ^{P/A with S/E}

▶ Note: Denotes Long-Acting Opioid

PAIN (Narcotic)

CNS: Anxiety, Sedatives, ADD/ADHD & Narcolepsy

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Anxiety Drugs (Benzodiazepines) <i>All Generics in this Class are Preferred</i> H6		All Brands in this Class are Non-Preferred
Sedatives/Sleeping Aids <u>Orexin Antagonists</u> <u>Other Agents</u> Eszopiclone / Lunesta ^{S/E} Temazepam / Restoril Zolpidem / Ambien ^{S/E} , Ambien CR ^{S/E} , Intermezzo <i>(Various other Generics)</i> H2/H8	<u>Orexin Antagonists</u> Dayvigo (Lemborexant) ^{S/E} <u>Other Agents</u>	<u>Orexin Antagonists</u> Belsomra (Suvorexant) ^{S/E} Quviviq (Daridorexant) ^{S/E} <u>Other Agents</u> Edluar Sublingual (Zolpidem) ^{S/E} Hetlioz (Tasimelteon) ^{P/A Req'd} Rozerem (Ramelteon) ^{S/E} Zolpimist Nasal Spray (Zolpidem) ^{P/A Req'd}
Sedatives/Hypnotics (Barbiturate/CNS) Butabarbital / Butisol Phenobarbital / Luminol H2		Seconal (Secobarbital) 100% Copay
ADD & ADHD Drugs <u>Stimulants</u> Amphetamine/D-Amphetamine / Adderall , Adderall XR D-Amphetamine / Dexedrine Dexmethylphenidate / Focalin , Focalin XR Lisdexamfetamine Dimesylate / Vyvanse Methylphenidate / Concerta , Concerta ER Methylphenidate / Desoxyn , Metadate ER , Ritalin/LA Methylphenidate Patches/ Daytrana <u>Non-Stimulants</u> Atomoxetine / Strattera Clonidine HCL / Kapvay Guanfacine / Intuniv J5/H7/H2	<u>Stimulants</u> Adhansia XR (Methylphenidate) Dyanavel XR (Amphetamine) QuilliChew ER (Methylphenidate) Quillivant XR Suspension (Methylphenidate) <u>Non-Stimulants</u>	<u>Stimulants</u> Adzenys XR-ODT / ER Liquid (Amphetamine) ^{S/E-2} Aptensio XR (Methylphenidate) ^{S/E-2} Azstarys (Dexmethylphenidate/Sedexmeth) ^{S/E-2} Cotempla XR-ODT (Methylphenidate) ^{S/E-2} Evekeo (Amphetamine Sulfate) ^{S/E-2} Jornay PM, Methylin Solution (Methylphenidate) ^{S/E-2} Mydayis (Amphetamine Salts) Relexxi ER (Methylphenidate) ^{S/E-2} Xelstrym Patch (Dextroamphetamine) ^{S/E-2} <u>Non-Stimulants</u> Qelbree ER (Viloxazine) ^{S/E}
Excessive Sleepiness / Narcolepsy Armodafinil / Nuvigil Modafinil / Provigil H8		Lumryz Granules (Sodium Oxybate) Sunosi (Solriamfetol) ^{P/A Req'd} <i>(See Specialty Section for Additional Drugs)</i>

Note: Some long-acting Methylphenidates & Amphetamines may require failure of generics prior for approval of a brand. Additionally, Non-Preferred Brands as shown need a failure of a Preferred Brand prior to approval.

ANXIETY / SEDATIVES

ADD & ADHD

CNS: Anti-Depressants & PBA

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Serotonin Specific Reuptake Inhibitors (SSRI) Citalopram / Celexa Escitalopram / Lexapro Fluoxetine / Prozac Fluvoxamine / Luvex/CR Paroxetine / Paxil/CR Sertraline / Zoloft H2	Trintellix' (Vortioxetine) ^{S/E} Viibryd' (Vilazodone) ^{S/E}	Pexeva (Paroxetine Mesylate) ^{100% Copay} Zercapli (Sertraline) ^{2-S/E}
Serotonin Norepinephrine Reuptake Inhibitors Duloxetine / Cymbalta Desvenlafaxine / Pristiq Venlafaxine / Effexor XR H7	Fetzima' (Levomilnacipran) ^{S/E}	Drizalma Sprinkles (Duloxetine) ^{2-S/E}
Other SSRI Combinations Olanzapine/Fluoxetine / Symbyax H7		
Monoamine Oxidase Inhibitors (MAOIs) Phenelzine Sulfate / Nardil Tranylcypromine Sulfate / Parnate H7/H2		Emsam Patches (Selegiline) Marplan (Isocarboxazid)
Antidepressants, Other Drugs Amitriptyline / Elavil Bupropion / Wellbutrin SR/XL Buspirone / Buspar Clomipramine / Anafranil Desipramine / Norpramin Imipramine / Tofranil/PM Mirtazapine / Remeron, Remeron Soltab Nortriptyline / Aventyl, Pamelor Trazadone / Desyrel (Over 20 other 'generic only' Drugs exist) H2/H7		Aplenzin ER (Bupropion Hydrobromide) ^{S/E} Auvelity (Dextromethorphan/Bupropion) ^{S/E} Forfivo XL 450mg Only (Bupropion HCL) ^{S/E}
Pseudobulbar Affect (PBA) Drugs H8		Nuedexta (Dextromethorphan/Quinidine)

Depression

CNS: Anti-Psychotics & Bi-Polar

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Antipsychotic Drugs Pimozide / ORAP <i>(Over 10 other 'generic only' Drugs exist)</i> H7		
Atypical Antipsychotic Drugs Aripiprazole / Abilify ^{B,S} Asenapine / Saphris ^{B,S} Clozapine / Clozaril ^{B,S} Olanzapine / Zyprexa, Zyprexa ZYDIS ^{B,S} Quetiapine / Seroquel IR ^{B,S} , Seroquel XR ^{B,S} Risperidone / Risperdal ^{B,S} Ziprasidone / Geodon ^{B,S} H7	Vraylar ['] (Cariprazine) ^{B,S, M}	Abilify MyCite (Aripiprazole) ^{B,S, M, P/A Req'd} Caplyta (Lumateperone) ^{S/E B, S} Exxua ER (Gepirone) ^{S/E M} Fanapt (Iloperidone) ^{2 S/E B,S} Invega ER (Paliperidone) ^{2 S/E B,S} Latuda (Lurasidone) ^{S/E B, S} Rexulti (Brexipiprazole) ^{2 S/E M,S} Secuado Patch (Asenapine) ^{S/E S} Spravato Nasal Spray (Esketamine) ^{M, T, P/A Req'd} Versacloz Susp (Clozapine) ^{S/E B}
Bipolar Disorders (Anti-mania Drugs) Lithium Carbonate / Lithobid Valproic Acid / Stavzor H2		Equetro (Carbamazepine) Lybalvi (Olanzapine/Samidorphan)

^B - Bi-polar indication

^S - Schizophrenia indication

^M - Major Depressive Disorder (MDD) indication or Add-on to MDD

^T - Treatment Resistant Depression (TRD)

Depression

Parathyroid Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Parathyroid Drugs Calcitriol ² / Rocaltrol Cinacalcet ² / Sensipar Doxercaliferol ² / Hectorol Ergocalciferol Drops ² / Drisol Paricalcitol ² / Zemiplar C6/P4		Natpara ¹ (Parathyroid Hormone) ^{P/A Req'd} Royaldee ² (Calcifediol) ^{P/A Req'd}

¹ – Hypothyroidism, ² – Hyperthyroidism

Gastrointestinal: Ulcer, GERD & IBS

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Ulcer /GERD Drugs <u>H2 Antagonists</u> Generic Drugs Only <u>PPIs</u> Esomeprazole / Nexium Dexlansoprazole / Dexilant Lansoprazole / Prevacid Omeprazole / Prilosec Omeprazole w/ Sodium Bicarb / Zegerid ^{100% Copay} Pantoprazole / Protonix Rabeprazole / Aciphex <u>Other Drugs</u> Metoclopramide / Reglan Sucralfate / Carafate D4/J9/Z2	<u>H2 Antagonists</u> <u>PPIs</u> <u>Other Drugs</u> 	<u>H2 Antagonists</u> <u>PPIs</u> Konvomep Powder (Omepr/Sod Bicarb) ^{100% Copay} <u>Other Drugs</u> Dartisla ODT (Glycopyrrolate) ^{S/E} Enteragam Powder Pak (Immunoglobulin) ^{100% Copay} Gimoti Nasal Spray (Metoclopramide) ^{S/E} Voquezna (Vonoprazan) ^{S/E}
Bowel & Colon Drugs <u>Inflammatory Bowel Disease/Ulcerative Colitis</u> Balsalazide Disodium / Colazal Mesalamine / Asacol / Asacol HD, Lialda, Rowasa D6/Q3 <u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Lubiprostone / Amitiza ^{IBS-C, OIC, CIC} Senna Glucoside / Senakot (OTC) Senna + Docusate / Senna-S (OTC) <u>Irritable Bowel Syndrome (IBS-D)</u> D6 <u>Other Drugs:</u> Budesonide / Entocort EC, Uceris Diphenoxylate/Atropine / Lomotil Loperamide / Imodium (OTC) Mesalamine / Canasa Suppositories D6/J2	<u>Inflammatory Bowel Disease/Ulcerative Colitis</u> <u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Linzess [®] (Linaclotide) ^{IBS-C, CIC} Motegrity [®] (Prucalopride) ^{CIC} Relistor [®] (Methylnaltrexone) ^{OIC} Trulance [®] (Plecanatide) ^{CIC, IBS-C} <u>Irritable Bowel Syndrome (IBS-D)</u> Viberzi [®] (Eluxadoline) ^{IBS-D} Xifaxan 550 [®] (Rifaximin) ^{IBS-D} <u>Other Drugs:</u> 	<u>Inflammatory Bowel Disease/Ulcerative Colitis</u> Apriso, Delzicol (Mesalamine) Dipentum (Olsalazine) ^{S/E} Pentasa (Mesalamine) ^{S/E} <u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Ibsrela (Tenapanor) ^{OIC – S/E} Movantik (Naloxegol) ^{OIC – S/E} Symproic (Naldemedine) ^{OIC} <u>Irritable Bowel Syndrome (IBS-D)</u> Lotronex (Alosetron) ^{IBS-D} <u>Other Drugs:</u> Aemcolo (Rifaximin) ^{Travelers Diarrhea, P/A Req'd} Cuvposa (Glycopyrrolate) Entereg (Alvimopan) Motofen (Difenoxin/Atropine Sulfate)

Ulcers / GERD

IBS

Gastrointestinal: Laxatives & Colon Preps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Laxatives Lactulose / Granulose D6		Kristalose' (Lactulose)
Colon Prep Drugs Peg 3350/NA Sulfate,Bicarbonate CL/KCL / Gavilyte , Golytely , MoviPrep Sodium Chloride / Nulytely Sodium Phosphate Tablets / Osmoprep D6	Plenvu' (Peg 3350/NA Ascorbate/NA Sulfate) Suflave' (Sodium, Potassium, & Magnesium Sulfate) Suprep' (Sodium, Potassium, & Magnesium Sulfate) Sutab' (Sodium, Potassium, & Magnesium Sulfate)	Clenpiq Pre-Mix (Sod Picosulf, Mag Ox, Citric Acid)
H. Pylori Drugs Lansoprazole/Amox/Clarithromycin / PrevPac Omeprazole/Amox/Clarithromycin / Omeclamox D4	Talicia' (Omeprazole Mag/Amox/Rifabutin)	Pylera (Bismuth/Metronid/Tetracycline) Voquesna Tripak (Amox/Clarithromycin/Vonoprazam)

Colon

Hormone Therapy: O/Cs & Estrogens

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Contraceptives <u>Orals</u> All Oral Contraceptives flagged as Generic <u>Other Drugs</u> Norgestrel / Opill (OTC) Ethin Estradiol/Etonogestrel / EluRyng, Nuvaring Generic Products G8	<u>Orals</u> Beyaz', Yaz' Natazia', Safyral' Lo Lo-Estrin' <u>Other Drugs</u>	<u>Orals</u> All Oral Contraceptives flagged as Brand <u>Other Drugs</u> Phexxi (Lactic Acid/Citric Acid/Potassium Bitrate) All Other formulations flagged as Brand
Estrogens / Estrogen Combinations <u>Orals – Single</u> Estradiol / Estrace Estropipate / Ogen ME-Test/Estrogen/Ester / Covaryx/HS G1 <u>Orals – Combination Products</u> G1 <u>Patches/Gels</u> Estradiol / Climara Patch Estradiol / Vivelle/DOT Patch Estradiol Gel / Divigel ^A G1 <u>Vaginal (All Forms)</u> Estradiol / Estrace Cream Estradiol / Vagifem Q4	<u>Orals – Single</u> <u>Orals – Combination Products</u> <u>Patches/Gels/Pumps</u> Climara Pro Patch' (Estradiol/Levonorgestrel) Minivelle Patch' (Lo-Dose Estradiol) Xulane Patch (Norelgestromin/Estradiol) <u>Vaginal (All Forms)</u> Osphena' (Ospemifene) ^{Eff 03/01/24}	<u>Orals – Single</u> Menest (Esterified Estrogen) Premarin (Conjugated Estrogen) <u>Orals – Combination Products</u> Activella, FemHRT, Mimvey (Estradiol/Noreth) Angeliq (Estradiol/Drospirenone) Annovera (Estradiol/Segesterone) Bijuva (Estradiol/Progesterone) Duavee (Conj Estrogens/Bazedoxifene) ^{100% Copay} Prefest (Estradiol/Norgestimate) Prempro, Premphase (Conj. Estrog/Medroxyprog) <u>Patches/Gels/Pumps</u> Alora Patch (Estradiol) Combipatch (Estradiol/Norethindrone) Elestrin Gel, Estrogel (Estradiol) ^{S/E New Starts} Evamist Spray (Estradiol) ^{S/E New Starts} Menostar Patch (Estrogen) <u>Vaginal (All Forms)</u> Estring, Femring Ring (Estradiol) Imvexxy (Estradiol) Premarin Cream (Conj. Estrogen)

IMPORTANT NOTE - Contraceptive coverage varies by Plan, but most Plans cover generic Oral Contraceptives. If your Plan is required to comply with ACA coverage, copays for some drugs may be \$0.00.

Hormone Therapy: Androgenics & Progesterones

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Endometriosis Drugs G1/G8	*Orilissa' (Elagolix) *OriaHnn' (Elagolix/Estradiol Norethindrone)	Myfembree (Relugolix/Estradiol/Noreth) ^{S/E}
Other Hormonal & Non-Hormonal Drugs Clomiphene Citrate / Serophene Hydroxyprogesterone Capoate Injections / Makena G1/G8		Brisdelle (Paroxetine Mesylate) Ella (Ulipristal Acetate) IntraRosa Vaginal Insert (Prasterone) Veozah (Fezolinetant) Vyleesi (Bremelanotide) Zurzuva (Zuranolone) ^{S/E}
Progestational Drugs Medroxyprogesterone / Provera Norethindone Acetate / Aygestin Progesterone, Micronized / Crinone, Prometrium G2		Addyi (Flibanserin) Depo-Provera (Medroxyprogesterone) Endometrin Supp (Progesterone, Micron.) First-Progesterone MC (Progesterone)
Androgenic Drugs Oxandrolone / Oxandrin Prasterone / DHEA Testosterone / AndroGel Gel, Fortesta, Testim Testosterone Cypionate / Depo-Testosterone ^{S/E} F1	Natesto Nasal Gel' (Testosterone)	Androderm (Testosterone Patch, Gel) ^{S/E} Aveed (Testosterone Undecanoate) ^{S/E} Methitest (Methyltestosterone) ^{S/E} Jatenzo (Testosterone Undecanoate) Testopel Insert (Testosterone) ^{S/E} Testred (Methyltestosterone) ^{S/E} Tlando (Testosterone) ^{S/E} Vogelxo (Testosterone Gel) ^{S/E} Xyosted (Testosterone Enanthate) ^{S/E}

* Dispense UNBROKEN Packages

Prenatal Vitamins, Iron Deficiency

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Prenatal Vitamins <i>All Generic Drugs are Covered in Tier 1</i> C6		<i>All Brand Drugs – generic failure required</i>
Iron Deficiency Drugs <i>All Generic Drugs are Covered in Tier 1</i> C3		Accrufer' (Ferrous Maltol) <i>All Other Brand Drugs – generic failure required</i>

Vitamins

Metabolic: Thyroid Replacements

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Thyroid & Thyroid Replacements <u>Thyronine (Free T3)</u> Liothyronine / Cytomel <u>Thyroxine (Free T4)</u> Levothyroxine / Eurthyrox, Levo-T, Levothroid, Levoxyl, Unithroid <u>Mixed Thyronine/ Thyroxine</u> <u>Other Drugs</u> Propylthiouracil / Propylthiouracil Methimazole / Tapazole P3	<u>Thyronine (Free T3)</u> <u>Thyroxine (Free T4)</u> Synthroid (Levothyroxine) Tirosint'/Tirosint Solution (Levothyroxine) <u>Mixed Thyronine/ Thyroxine</u> <u>Other Drugs</u>	<u>Thyronine (Free T3)</u> <u>Thyroxine (Free T4)</u> <u>Mixed Thyronine/ Thyroxine</u> Armour Thyroid (Thyroid, pork) Westhroid (Thyroid, pork) <u>Other Drugs</u> NP Thyroid (Thyroid, pork)
Glucocorticoids / Mineralocorticoids Budesonide / Entocort EC Delfazacort / Emflaza Dexamethasone / Decadron, Hidex Hydrocortisone / Cortef Methylprednisone / Medrol Prednisone / Deltasone Prednisolone / Orapred ODT, Pediapred, Prelone Syrup Veripred <i>Multiple Generics available for Prescribing</i> P5		Agamree Susp (Vamorolone) 100% Copay Celestone (Betamethasone) Dxevo (Dexamethasone) Millipred/Pak (Prednisone ER) 100% Copay Rayos (Prednisone ER) 100% Copay Taperdex (Prednisone ER) 100% Copay

Thyroid

Diabetes: Insulins & Injectables

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Insulins <u>Short-Acting Insulin</u> ^(Bolus) Insulin Aspart Insulin Lispro <u>Long-Acting Insulin</u> ^(Basal) Insulin Glargine Vial/Pen <u>Mixed Insulin</u> Insulin Aspart Insulin Lispro <u>Human Insulin</u> C4	<u>Short-Acting Insulin</u> ^(Bolus) Fiasp (Insulin Aspart/Niacinamide) Humalog (Insulin Lispro [™]) Lyumjev (Insulin Lispro/Trepostinil [™]) Novolog (Insulin Aspart) <u>Long-Acting Insulin</u> ^(Basal) Lantus [®] (Insulin Glargine) Levemir (Insulin Detemir) Toujeo [®] / Toujeo Max Solostar [®] (Insulin Glargine [™]) Tresiba [®] (Insulin Degludec) <u>Mixed Insulin</u> Humalog Mix (Insulin Lispro [™]) Novolog Mix (Insulin Aspart) <u>Human Insulin</u> Humulin [®] (Insulin, Assorted [™]) Novolin [®] (Insulin Aspart)	<u>Short-Acting Insulin</u> ^(Bolus) Admelog (Insulin Lispro) ^{S/E} Apidra [®] (Insulin Glulisine [™]) <u>Long-Acting Insulin</u> ^(Basal) Basaglar (Insulin Glargine) Rezvoglar (Insulin Glargine) Semglee (Insulin Glargine) <u>Mixed Insulin</u> <u>Human Insulin</u>
Injectable Anti-Diabetics**** <u>GLP-1</u> <u>GLP-1 / Insulin Combinations</u> <u>GLP-1 / GIP Combinations</u> <u>Other Injectables</u> C4	<u>GLP-1</u> Ozempic [®] (Semaglutide) Rybelsus Tablets [®] (Semaglutide) Trulicity [®] (Dulaglutide [™]) Victoza [®] (Liraglutide) <u>GLP-1 / Insulin Combinations</u> Soliqua [®] (Insulin Glargine & Lixisenatide [™]) Xultophy [®] (Insulin Degludec & Liraglutide) <u>GLP-1 / GIP Combinations</u> Mounjaro [®] (Tirzepatide [™]) <u>Other Injectables</u>	<u>GLP-1</u> Adlyxin (Lixisenatide) Bydureon [®] / Bydureon BCise (Exenatide [™]) Byetta [®] (Exenatide [™]) <u>GLP-1 / Insulin Combinations</u> <u>GLP-1 / GIP Combinations</u> <u>Other Injectables</u> SymlinPen (Pramlintide Acetate)

**** Some of the injectable sub-classes above may require a step edit through Metformin. If a sub-classes such step edit requirement, all drugs in that sub-class will require the same clinical requirement.

Diabetes: Oral Antidiabetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Hyperglycemic Rescue Medications Glucagon / Glucagon Emergency Kit M4	Baqsimi Nasal Powder Inhaler [†] (Glucagon [~]) GlucaGen Kit [†] (Glucagon) Novo Nordisk Only GVoque [†] (Glucagon) Zegalogue [†] (Dasiglucagon)	Proglycem Oral Suspension (Diazoxide)
Oral Anti-Diabetics <u>Orals</u> Glyburide / Diabeta , Glynase , Micronase Metformin ER / Fortamet ER , Glumetza S/E-both 100% Copay Metformin / Glucophage XR (Over 30 other generic Drugs exist) C4	<u>Orals</u>	<u>Orals</u> Cycloset (Bromocriptine) 100% Copay Riomet (Metformin) 100% Copay
<u>Thiazolidinediones (TZDs) & Combinations</u> Pioglitazone Family/ Actos , Duetact , ActoPlusMet/XR C4	<u>Thiazolidinediones (TZDs)</u> S/E Through Metformin	<u>Thiazolidinediones (TZDs)</u> S/E Through Metformin Avandia (Rosiglitazone)
<u>DPP-4 / DPP-4 Combos</u> Alogliptin / Nesina Alogliptin/Metformin / Kazano Alogliptin/Pioglitazone / Oseni C4	<u>DPP-4 / DPP-4 Combos</u> S/E Through Metformin Janumet/XR [†] (Sitagliptin/Metformin [~]) Januvia [†] (Sitagliptin [~]) Jentadueto [†] (Linagliptin/Metformin) Kombiglyze XR [†] (Saxagliptin/Metformin) Onglyza [†] (Saxagliptin) Tradjenta [†] (Linagliptin)	<u>DPP-4 / DPP-4 Combos</u> S/E Through Metformin Zituvimet (Sitagliptin/Metformin) 100% Copay Zituvio (Sitagliptin) 100% Copay
<u>SGLT-2 Inhibitors</u> <u>SGLT-2 / DPP-4 Combinations</u> C4	<u>SGLT-2 Inhibitors</u> S/E Through Metformin Farxiga [†] (Dapagliflozin) Invokana [†] (Canagliflozin) Invokamet/XR [†] (Canagliflozin/Metformin) Jardiance [†] (Empagliflozin) Synjardy [†] (Empagliflozin/Metformin) Xigduo [†] (Dapagliflozin/Metformin) <u>SGLT-2 / DPP-4 Combinations</u> S/E Through Metformin Glyxambi [†] (Empagliflozin/Linagliptin) Qtern [†] (Dapagliflozin/Saxagliptin) Qternmet XR [†] (Dapagliflozin/Saxagliptin/Metformin) Trijardy XR [†] (Empagliflozin/Linagliptin/Metformin)	<u>SGLT-2 Inhibitors</u> S/E Through Metformin Brenzavvy (Bexagliflozin) Steglatro (Ertugliflozin) 100% Copay Segluromet (Ertugliflozin/Metformin) 100% Copay <u>SGLT-2 / DPP-4 Combinations</u> S/E Through Metformin Steglujan (Ertugliflozin/Sitagliptin) 100% Copay

Diabetes: Diabetic Supplies & Pumps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Diabetic Supplies <u>Meters</u> Store Brand <u>Strips</u> Store Brand M4/X2 <u>Lancets Devices & Lancets</u> Store Brand <u>Syringes & Supplies by:</u> Store Brand Y2/Y9	<u>Meters</u> One Touch Verio' GlucoCard Shine Meters' One Touch Verio Flex' One Touch Verio Reflect' <u>Strips</u> OneTouch Ultra' GlucoCard Shine Strips' OneTouch Verio' <u>Lancets Devices & Lancets</u> TechLITE Lancets' <u>Syringes & Supplies by:</u> Novofine & NovoTwist Pen Needles TechLITE Pen Needles Dexcom G6/G7 Transmitter, Receiver & Sensors' Freestyle Libre/L-2/L-3 Reader & Sensors' CeQur Simplicity' Minimed 50X, Paradigm & Guardian' OmniPod All Systems (DASH/5/G6/GO) V-Go Disposable Units'	<u>Meters</u> <i>Other Brands of Meters are either NOT Covered OR may incur a 100% copay depending on plan design.</i> <u>Strips</u> <i>Other Brands of Strips are either NOT Covered, may be grandfathered for a short time, OR may incur a 100% copay depending on plan design.</i> <u>Lancets Devices & Lancets</u> All Other Lancets <u>Syringes & Supplies by:</u> B-D, Clickfine, Monoject, Terumo UltiCare, Unifine, all other brand products
Continuous Glucose Monitoring Devices Y9		
Insulin Pumps & Supplies Y9		

Diabetes

Weight Loss

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Obesity Medications Benzphetamine HCL / Didrex Phendimetrazine / Bontril PDM Phentermine HCL / Adipex-P J8	Saxenda Injection' (Liraglutide) ^{P/A Approp Use} Wegovy' (Semaglutide) ^{P/A Approp Use} Zepbound' (Tirzepatide) ^{P/A Approp Use}	Contrave (Bupropion/Naloxone) ^{P/A Req'd} Lomaira (Phentermine) ^{P/A Req'd} Qsymia (Phentermine/Topiramate) ^{P/A Req'd}

IMPORTANT NOTE – For Anti-Obesity Medications, coverage of drugs are determined by member's specific plan design

Respiratory: Allergy & Asthma

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Allergy Medications <u>Non/Low Sedating Antihistamines</u> <i>Multiple Generics & OTCs available for Prescribing</i> Z2 <u>Intranasal Corticosteroids</u> Flunisolide / Nasarel Fluticasone / Flonase , Flonase Sensimist (OTC) Mometasone Furoate / Nasonex Triamcinolone Acetate / Nasacort Allergy 24 HR (OTC) <u>Other Allergy Drugs (Sprays)</u> Azelastine / Astepro Q7	<u>Non/Low Sedating Antihistamines</u> <u>Intranasal Corticosteroids</u> QNasi' (Beclomethasone Dipropionate) <u>Other Allergy Drugs (Sprays)</u> Dymista' (Azelastine/Fluticasone)	<u>Non/Low Sedating Antihistamines</u> Semprex-D (Pseudoephedrine/Acrivis) <u>Intranasal Corticosteroids</u> Beconase AQ (Beclomethasone Dipropionate) Omnaris , Zetonna (Ciclesonide) <u>Other Allergy Drugs (Sprays)</u> Patanase (Olopatadine) Ryaltris (Olopatadine/Mometasone) ^{S/E} Ticalast (Azelastine/Fluticasone)
Asthma Drugs <u>Short Acting Beta Agonists (SABA)</u> Albuterol Sulfate Inhaler / Proventil HFA Levalbuterol / Xopenex Terbutaline <u>Inhaled Corticosteroids (ICS)</u> Budesonide / Pulmicort <u>ICS / LABA Combination Drugs</u> Fluticasone/Salmeterol / Wixela Inhub , AirDuo Respiclick Budesonide/Formoterol / Symbicort <u>Long Acting Muscarinic Agonists (LAMA)</u> <u>Beta Agonists / ICS Combo Drugs</u> <u>Other Drugs</u> Budesonide / Pulmicort Respules for Inhalation B6	<u>Short Acting Beta Agonists (SABA)</u> ProAir HFA/RespiClick' (Albuterol Sulfate) Ventolin HFA' (Albuterol Sulfate) <u>Inhaled Corticosteroids (ICS)</u> Arnuity' (Fluticasone Furoate) Flovent' (Fluticasone) Pulmicort Flexhaler' (Budesonide) Qvar/Qvar RediHaler' (Beclomethasone) <u>ICS / LABA Combination Drugs</u> Advair' (Fluticasone/Salmeterol) Breo' (Fluticasone/Vilanterol) <u>Long Acting Muscarinic Agonists (LAMA)</u> <u>Beta Agonists / ICS Combo Drugs</u> Airsupra' (Albuterol/Budesonide) <u>Other Drugs</u>	<u>Short Acting Beta Agonists (SABA)</u> ProAir Digihaler only (Albuterol Sulfate w/Device) <u>Inhaled Corticosteroids (ICS)</u> Aerospan (Flunisolide) Alvesco' (Ciclesonide) ArmonAir (Fluticasone) Asmanex (Mometasone) <u>ICS/LABA Combination Drugs</u> AirDuo Digihaler (Fluticasone/Salmeterol) Dulera (Mometasone/Formoterol) ^{100% Copay} <u>Long Acting Muscarinic Agonists (LAMA)</u> Spiriva 1.25mcg' (Tiotropium) <u>Beta Agonists / ICS Combo Drugs</u> <u>Other Drugs</u>

Allergies

Asthma

Respiratory: Allergy, COPD & Nasal Polyps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Leukotriene Inhibitors Montelukast / Singulair Zafirlukast / Accolate Zileuton / Zyflo/CR Z4		
COPD Drugs <u>Beta Agonists / Muscarinic Agonists, Short Acting</u> Albuterol/Ipratropium <u>Long Acting Beta Agonists (LABA)</u> <u>Long Acting Muscarinic Agonists (LAMA)</u> <u>LABA / LAMA Combination Drugs</u> <u>ICS / LABA Combination Drugs</u> AG-Budesonide/Formoterol (Symbicort) Fluticasone/Salmeterol / Wixela Inhub <u>ICS / LABA / LAMA Combination Drugs</u> <u>Inhalation/Nebulizer Drugs</u> B6	<u>Beta Agonists / Muscarinic Agonists</u> Combivent [®] (Albuterol/Ipratropium) [SABA/SAMA] <u>Long Acting Beta Agonists (LABA)</u> Serevent [®] (Salmeterol) Striverdi [®] (Olodaterol) <u>Long Acting Muscarinic Agonists (LAMA)</u> Incruse [®] (Umeclidinium) Spiriva 2.5mcg [®] , Spiriva Handihaler (Tiotropium) <u>LABA / LAMA Combination Drugs</u> Anoro [®] (Umeclidinium/Vilanterol) Stiolto [®] (Tiotropium/Olodaterol) <u>ICS / LABA Combination Drugs</u> Advair [®] (Fluticasone/Salmeterol) Breo [®] (Fluticasone/Vilanterol) <u>ICS / LABA / LAMA Combination Drugs</u> Breztri [®] (Budesonide/Glycopyrrolate/Formoterol) Trelegy [®] (Umeclidinium/Vilanterol/Fluticasone) <u>Inhalation/Nebulizer Drugs</u> Perforomist Inhalation [®] (Formoterol Fumarate) Yupelri Inhalation [®] (Revefenacin)	<u>Beta Agonist / Muscarinic Agonists</u> Atrovent HFA (Ipratropium) [SAMA] <u>Long Acting Beta Agonists (LABA)</u> <u>Long Acting Muscarinic Agonists (LAMA)</u> Tudorza (Aclidinium Bromide) <u>LABA / LAMA Combination Drugs</u> Bevespi (Formoterol/Glycopyrronium) Duaklir (Aclidinium/Formoterol) <u>ICS / LABA Combination Drugs</u> <u>ICS / LABA / LAMA Combination Drugs</u> <u>Inhalation/Nebulizer Drugs</u> Brovana (Arformoterol Tartrate) ^{S/E} AG-Formoterol Fumarate (Perforomist Inhalation) Lonhala Magnair (Glycopyrrolate) ^{S/E}
<u>Other Drugs</u> Z2	<u>Other Drugs</u> Daliresp [®] (Roflumilast)	<u>Other Drugs</u>
Nasal Polyps (Non-Specialty) Q7	XHance [®] (Fluticasone Propionate)	

COPD

Acne / Rosacea / Psoriasis

IMPORTANT NOTE – For Topical Acne, Seborrhea & Atopic Dermatitis products, use Generics as First Line therapy for all indications

Dermatology: Keratolytics, Scabies & Lice

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Keratolytic (AK) Drugs <u>Moisture Drugs</u> Bexarotene / Targretin Fluororacil / Efudex ^{S/E} L5F/Q5P/T0A <u>Immunomodulators</u> (Imiquimod) Imiquimod / Aldara ^{S/E} , Zyclara 3.75% Cream Z2G	<u>Moisture Drugs</u> Klisyri [†] (Tirbanibulin) <u>Immunomodulators</u>	<u>Moisture Drugs</u> ^{S/E through Generics} Carac (Fluororacil) Fluoroplex, Tolak Cream (Fluororacil) Panretin (Alitretinoin) <u>Immunomodulators</u> Zyclara 2.5% Cream Pump (Imiquimod)
Antifungals <u>Orals</u> Clotrimazole / Lotrimin, Mycelex Fluconazole / Diflucan Flucytosine / Ancobon Itraconazole / Sporanox, Tolsura Voriconazole / Vfend, Onmel, Tolsura <u>Topicals</u> Ciclopirox / Loprox, Penlac Econazole Nitrate / Spectazole Halcinonide / Halog Cream [^] Halobetasol Propionate / Ultravate Cream Hydrocortisone / Locoid Lipocream Ketoconazole / Nizoral, Extina Luliconazole / Luzu Naftifine / Naftin Cream & Gel 1% Nystatin / Mycostatin, Mycolog II Sertaconazole / Ertaczo Tavaborole / Kerydin Solution Terbinafine / Lamisil Solution Q5/L9	<u>Orals</u> Lamisil Granules only (Terbinafine) <u>Topicals</u> Jublia [†] (Efinaconazole) Naftin Gel 2% [†] (Naftifine)	<u>Orals</u> Cresemba (Isamuconazonium) Noxafil (Posaconazole) ^{100% Copay} Oravig Buccal (Miconazole) Oxistat (Oxiconazole) Tolsura (Itraconazole) <u>Topicals</u> Exelderm (Sulconazole) Vusion (Miconazole/Zinc Oxide) Xolegel (Ketoconazole) Recortev (Levoketoconazole)
Scabies & Pediculosis (Lice) Drugs Crotamiton / Eurax Cream/Lotion Malathion / Ovide Lotion Permethrin 5% / Elimite Cream/Liquid Spinosad / Natroba Suspension Q5N		Sklice (Ivermectin) ^{S/E} Ulesfia Lotion (Benzil Alcohol)

Antifungals

Lice

IMPORTANT NOTE – For Topical Steroids, use Generics as First Line therapy for all indications. Many Single Source Brand Products are considered Non-Preferred Brands

Dermatology: Topicals, & Hyperhydrosis & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Topical Local Anesthetics & Analgesics Diclofenac Sodium / Voltaren Arthritis Pain OTC, Voltaren Gel Diclofenac Sodium / Pennsaid Lidocaine Patches / Lidoderm ^{100% Copay} HC Acetate/Pramoxine / Proctofoam-HC Q5E/Q5H	Flector 12Hr Patches' (Diclofenac Epolamine) Licart 24Hr Patches' (Diclofenac Epolamine)	Analpram-HC (HC Acetate/Pramoxine) Cetacaine (Tetracaine/Benzocaine) Epifoam (HC Acetate/Pramoxine HCL) LidoRx Pump (Lidocaine - Homeopathic) Novacort (HC Acetate/Pramoxine) Pramosone (HC Acetate/Pramoxine) SpeedGel Rx Pump (Homeopathic) Zingo (Lidocaine HCL Monohydrate)
Hyperhydrosis L8C	Qbrexza' (Glycopyrronium)	
Other Topical Products Acyclovir / Zovirax Mupirocin / Bactroban 2% Ointment & Cream Q5V/Q5W		Altabax Ointment (Retapamulin) Qutenza Patches (Capsaicin) ^{P/A Req'd} Rectiv Ointment (Nitroglycerin)

Pain Creams

Vaginal Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Vaginal Antibiotics Metronidazole / Metrogel-Vaginal, Vandozole Gel Clindamycin / Cleocin Cream		Cleocin Supp (Clindamycin Phosphate) Clindesse (Clindamycin Phosphate) Nuversa Gel (Metronidazole) Xaciato (Clindamycin Phosphate)
Vaginal Antifungals Fluconazole / Diflucan ^(VVC) Miconazole / Monistat Cream ^(VYI) Terconazole / Terazol Cream ^(VVC)		AVC Cream (Sulfanilamide) ^(VYI) Brexafemme Tablets (Ibexafungerp) ^{S/E (VYI, VVC)} Femstat Applicator (Butoconazole) ^(VYI) Mycelex-3 Troches (Butoconazole) ^(VYI) Solosec Granules (Secnidazole) ^(VYI) Vivjoa Capsules (Oteseconazole) ^(RVVC)

VYI - Vaginal Yeast Infection

VVC - Vulvovaginal Candidiasis

RVVC - Recurring Vulvovaginal Candidiasis

Vaginal Preps

Ophthalmics: Anti-Infectives, Antihistamines, Dry Eye Drugs & Anti-Inflammatories

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Ophthalmic Anti-Infectives Ciprofloxacin / Ciloxan Gatifloxacin / Zymaxid Gentamycin / Gentak Ofloxacin / Ocuflox Moxifloxacin / Moxeza, Vigamox Polymyxin/Trimethoprim / Polytrim Sulfacetamide 10% / Bleph-10 Tobramycin / Tobrex Trifluridine / Viroptic Q21N/Q6S-V-W	Azasite' (Azithromycin) Besivance' (Besifloxacin)	Blephamide/SOP (Na Sulfacet/Prednisolone) Blephamide Natacyn (Natamycin) Xdemvy (Lotilaner) ^{SPEC} Zirgan Gel (Ganciclovir)
Ophthalmic Antihistamines Bepotastine / Bepreve Epinastine / Elestat Ketotifen / Zaditor OTC, Alaway Olopatadine / Patanol, Pataday, Pazeo Q6R		Lastacraft (Alcaftadine) Zerviate (Cetirizine) ^{100% Copay}
Ophthalmic Immunomodulators (Dry Eye) <u>Eye Drops</u> Cyclosporine / Restasis Emulsion' ^A <u>Other</u> Q2C	<u>Eye Drops</u> Miebo' (Perfluorohexyloctane) Restasis Multidose' (Cyclosporine) <u>Other</u> Tyrvaya Nasal Spray' (Varenicline)	<u>Topicals</u> Cequa (Cyclosporine) Eysuvis (Loteprednol Etabonate) ^{S/E} Iheezo (Chloroprocaine) Vevye (Cyclosporine) Xiidra (Lifitegrast) <u>Other</u>
Ophthalmic Mast Cell Stabilizers Q6U		Alocril (Nedocromil Sodium) Alomide (Lodoxamide)

Ophthalmics: Glaucoma, Mydriatics & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Ophthalmic Anti-Inflammatory Drugs Diclofenac Sodium / Voltaren Difluprednate / Durezol Fluorometholone / FML Forte Ketorolac / Acular, Acular-LS Loteprednol / Lotemax (all forms) Prednisolone Acetate / Pred Forte	Alrex' (Loteprednol) Ilevro' (Nepafenac) Prolensa' (Bromfenac Sodium)	Acular PF, Acuvail (Ketorolac) Bromsite' (Bromfenac Sodium) Flarex, FML Forte, FML-SOP (Fluorometholone) Inveltys (Loteprednol Etabonate) Maxidex (Dexamethasone) Nevanac (Nepafenac) Pred Mild (Prednisolone Acetate)
Ophthalmics for Glaucoma Miotics Betaxolol / Betopic Brimonidine / Alphagan Brimonidine/Timolol / Combigan'^ Brimonidine/Brinzolamide / Simbrinza'^ Dorzolamine / Trusopt Levobunolol / Betagan Metipranolol / Optipranolol Pilocarpine / Isopto Carpine Timolol Maleate / Timoptic/XE, Istalol Timolol/Dorzolam / Cosopt/PF Prostaglandins Latanoprost / Xalatan Travoprost / Travatan Z	Miotics Alphagan P' (Brimonidine) Betimol' (Timolol) Prostaglandins Lumigan' (Bimatoprost) Zioptan' (Tafluprost)	Miotics Azopt (Brinzolamide) Betopic-S (Betaxolol) Iopidine (Apraclonidine) Omlonti (Omidenepag) Rhopressa (Netarsudil) Vuity (Pilocarpine) Prostaglandins Iyuzeh (Latanoprostene) Rescula (Unoprostone Isopropyl) Rocklatan (Netarsudil/Latanoprost) Vyzulta (Latanoprostene Bunod) Xelphos (Latanoprost-PF Emulsion)
Ophthalmic Mydriatics (Pupils) Cyclopentolate / Cyclogyl Tropicamide / Mydracyl		Cyclomydril (Phenylephrine/Cyclopent) Isopto Atropine / Atropine Paremyd (Hydroxyamphetamine/Tropicamide)
Ophthalmic Antibiotic-Corticoid Drugs Neomycin/Polymyxin/Dexamethasone / Maxitrol Tobramycin/Dexamethasone / Tobradex	Zylet' (Tobramycin/Loteprednisolone)	Pred-G (Gentamicin/Prednisolone)

Ear Drops

Ear Drops

Miscellaneous: Dependence & Withdrawal, Dental, Saliva, & Rescue Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Dependence & Withdrawal Symptom Drugs <u>Alcohol Dependence Drugs</u> Disulfiram / Antabuse C0D <u>Opioid Dependence Drugs</u> Buprenorphine/Naloxone Tablets ^{S/E} / Suboxone, Zubsolv ^{S/E} Buprenorphine/NLX / Suboxone SL Film ^{1A} H3W <u>Withdrawal Symptom Drugs</u> H33 <u>Smoking Cessation</u> Bupropion/ Zyban, Wellbutrin (Varenicline Tartrate / Chantix H7/J3	<u>Alcohol Dependence Drugs</u> <u>Opioid Dependence Drugs</u> <u>Withdrawal Symptom Drugs</u> <u>Smoking Cessation</u>	<u>Alcohol Dependence Drugs</u> <u>Opioid Dependence Drugs</u> Bunavail Buccal (Buprenorphine/NLX) ^{S/E} <u>Withdrawal Symptom Drugs</u> Lucemyra (Lofexidine) ^{100% Copay} <u>Smoking Cessation</u> Nicotrol NS (Nicotine)
Saliva Substitutes D4	SalivaMax Powder	Aquoral Spray Mucositis Rx Powder NeutraSal
Parasympathetic (Saliva) Drugs Bethanechol / Urecholine Cevimeline / Evoxac Pilocarpine / Salagen J1A		
Rescue Drugs <u>Anaphylaxis Drugs</u> Epinephrine (Epipen AG) J5F <u>Opioid Overdose Agents</u> H3T	<u>Anaphylaxis Drugs</u> Epipen[®], Epipen Jr[®] (Epinephrine) <u>Opioid Overdose Agents</u> Narcan Nasal Spray (Naloxone)	<u>Anaphylaxis Drugs</u> Auvi-Q (Epinephrine) ^{100% Copay} Symjepi (Epinephrine) ^{S/E} <u>Opioid Overdose Agents</u> Evzio Injector (Naloxone) ^{100% Copay} Kloxxado Nasal Spray (Naloxone) ^{100% Copay} Opvee Nasal Spray (Nalmefene) RiVive Nasal Spray (Naloxone) Zimhi Injector (Naloxone)

Addiction

Rescue

Specialty Drug Formulary List

Specialty Drug Products

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs typically treat complex and chronic conditions, including cancer, multiple sclerosis, various types of hepatitis, chronic kidney failure, organ transplants, rheumatoid arthritis and other diseases. Specialty drugs might be covered through either medical or prescription drug insurance. Under which benefit a specialty drug is covered usually depends on where the patient receives the drug. If the patient takes the drug orally or self-injects the drug at home, it is more likely to be covered through their prescription drug benefit, while if the patient receives the drug at a doctor's office or an outpatient clinic, it's more likely to be covered through the medical benefit.

Prescriptions for specialty drugs can be filled at a retail pharmacy, but not many pharmacies will dispense specialty drugs or provide the extra clinical and educational services required to properly manage specialty patients due to inventory costs. Additionally, some drug manufacturers limit the distribution of specialty drugs, making their drugs available only through designated, pre-certified specialty pharmacies. For more information about limited distribution drugs, please contact your clinical Account Manager.

Specialty Programs & Limits

Some specialty drugs below are noted with letters or symbols next to them. The letters and symbols refer to the requirements of the pharmacy benefit programs and are provided to help check which drugs may have a clinical program or limitations in place. The benefit plan determines how these medications may be covered.

P/A or P/A Req'd	Prior Authorization – Physician is required to provide additional information to determine coverage.
P/A for Diagnosis	Prior Authorization may be required for clinical diagnosis
Clinical P/A	Prior Authorization may be required for clinical diagnosis
C-P/A	Prior Authorization may be required for clinical confirmation
S/E	Step Therapy – Trial of another drug is required before this drug is covered.
RECOMMENDED	Product is preferred over other drugs listed in the assigned tier – step edit may or may not apply
100%	100% Copay may apply. Lower-cost or better clinical options are available.

Specialty Drug Product Qualifications

The P&T Committee, using current medical literature, has developed a “specialty” pharmacy product formulary comprised of Specialty Drug Products. To be considered a “Specialty Drug”, a drug should fall into at least five (5) of the following categories although still subject to assignment by the P&T Committee.

1. A drug that treats specific, mainly chronic, and often rare conditions; or is considered an orphan drug
2. A drug whose usage is initiated with a specialist
3. A drug that requires special handling
4. A drug whose use involves unique distribution channels, such as limited distribution management and specialized paperwork (REMS)
5. A drug that requires administration in a healthcare setting with oversight of a healthcare professional
6. A drug that is costs more than a specific set amount per month
7. A drug whose usage requires high degrees of patient management, increased supervision, counseling, and/or education
8. A drug whose use often may result in patients requiring reimbursement assistance to maintain regimen

The current specialty pharmacy product listing is available from your Account Manager.

SPECIAL NOTES:

- CGRP medications can be found on page 11

Specialty Drug Copays

While the formulary placement of a drug is determined by the P&T Committee, the copays that are assigned to brand and generic drugs are determined by the copay established under each plan benefit design. Therefore, in many cases, the copay for a preferred brand specialty drug may be different than a preferred brand drug that is not deemed as a specialty drug. This often occurs with HIV, oncology, immunology, respiratory and many other drugs.

Additionally, drugs that are infused or administered intravenously often have different copays applied, especially when they are covered under a medical benefit. For more information about what a copay would be for a specific drug, the patient should contact their benefit office.

NOTE: If the member uses a member portal, online pricing tool or smartphone/tablet app, the copay returned may not always be as expected based on many factors, including whether the member's plan follows the formulary and the recommendations of the P&T Committee, how the plan even wants a given drug covered, what stage the member is in their deductible benefit if applicable, whether the claim is filled by an in or out of network provider, and if other member level coverage overrides have been entered.

Specialty: Hep C & Multiple Sclerosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Hepatitis Treatment Drugs <u>Hepatitis B Drugs</u> Adefovir Dipivoxil / Hepsera Entecavir / Baraclude Lamivudine / Epivir HBV Peginterferon Alfa-2B / Peg-Intron HEPB <u>Hepatitis C Drugs – Interferons</u> Ribavirin / Copegus , Ribasphere HEPC <u>Hepatitis C Drugs – Other Inhibitors</u> HEPC	<u>Hepatitis B Drugs</u> <u>Hepatitis C Drugs – Interferons</u> <u>Hepatitis C Drugs – Other Inhibitors</u> Mavyret [®] (Glecaprevir/Pibrentasir) ^{P/A Diagnosis} Sofosbuvir/Ledipasvir / [Harvoni AG Only] ^{P/A Req'd} Sofosbuvir/Velpatasvir / [Epclusa AG Only] ^{P/A Req'd}	<u>Hepatitis B Drugs</u> Pegasys (Peginterferon Alfa-2A) Vemlidy (Tenofovir Alafenamide) <u>Hepatitis C Drugs – Interferons</u> Infergen (Interferon Alfacon-1) <u>Hepatitis C Drugs – Other Inhibitors</u> Epclusa (Sofosbuvir/Velpatasvir) ^{P/A Req'd} Harvoni (Sofosbuvir/Ledipasvir) ^{P/A Req'd} Sovaldi Pellets (Sofosbuvir) ^{P/A Req'd} Vosevi (Sofosbuvir/Velpatasvir/Voxilaprevir) ^{P/A Req'd} Zepatier (Elbasvir/Grazoprevir) ^{P/A Req'd}
Multiple Sclerosis (MS) Drugs <u>Injectables</u> Glatiramer Acetate / Copaxone Glatiramer Acetate / Glatopa [®] MS_I <u>Orals</u> Dimethyl Fumerate / Tecfidera ^{S/E} Fingolimod / Gilenya MS_O <u>Infused</u> MS_F <u>Ambulatory</u> Dalfampridine / Ampyra ^{P/A Req'd} MS_A	<u>Injectables</u> Kesimpta [®] (Ofatumumab) <u>Orals</u> Mayzent [®] (Siponimod) <u>Infused</u> <u>Ambulatory</u>	<u>Injectables</u> Avonex (Interferon β -1A) ^{S/E} Betaseron (Interferon β 1B) ^{S/E} Briumvi (Ublituximab) Extavia (Interferon β -1B) ^{S/E} Plegridy (Interferon β -1A) ^{2-S/E (Inj & Oral)} Rebif (Interferon β -1A/Albumin) ^{2-S/E (Inj & Oral)} <u>Orals</u> Aubagio (Teriflunomide) ^{S/E} Bafiertam (Monomethyl Fumerate) ^{S/E} Fleqsuvy Solution (Baclofen) ^{100% Copay} Mavenclad (Cladribine) ^{P/A, Special Therapy} Ponvory (Ponesimod) ^{S/E} Tascendo ODT [®] (Fingolimod) ^{S/E} Vumerity (Diroximel Fumerate) ^{2-S/E (Inj & Oral)} Zeposia (Ozanimod) ^{S/E} <u>Infused</u> Lemtrada Infusion (Alemtuzumab) ^{S/E} Ocrevus (Ocrelizumab) ^{S/E} Tysabri Infusion (Natalizumab) ^{2-S/E (Inj & Oral)} <u>Ambulatory</u> Fleqsuvy Susp (Baclofen) ^{100% Copay} Lyvespah Granules (Baclofen) ^{100% Copay} Ozobax (Baclofen) ^{S/E}

Hepatitis

MULTIPLE SCLEROSIS

IMMUNOLOGY

IMMUNOLOGY

ERA = Also a Preferred Agent for Enthesitis Related Arthritis

Self-Injected Product Types:

Anti-TNFs	Adalimumab (<i>Humira</i>), Certolizumab (<i>Cimzia</i>), Etanercept (<i>Enbrel</i>), Golimumab (<i>Simponi</i>)
IL-1 Inhibitors	Anakinra (<i>Kineret</i>)
IL-6 Inhibitors	Sarilumab (<i>Kevzara</i>), Tocilizumab (<i>Actemra</i>)
IL-17 Inhibitors	Brodalumab (<i>Siliq</i>), Ixekizumab (<i>Taltz</i>), Secukinumab (<i>Cosentyx</i>), Bimekizumab (<i>Bimzelx</i> – 17 A/F)
IL-23 Inhibitors	Guselkumab (<i>Tremfya</i>), Risankizumab (<i>Skyrizi</i>), Tildrakizumab (<i>Ilumya</i>), Ustekinumab (<i>Stelara</i> – 12+23), Mirikizumab (<i>Omnivoh</i>)
JAK Inhibitors	Baricitinib (<i>Olumiant</i>), Tofacitinib (<i>Xeljanz/XR</i>), Upadacitinib (<i>Rinvoq</i>)
S1P Modulators/Inhibitors	Ozanimod (<i>Zeposia</i>), Etrasimod (<i>Vesipity</i>)
Other	Abatacept (<i>Orencia</i> – SCM), Apremilast (<i>Otezla</i> – P-4), Vedolizumab (<i>Entyvio</i> – IRA)

Specialty: MTX, UC & CD, Atopic Dermatitis, Osteoarthritis, HGH & Anti-Psychotics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Methotrexates & DMARDs Leflunomide / Arava Methotrexate / Trexall	Rasuvo Injectable' (Methotrexate)	Jylamvo Solution (Methotrexate) ^{100% Copay} Otrexup / RediTrex Injectable (Methotrexate)
Ulcerative Colitis & Crohns - Other Budesonide / Uceris		
Atopic Dermatitis HAE	Adbry (Tralokinumab) ^{P/A Indication} Dupixent (Dupilumab) ^{P/A Indication} Rinvoq' (Upadacitinib) ^{P/A Indication}	Cibinqo (Abrocitinib) ^{100% Copay}
Osteoarthritis Drugs Move-Free Ultra Vitamins (Hyaluronic Acid) OA O		Euflexxa, Hyalgan, Orthovisc (Hyaluronate Sodium) ^{P/A Req'd} Supartz/Supartz FX (Hyaluronate Sodium) ^{P/A Req'd} Synvisc/Synvisc-ONE (Hylan) ^{P/A Req'd}
Cholesterol Management PC99		Juxtapid (Lomitapide) ^{P/A Req'd} Kynamro SQ (Mipomersen) ^{P/A Req'd}
Human Growth Hormones (HGH) <u>Daily Dosing</u> <u>Weekly Dosing</u> HGH	<u>Daily Dosing</u> Norditropin' (Somatropin) ^{P/A Dosing} Omnitrope' (Somatropin) ^{P/A Dosing} <u>Weekly Dosing</u>	<u>Daily Dosing</u> All Other Daily Somatropin Drugs ^{P/A Req'd} <u>Weekly Dosing</u> Ngenla (Somatogon) ^{100% Copay} Sogroya (Somapacitan) ^{P/A Req'd} Skytrofa (lonapegsomatropin) ^{P/A Req'd}
Injectable Antipsychotic Drugs ATYP		Abilify Maintena & Asimtufii (Aripiprazole) ^{B,S} Aristada ER & Initio Injection (Aripiprazole Lauroxil) ^{B,S} Geodon for Injection (Ziprasidone) ^{B,S} Invega Trinza/Hafyera (Paliperidone) ^{B,S} Perseris Inject. Suspension (Risperidone) ^{B,S} Risperdal M/Consta, Uzedo ER Inj (Risperidone) ^{B,S} Zyprexa Relprevv (Olanzapine Pamoate) ^{B,S}

^B - Bi-polar indication ^S - Schizophrenia indication ^M - Manic Depressive Disorder indication

SPECIALTY

SPECIALTY

NATIONAL FORMULARY

Specialty: Lupus, Heparin, Hematopoietic, Osteoporosis, Narcolepsy, Infertility & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Lupus Drugs LUP		Benlysta (Belimumab) ^{P/A Req'd} Lupkynis (Voclosporin) ^{P/A Req'd} Saphnelo (Anifrolumab) ^{P/A Req'd}
Alopecia Areata Agents LUP	Olumiant (Baricitinib) ^{P/A Indication}	Litfulo (Ritlecitinib) 100% Copay
Severe Respiratory (Eosinophyllic Agents) RESP	Dupixent' (Dupilumab) ^{P/A Indication} Fasenra' (Benralizumab) ^{P/A Indication} Nucala (Mepolizumab) ^{P/A Indication}	Cinqair (Reslizumab IV) ^{Med P/A Req'd} Xolair (Omalizumab) ^{P/A Clinical} Tezspire (Tezepelumab) ^{P/A Req'd}
Nasal Polyps PLP	Dupixent' (Dupilumab) ^{P/A Indication} Nucala (Mepolizumab) ^{P/A Indication}	
Heparin-Related Drugs Enoxaparin / Lovenox Injection Fondaparinux / Arixtra Injection DVT		Fragmin Injection (Dalteparin) 100% Copay
Hematopoietic Drugs HPOI		Aranesp (Darbepoetin) Epogen (Epoetin-alfa) Procrit (Epoetin-alfa) Retacrit (Epoetin-alfa-epbx)
Osteoporosis Drugs Ibandronate / Boniva Injectable ^{P/A Req'd} Teriparatide / Forteo Injectable ^{P/A Req'd} Zoledronic Acid / Reclast, Zometa Injectable ^{P/A Req'd}		Evenity (Romosozumab) ^{P/A Req'd} Prolia (Denosumab) ^{P/A Req'd} Tymlos Injectable (Abaloparatide) ^{P/A Req'd}
Cataplexy / Narcolepsy Drugs NARC		Wakix (Pitolisant) ^{P/A Req'd} Xyrem Solution (Sodium Oxybate) ^{P/A Req'd} Xywav (Calcium/Magnesium/Pot/Sodium Ox) ^{P/A Req'd}

SPECIALTY

Specialty: Intrauterine Devices, Sickle Cell Anemia, HIV, Epilepsy

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Infertility Drugs INFS		Bravelle (Urofollitropin) P/A Req'd Cetrotide (Cetrorelix Acetate) P/A Req'd Follistim AQ (Follitropin Beta) P/A Req'd Gonal-F, Gonal-F RFF (Follitropin Alfa) P/A Req'd Novarel (Chorionic Gonadotropin, Human) P/A Req'd Ovidrel (Choriogonadotropin Alfa) P/A Req'd
Intrauterine Devices IUDS		Kyleena, Liletta (Levonorgestrel) P/A Req'd Mirena, Skyla (Levonorgestrel) P/A Req'd
Sickle Cell Anemia SCA		Adakveo IV (Crizanlizumab) Medical Only Oxbryta (Voxelotor) P/A Req'd
HIV MISC	Apretude (Cabotegravir) P/A for PREP after Vocabria Cabenuva Injection (Cabotegravir/Rilpivirine) Vocabria (Cabotegravir)	
Epilepsy/Seizure MISC		Epidiolex (Cannabidiol) P/A Req'd
Pruritus for CKD MISC		Korsuva (Difelikefalin) P/A Req'd

SPECIALTY

2 For placement and criteria for all other specialty medications not listed in this PDL, please contact your assigned account manager.

Prescription Digital Therapeutics Formulary

Prescription Digital Therapeutics (PDTs), such as smart device applications, are evolving into a new area of treatment options for physicians and patients. While these applications undergo rigorous safety checks under the FDA's 510(k) pathway and may prove very helpful either as an adjunct (add-on) to existing therapy with your current medication, as treatment to reduce the use of current medication, or as stand-alone treatment, many are not covered under your pharmacy benefit at this point and may be excluded or not covered on the formulary.

As new PDTs are approved or cleared by the FDA, reviewed by our P&T Committee and recommended for formulary placement under the pharmacy benefit, this section will include those known digital technologies that we consider for coverage by your plan design. To be considered for formulary placement, all of the following must be met:

1. A PDT used to treat, manage, or prevent a disease or disorder.
2. A PDT with published trial results inclusive of clinically meaningful outcomes in peer-reviewed journals.
3. A PDT reviewed and cleared or certified by regulatory bodies as required to support product claims of risk, efficacy, and intended use.
4. Additional Criteria:
 - a. A PDT available only with a prescription from a licensed provider.
 - b. A PDT with applicable NDC

The current status of different digital therapeutics products is:

Digital Application	Therapeutic Indication	Manufacturer	Status
ENDEAVORRX	ADHD	Akili Interactive	Excluded
LUMINOPIA	Amblyopia (Lazy Eye)	Luminopia	PREFERRED
MAHANA IBS	Irritable Bowel Syndrome (IBS)	Mahana Therapeutics	Excluded
NERIVIO	Migraine	Theranica Bio-Electronics	Excluded
REGULORA IBS	Irritable Bowel Syndrome (IBS)	Metame Health	Excluded
RESET (SUD)	Substance Use Disorder (SUD)	Pear Therapeutics	Excluded
RESET-O (OUD)	Opioid Use Disorder (OUD)	Pear Therapeutics	Excluded
SOMRYST	Insomnia	Pear Therapeutics	Excluded

Miscellaneous Notes

Miscellaneous Notes: Non-Listed Injectables, Infusion & Oral Products

Injectables: There are therapeutic categories that contain injectable specialty drugs that are not listed in this formulary listing (PDL). If you have any questions as to the tier preference of a specific non-listed injectable specialty drug, please contact your account manager for more information. Injectables that require medical administration or medical/nursing support that not shown in this PDL.

Infusion: There are infused drugs administered at home or at a facility by a healthcare professional that require medical/nursing support. If one of those drugs is not listed, those medications should be processed through medical benefits.

Other Oral Products: Oral products (other than oral oncology and HIV drugs) that are not listed in this PDL should be considered having a Non-Preferred Brand copay.

Single Source Brand Oral Oncology and Immunosuppressant Drugs: Unless noted, Single Source Brand oral drugs generally have a preferred brand copay applied, while Multi-Source Brand drugs have a non-preferred copay applied. Multi-Source Generic Oral Oncology and Immunosuppressant drugs generally have a generic copay applied.

