

ProCare Rx

2025

National Formulary

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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.

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).

Biosimilars in this document are listed in bold and italics font.

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 our website, while a list of changes to the PDL may be requested through your account manager.

Antibiotics

GENERIC DRUGS	PREFERRED BRANDS	NON- PREFERRED BRANDS
Penicillins & Cephalosporins <i>Multiple Generics available for Prescribing</i> W1		
Tetracyclines Doxycycline (various) / Acticlate, Doryx, Vibramycin Minocycline / Minocin, Dynacin, Solodyn <i>Multiple Generics available for Prescribing</i> W1		
Macrolides, Clindamycins & Ketolides <i>Multiple Generics available for Prescribing</i> W9		
Sulfonamides, Sulfones & Nitrofurantoin <i>Multiple Generics available for Prescribing</i> W2		
Quinolones Ciprofloxacin / Cipro, Cipro XR Levofloxacin / Levaquin Moxifloxacin / Avelox Ofloxacin / Floxin W1		Baxdela (Delafloxacin) ^{S/E} Factive (Gemifloxacin)
Miscellaneous Antibiotics Vancomycin / FirVanq Soln, Vancocin Linezolid / Zyvox W1	Dificid (Fidaxomicin)	Orlynvah Tabs (Sulopenem Etzadroxil/Probenecid) Pivya Tabs (Pivmecillinam) Rebyota Susp (Fecal Microbiota Spores) Vowst (Fecal Microbiota Spores)

ANTIBIOTICS

Antivirals

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
General Antivirals <u>Antivirals:</u> - Acyclovir / Zovirax - Amantadine / Symmetrel - Famciclovir / Famvir - Ganciclovir / Cytovene - Valacyclovir / Valtrex - Valganciclovir / Valcyte w5 <u>Flu Treatment/Flu Prevention:</u> - Osetamivir / Tamiflu - Rimantadine / Flumadine w5	<u>Antivirals:</u> <u>Flu Treatment/Flu Prevention:</u>	<u>Antivirals:</u> Prevymis (Letermovir) P/A Req'd <u>Flu Treatment/Flu Prevention:</u> Relenza Diskhaler (Zanamivir) Xofluzo (Baloxavir Marboxil)
HIV Antiral Drugs <i>Multiple Generics available for Prescribing</i> w5	All <u>Single Source Brand</u> HIV Antiral Drugs	All <u>Multi-Source Brand</u> HIV Antiral Drugs
HIV Pre-Exposure Prophyaxis Drugs Tenofovir/Emtricitabine / Truvada S/E/P/A Req'd w5	Descovy (Emtrictabine/Tenofovir Alafenamide)	Truvada (Emtricitabine/Tenofovir Disproxil (TDF))

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 Pyrimethamine / Daraprim Quinine Sulfate / Qualaquin W4		Arakoda (Tafenoquine) Lampit (Nifurtimox)
Antihelmintic Drugs Albendazole / Albenza Ivermectin / Stromectol Praziquantel / Biltricide W4		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. Scopolamine / Transderm-Scop Patch Trimethobenzamide / Tigan H6	Bonjesta ER (Doxylamine Succinate/Vitamin B6) Ondansetron ODT (16mg Only)	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)

NAUSEA

Neurologic: Parkinsons & Migraine Drugs

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

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

Neurologic: Alzheimers, Anticonvulsants & Antiepileptics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Alzheimer's Drugs Donepezil / Aricept /ODT Galantamine / Razadyne /ER Memantine / Namenda /XR Pyridostigmine / Mestinon Rivastigmine / Exelon Capsules/Patches H1/J1		Adlarity Patches (Donepezil) ^{100% Copay} Namzaric (Memantine/Donepezil) ^{S/E} Zunveyl Tabs (Benzgalantamine) ^{P/A Req'd}
Anticonvulsants & Anti-Epileptics Anti-Convulsants Carbamazepine / Carbatrol , Tegretol Clonazepam / Klonopin Divalproex Sodium / Depakote /ER/Sprinkles Gabapentin / Neurontin Lacosamide / Vimpat Lamotrigine / Lamictal , Lamictal XR, Lamictal ODT Methsuximide / Celontin Oxcarbazepine / Trileptal Pregabalin / Lyrica , Lyrica CR Topiramate / Topamax , Qudexy XR, Trokendi Valproic Acid / Depakene Vigabatrin / Sabril <i>(Many other Generic Products are Available)</i> Anti-Epileptic Drugs Levetiracetam / Keppra , Keppra XR Phenytoin / Dilantin Phenytoin Sodium / Phenytek H2/H4	Anti-Convulsants Xcopri (Cenobamate) ^{S/E} Anti-Epileptic Drugs Dilantin 30mg ONLY (Phenytoin) Motpoly XR' (Lacosamide) Spritam' (Levetiracetam) ^{S/E}	Anti-Convulsants Aptiom (Eslicarbazepine) ^{S/E} Diacomit (Stiripentol) ^{S/E [Dravet]} Eprontia Solution (Topiramate) ^{100% Copay} Fintepla (Fenfluramine) ^{S/E} Fycompa (Perampanel) ^{S/E} Libervant Buccal Film (Diazepam) ^{P/A Req'd} Nayzilam Nasal Spray (Midazolam) Oxtellar XR (Oxcarbazepine) ^{P/A Req'd} Valtoco Nasal Spray (Diazepam) ^{P/A Req'd} Anti-Epileptic Drugs Briviact (Brivaracetam) ^{S/E} Elepsia XR (Levetiracetam) ^{P/A Req'd}
Fibromyalgia, Neuropathic & PHN** Drugs Duloxetine / Cymbalta Gabapentin / Neurontin Pregabalin / Lyrica /CR H4/H7		Gralise (Gabapentin) Savella (Milnacipran) ZTLido (Lidocaine Patch)**
Restless Leg Syndrome (RLS) Drugs Pramipexole / Mirapex Ropinirole / Requip , Requip-XL H6		Horizant (Gabapentin Enacarbil) Neupro Patch (Rotigotine)

** - Post-Herpetic Neuralgia Pain (PHN)

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 / DVT

HEART / CARDIOVASCULAR

NATIONAL FORMULARY

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 / Univase (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		
Heart Failure Agents	Entresto [†] (Naprilysin/Valsartan)	Inpefa [†] (Sotagliflozin)
Diuretics Chlorothiazide / Diuril Chlorthalidone / Hygroton Furosemide / Lasix Spironolactone/HCTZ / Aldactone , Aldactazide , Carospir Toresmide / Demadex Triamterene / HCTZ / Dyazide , Dyrenium , Maxzide <i>(Various other Generics)</i>		Furoscix Inj (Furosemide) ^{S/E} Soaanz (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 Ranolazine / Ranexa-ER A2		Multaq (Dronedarone) Norpace CR (Disopyramide)
Cardiac Glycosides Digoxin / Lanoxin A1		
Vasodilators, Coronary, Nitrates Isosorbide Dinitrate / Isordil, Sorbitrate Isosorbide Dinitrate/Hydralazine / Bidil Isosorbide Mononitrate / Imdur-ER Nitroglycerins Nitroglycerin Oral / Nitrostat Nitroglycerin (Patch) / Nitro-Dur, Minitran Nitroglycerin Mist / NitroMist Spray, Nitrolingual Spray A7	Nitroglycerins	Nitroglycerins Gonitro (Nitroglycerin Sublingual) Nitro-BID Ointment (Nitroglycerin)
Vasodilators, Sympatholytics Clonidine / Catapres, Catapres TTS Patch Guanfacine / Tenex Hydralazine / Apresoline Methyldopa / Aldomet Methyldopa/HCTZ / Alderil A4		
Other Drugs (Various Indications) Colchicine / Colcris Droxidopa / Northera	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) Verquuo (Vericiguat) ^{P/A Req'd}

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

Cholesterol: Statins, Fibrates & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Statins& Statin/CCB Combinations Atorvastatin / Lipitor Atorvastatin/Amlodipine / Caduet ^{100% Copay for Brand} Ezetimibe/Simvastatin / Vytorin Fluvastatin / Lescol, Lescol XL Lovastatin / Mevacor Pitavastatin / Livalo Pravastatin / Pravachol Rosuvastatin / Crestor Simvastatin / Zocor M4	Zypitamag¹ (Pitavastatin) ^{S/E}	Altoprev (Lovastatin) Atorvaliq Solution (Atorvastatin) ^{100% Copay} Roszet (Ezetimibe/Rosuvastatin) ^{100% Copay}
Cholesterol Management – PCSK9s M4	Praluent Inj (Alirocumab) ^{Clinical P/A} Repatha Inj (Evolocumab) ^{Clinical P/A}	
Bile Acid Sequestrants/Liver Drugs <u>BAS</u> Cholestyramine / Questran Colesevelam / Welchol Colestipol / Colestid M4 <u>Liver Drugs</u> Ursodiol / Urso/Urso Forte D7	<u>BAS</u> <u>Liver Drugs</u>	<u>BAS</u> <u>Liver Drugs</u>
Fibrates & Other Drugs Gemfibrozil / Lopid ^{100% Copay} Fenofibric Acid –Choline / Fibricor, TriLipix Fenofibrate, micronized / Fenoglide Fenofibrate, nanocrystalized / Tricor <u>ACL Inhibitors</u> <u>Other Drugs</u> Ezetimibe / Zetia Icosapent Ethyl / Vascepa [^] Niacin / Niacor Omega-3 Acid Ethyl Esters / Lovaza M4	 <u>ACL Inhibitors</u> <u>Other Drugs</u>	Lipofen (Fenofibrate, micronized) <u>ACL Inhibitors</u> Nexletol (Bempedoic Acid) ^{S/E} Nexlizet (Bempedoic Acid / Ezetimibe) ^{S/E} <u>Other Drugs</u> Icosapent Ethyl [A/G] Tryngolza Inj (Olezarsen) ^{Clinical P/A}

UROLOGY

UROLOGY

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 / Colcrys 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> Lanthanum Carbonate / Fosrenol ^{HP} Sevelamer Carbonate / Renvela ^{HP} Sevelamer Hydrochloride / Renagel ^{HP} C1	<u>Hyperkalemia</u> Lokelma' (Sodium Zirconium Cyclosilicate) ^{HK} <u>Hyperphosphatemia</u>	<u>Hyperkalemia</u> Kionex (Sodium Polystyrene Sulfonate) ^{HK} Veltassa Powder Packets (Patiromer Calcium) ^{HK} <u>Hyperphosphatemia</u> Auryxia (Ferric Citrate) ^{HP} Phoslyra Oral Solution (Calcium Acetate) ^{HP} Velphoro (Succroferic Oxyhydroxide) ^{HP}

CKD

GOUT & POTASSIUM

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, Zipsor Diclofenac Sodium / Voltaren XR, Zorvolex Etodolac / Lodine Fenoprofen / Nalfon Flurbiprofen / Ansaid Ibuprofen / Motrin Indomethacin / Indocin Ketoprofen / Orudis, Oruvail Ketorolac / Toradol, Sprix Spray Meclofenamate / Meclomen Mefenamic Acid / Ponstel Meloxicam/ Mobic, Vivlodex Nabumetone / Relafen Naproxen / Naprosyn/EC, Anaprox DS, Naprelan Naproxen/Esomeprazole IR / Vimovo ^{100% Copay} Oxaprozin / Daypro Piroxicam / Feldene Sulindac / Clinoril Tolmetin / Tolectin DS		Combogesic Tabs (Acetaminophen/Ibuprofen) ^{100%} Duexis (Ibuprofen/Famotidine) ^{100% Copay} Relafen DS[†] (Nabumetone) ^{SE} Yosprala (Aspirin/Omeprazole) ^{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 (Limited) <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 Hydrocodone Bitartrate / Hysingla ER Hydrocodone/Acetaminophen / Vicodin Meperidine / Demerol Oxycodone IR / Severol Drugs Oxycodone w/Acetaminophen / Percocet Tramadol (w/ Acetaminophen) / Ultram/ER, Conzip, Qdolo 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 Nucynta/ER (Tapentadol) Xtampza ER (Oxycodone)
Analgesics, Pain, 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 Journavx (Suzetrigine) <u>Non-Salicylates</u> <u>Other</u> Qutenza Patches (Capsaicin) ^{P/A with S/E}

► Note: Denotes Long-Acting Opioid

PAIN (COX-II & 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 ^F Ramelteon / Rozerem Temazepam / Restoril Zolpidem / Ambien, Ambien CR <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}
Sedatives/Hypnotics (Barbiturate/CNS) <i>(Various other Generics)</i> H2		
ADD & ADHD Drugs <u>Stimulants</u> Amphetamine/D-Amphetamine / Adderall, Adderall XR Amphetamine / Mydayis, Evekeo D-Amphetamine / Dexedrine Dexmethylphenidate / Focalin, Focalin XR, Zenzedi Lisdexamfetamine Dimesylate / Vyvanse Methylphenidate / Concerta, Concerta ER, Relexxi ER Methylphenidate / Desoxyn, Metadate CD/ER, Ritalin/LA Methylphenidate Patches/ Daytrana <u>Non-Stimulants</u> Atomoxetine / Strattera Clonidine HCL / Kapvay Guanfacine / Intuniv J5/H7/H2	<u>Stimulants</u> Dyanavel XR (Amphetamine) QuilliChew ER [®] (Methylphenidate) Quillivant XR Suspension [®] (Methylphenidate) <u>Non-Stimulants</u> Qelbree ER [®] (Viloxazine) ^(Eff 02/01/2025)	<u>Stimulants</u> Adzenys XR-ODT / ER Liquid (Amphetamine) ^{S/E-2} Aptensio XR (Methylphenidate) ^{S/E-2} Azstarys (Dexmethylephenidate/Sedexmeth) ^{S/E-2} Cotempla XR-ODT (Methylphenidate) ^{S/E-2} Jornay PM (Methylphenidate) ^{S/E-2} Methylin Solution (Methylphenidate) ^{S/E-2} Xelstrym Patch (Dextroamphetamine) ^{S/E-2} <u>Non-Stimulants</u> Onyda XR Susp (Clonidine) ^{S/E-2}
Excessive Sleepiness / Narcolepsy Armodafinil / Nuvigil Modafinil / Provigil H8		Lumryz Granules (Sodium Oxybate) Sunosi (Solriamfetol) ^{P/A Req'd}

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

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, Forfivo XL Buspirone / Buspar Clomipramine / Anafranil Desipramine / Norpramin Imipramine / Tofranil/PM Mirtazapine / Remeron Nortriptyline / Aventyl, Pamelor Trazadone / Desyre! (Over 20 other 'generic only' Drugs exist) H2/H7		Aplenzin ER (Bupropion Hydrobromide) ^{S/E} Auvelity (Dextromethorphan/Bupropion) ^{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 <i>(Multiple Generic Drugs exist)</i> H7		
Atypical Antipsychotic Drugs Aripiprazole / Abilify ^{B,S} Asenapine / Saphris ^{B,S} Clozapine / Clozaril ^{B,S} Lurasidone / Latuda ^{B,S} Olanzapine / Zyprexa, Zyprexa ZYDIS ^{B,S} Paliperidone / Invega ER ^{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} Cobenfy Caps (Xanomeline/Trospium) ^{S/E S, P/A Req'd} Fanapt (Iloperidone) ^{2 S/E B,S, P/A Req'd} Opipza Film (Aripiprazole) ^{M, P/A Req'd} Rexulti (Brexipiprazole) ^{2 S/E M,S, P/A Req'd} Secuado Patch (Asenapine) ^{S/E S, P/A Req'd} Spravato Nasal Spray (Esketamine) ^{M, T, P/A Req'd} Versacloz Susp (Clozapine) ^{S/E B}
Bipolar Disorders (Anti-mania Drugs) Lithium Carbonate / Lithobid ER Valproic Acid / Stavzer 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)

ANTI-PSYCHOTICS

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 / Zemlar C6/P4		Rayaldee 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} Gimoti Nasal Spray (Metoclopramide) ^{S/E} Voquezna (Vonoprazan) ^{S/E}
Bowel & Colon Drugs <u>Inflammatory Bowel Disease/Ulcerative Colitis</u> Balsalazide Disodium / Colazal Mesalamine / Apriso, Delzicol, Lialda, Pentasa, 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 Foam ^{P/A Req'd} Diphenoxylate/Atropine / Lomotil Glycopyrrolate / Cuvposa Solution 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> Dipentum (Olsalazine) ^{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 (Rifamycin) ^{Travelers Diarrhea, P/A Req'd} Motofen (Difenoxin/Atropine Sulfate)

ULCERS / GERD

BOWEL & 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 D4	Talicia' (Omeprazole Mag/Amox/Rifabutin)	Omeclamox Omeprazole/Amox/Clarithromycin Pylera (Bismuth/Metronid/Tetracycline) Voquesna Tripak (Amox/Clarithromycin/Vonoprazam)

COLON PREPS

BIRTH CONTROL / HORMONE THERAPY

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 Caproate Injections / Makena G1/G8		Ella (Ulipristal Acetate) IntraRosa Vaginal Insert (Prasterone) Veozah (Fezolinetant) Vyleesi (Bremelanotide) Zurzuva (Zuranolone) ^{S/E}
Progestational Drugs Medroxyprogesterone / Provera, Depo-Provera Progesterone, Micronized / Prometrium G2	Crinone' (Progesterone, Micronized)	Addyi (Flibanserin) Endometrin Supp (Progesterone, Micron.)
Androgenic Drugs Methyltestosterone / Testred Oxandrolone / Oxandrin Prasterone / DHEA Testosterone / Androgel Gel, Fortesta, Testim, Vogelxo 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} Tlando (Testosterone) ^{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 Betamethasone / Celestone Soln Delfazacort / Emflaza Dexamethasone / Decadron , Hidex Hydrocortisone / Cortef Methylprednisone / Medrol Prednisone / Deltasone , Millipred ER , Taperdex ODT Prednisolone / Orapred ODT , Pediapred , Veripred Soln <i>Multiple Generics available for Prescribing</i> P5		 Agamree Susp (Vamorolone) 100% Copay Rayos (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> Bydureon BCise ['] (Exenatide [~]) Byetta ['] (Exenatide [~]) <u>GLP-1 / Insulin Combinations</u> <u>GLP-1 / GIP Combinations</u> <u>Other Injectables</u> SymlinPen (Pramlintide Acetate) ^{Disc 1Q2025}

**** 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.

INSULINS

GLP-1s

Diabetes: Oral Antidiabetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Hyperglycemic Rescue Medications Glucagon / Glucagon Emergency Kit M4	GlucaGen Kit[†] (Glucagon) Novo Nordisk Only GVOKE[†] (Glucagon) Zegalogue[†] (Dasiglucagon)	Baqsimi Nasal Powder Inhaler (Glucagon [~]) Proglycem Oral Suspension (Diazoxide)
Oral Anti-Diabetics <u>Orals</u> Glyburide / Glynase 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 Glimepiride 3mg Only (Glimepiride) Riomet (Metformin) 100% Copay
<u>Thiazolidinediones (TZDs) & Combinations</u> Pioglitazone Family/ Actos, Duetact, ActoPlusMet C4	<u>Thiazolidinediones (TZDs)</u> S/E Through Metformin	<u>Thiazolidinediones (TZDs)</u> S/E Through Metformin
<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) Onglyza[†] (Saxagliptin) Tradjenta[†] (Linagliptin)	<u>DPP-4 / DPP-4 Combos</u> S/E Through Metformin Kombiglyze XR[†] (Saxagliptin/Metformin) Obs 02/2024 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) 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 Qtern[†] (Dapagliflozin/Saxagliptin) Discontinued 2025 Steglujan (Ertugliflozin/Sitagliptin) 100% Copay

RESCUE

DIABETES (DPP-4s, SGLT-2s, Combos)

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>Meters</u> GlucoCard Shine Meters' <u>Strips</u> GlucoCard Shine Strips'	<u>Meters</u> Other Brands of Meters are either NOT Covered OR may incur a 100% copay depending on plan design. <u>Strips</u> 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.
<u>Lancets Devices & Lancets</u> Store Brand <u>Syringes & Supplies by:</u> Store Brand Y2/Y9	<u>Lancets Devices & Lancets</u> TechLITE Lancets' <u>Syringes & Supplies by:</u> Novofine & NovoTwist Pen Needles' TechLITE Pen Needles'	<u>Lancets Devices & Lancets</u> All Other Lancets <u>Syringes & Supplies by:</u> All other brand products
Continuous Glucose Monitoring Devices Y9	Dexcom G6/G7 Transmitter, Receiver & Sensors' Freestyle Libre/L-2/L-3 Reader & Sensors'	POGO Automated Blood Glucose Monitor
Insulin Pumps & Supplies Y9	CeQur Simplicity' Minimed 50X, Paradigm & Guardian' OmniPod System: DASH/Omnipod 5 Dex (G7/G6) OmniPod 5 Libre 2+	V-Go Disposable Units

* NOTE – Omnipod systems are compatible with Dexcom G6/G7 CGM devices

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 – Coverage of Anti-Obesity Medications are determined by member's specific benefit plan design

DIABETIC SUPPLIES, CGMS, PUMPS

WEIGHT

Respiratory: Allergy & Asthma

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Allergy Medications <u>Intranasal Corticosteroids</u> Flunisolide / Nasarel Fluticasone / Flonase Sensimist (OTC) Mometasone Furoate / Nasonex 24HR (OTC) Triamcinolone Acetate / Nasacort Allergy 24 HR (OTC) Z2 <u>Other Allergy Drugs (Sprays)</u> Azelastine / Astepro, Astepro Allergy (OTC) Olopatadine / Patanase Q7	<u>Intranasal Corticosteroids</u> QNasi ¹ (Beclomethasone Dipropionate) <u>Other Allergy Drugs (Sprays)</u> Dymista ¹ (Azelastine/Fluticasone)	<u>Intranasal Corticosteroids</u> Beconase AQ (Beclomethasone Dipropionate) Omnaris, Zetonna (Ciclesonide) <u>Other Allergy Drugs (Sprays)</u> Ryaltris (Olopatadine/Mometasone) ^{S/E}
Asthma Drugs <u>Short Acting Beta Agonists (SABA)</u> Albuterol Sulfate Inhaler / Proventil HFA Albuterol Sulfate Inhaler / ProAir HFA/RespiClick ^{1^} Albuterol Sulfate Inhaler / Ventolin HFA ^{1^} Levalbuterol / Xopenex <u>Inhaled Corticosteroids (ICS)</u> Budesonide / Pulmicort <u>ICS / LABA Combination Drugs</u> Fluticasone/Salmeterol / Wixela Inhub, AirDuo Respiclick Budesonide/Formoterol / Symbicort, Breyna ¹ <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> <u>Inhaled Corticosteroids (ICS)</u> Arnuity ¹ (Fluticasone Furoate) Pulmicort Flexhaler ¹ (Budesonide) Qvar/Qvar ReditHaler ¹ (Beclomethasone) <u>ICS / LABA Combination Drugs</u> Advair ¹ (Fluticasone/Salmeterol) Breo ¹ (Fluticasone/Vilanterol) <u>Long Acting Muscarinic Agonists (LAMA)</u> <u>Beta Agonists / ICS Combo Drugs</u> Airsupra ¹ (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> Alvesco ¹ (Ciclesonide) 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 ¹ (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) Bevespi (Formoterol/Glycopyrronium) 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> 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 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

Dermatology: Acne, Atopic Dermatitis, Rosacea, Psoriasis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Dermatology Medications		
<u>Acne/Acne Vulgaris</u> Adapalene / Differin Gel/Pump Adapalene+BP / Epiduo, Epiduo Forte Clindamycin / Cleocin-T Soln, Evoclin Foam Clindamycin+BP / Acanya Gel Pump, Onexton Gel Pump Dapsone / Aczone 5.0%, Aczone 7.5% Pump[^] Doxycycline Monohydrate / Avidoxy, Doryx, Oracea Erythromycin+Ethanol / Erygel Gel Isotretinoin / Absorica/Absorica-LD Minocycline / Solodyn, Ximino Sulfacetamide / Plexion, Rosula Cloths/Wash Sulfacetamide/Sulfur / Avar Foam/ Avar LS Pads Tretinoin / Retin-A/Micro, Avita Crm/Gel, Atralin Gel Tretinoin+ Clindamycin / Veltin, Ziana	<u>Acne/Acne Vulgaris</u> Amzeeq Foam[†] (Minocycline) Seysara[†] (Sarecycline) Winlevi Cream[†] (Clascoterone)	<u>Acne/Acne Vulgaris</u> Aklief Cream (Triferotene) Altreno Lotion (Tretinoin) ^{P/A Req'd} Arazlo Lotion, Fabior Foam (Tazarotene) ^{S/E} Azelex Cream (Azelaic Acid) Cabtreo Gel (Adapalene/BP/Clindamycin) Eucrisa Cream (Crisaborole) ^{100% Copay} Twynéo Cream (Tretinoin+Benzoyl Peroxide)
<u>Seborrhea Dermatitis/Sicca</u> Sulfacetamide / Ovace, Plexion	<u>Seborrhea Dermatitis/Sicca</u>	<u>Seborrhea Dermatitis/Sicca</u> Xolegel Gel (Ketoconazole) Zoryve Foam (Roflumilast) ^{P/A Req'd}
<u>Rosacea</u> Sulfacetamide / Plexion Brimonidine / Mirvaso Pump Ivermectin / Soolantra Cream Metronidazole / MetroGel, Metro lotion, MetroCream Metronidazole / Rosadan Cream	<u>Rosacea</u> Finacea Foam[†] (Azelaic Acid) Zilxi Foam[†] (Minocycline)	<u>Rosacea</u> Emrosi ER Caps (Minocycline) ^{S/E} Epsolay Cream Pump (Benzoyl Peroxide) Noritate Cream (Metronidazole) Rhofade Cream (Oxymetazoline)
<u>Atopic Dermatitis (Eczema)</u> Tacrolimus / Protopic Ointment Pimecrolimus / Elidel Cream	<u>Atopic Dermatitis (Eczema)</u>	<u>Atopic Dermatitis (Eczema)</u> Opzelura Cream (Ruxolitinib)
<u>Psoriasis/Plaque Psoriasis (Oral & Topical)</u> Acitretin / Soriatane Calcipotriene / Sorilux Foam^E Calcipotriene/Betamethasone / Taclonex Susp Calcitriol / Vectical Oint Clobetasol / Clobex Lotion/Spray, Olux Foam Methoxsalen / 8-MOP Tazarotene / Tazorac Cream/Gel	<u>Psoriasis/Plaque Psoriasis (Oral & Topical)</u> Bryhali Lotion[†] (Halobetasol Propionate) Duobrii Lotion[†] (Halobetasol Prop/Tazarotene) Enstilar Foam[†] (Calcipotriene/Betamethasone) Impoyz Cream[†] (Clobetasol Propionate) ^{S/E} Sernivo Spray[†] (Betamethasone Dipropionate) ^{S/E}	<u>Psoriasis/Plaque Psoriasis (Oral & Topical)</u> Vtama Cream (Tapinarof) ^{S/E} Wynzora Cream (Calcipotriene/Betameth) ^{S/E} Zoryve Cream (Roflumilast) ^{P/A Req'd}
Various		

IMPORTANT NOTE – For all topicals, 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 Fluorouracil / Carac Cream, Efudex Cream L5F/Q5P/T0A <u>Immunomodulators</u> Imiquimod / Aldara ^{S/E} , Zyclara 3.75% Cream Z2G	<u>Moisture Drugs</u> Klisyri Ointment Paks (Tirbanibulin) <u>Immunomodulators</u>	<u>Moisture Drugs</u> ^{S/E through Generics} Fluoroplex Cream, Tolak Cream (Fluorouracil) Panretin Gel (Alitretinoin) <u>Immunomodulators</u> Zyclara 2.5% Cream Pump (Imiquimod)	A/K
Antifungals <u>Orals</u> Clotrimazole / Lotrimin-AF Cream (OTC) Fluconazole / Diflucan Flucytosine / Ancobon Itraconazole / Sporanox, Tolsura Posaconazole / Noxafil Voriconazole / Vfend <u>Topicals</u> Ciclopirox / Loprox Cream Econazole Cream/ Spectazole Halcinonide / Halog Cream Halobetasol Propionate / Ultravate Lotion Hydrocortisone / Locoid Lotion Ketoconazole / Nizoral-AD Shampoo (OTC), Extina Foam Luliconazole / Luzu Cream Naftifine / Naftin Cream, Gel ^(Tier 3 Eff 02/01/2025) Nystatin / Mycolog Sulconazole / Exelderm Cream/Solution Tavaborole / Kerydin Solution Q5/L9	<u>Orals</u> Lamisil Granules only (Terbinafine) <u>Topicals</u> Jublia (Efinaconazole)	<u>Orals</u> Cresemba (Isavuconazonium) Oravig Buccal (Miconazole) Oxistat Lotion (Oxiconazole) <u>Topicals</u> Ertaczo Cream (Sertaconazole) Halog Ointment (Halcinonide) Recorlev (Levoketoconazole) Vusion Ointment (Miconazole/Zinc Oxide)	ANTIFUNGALS
Scabies & Pediculosis (Lice) Drugs Ivermectin / Sklice Lotion Malathion / Ovide Lotion Permethrin 5% / Elimite Cream/Liquid Spinosad / Natroba Suspension Q5N		Eurax Cream/Lotion (Crotamiton) Ulesfia Lotion (Benzil Alcohol)	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 Epolamine / Flector 12Hr Patches [^] Diclofenac Sodium / Voltaren Arthritis (OTC), Voltaren Gel Diclofenac Sodium / Pennsaid Pump Lidocaine / Lidoderm Patches ^{100% Copay} HC Acetate/Pramoxine / Proctofoam-HC, Analpram-HC HC Acetate/Pramoxine / Pramosone Cream Q5E/Q5H	Licart 24Hr Patches ['] (Diclofenac Epolamine)	Cetacaine Spray (Tetracaine/Benzocaine) Epifoam (HC Acetate/Pramoxine HCL) LidoRx Pump (Lidocaine - Homeopathic) Novacort Gel (HC Acetate/Pramoxine) Pramosone Lotion (HC Acetate/Pramoxine) SpeedGel Rx Pump (Homeopathic)
Hyperhydrosis L8C	Qbrexza ['] (Glycopyrronium)	Sofdra Gel (Sofpironium)
Other Topical Products Acyclovir / Zovirax Ointment Fluocinonide / Vanos Cream Mupirocin / Bactroban Ointment/Cream Nitroglycerin / Rectiv Ointment Q5V/Q5W	StrataXRT Cream ['] (Wound Care)	Altabax Ointment (Retapamulin) Qutenza Patches (Capsaicin) ^{P/A Req'd} Ultravate Lotion (Halobetasol Prop) ^{S/E}

PAIN (TOPICALS)

Vaginal Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Vaginal Antibiotics Metronidazole / Vandozole Gel Clindamycin / Cleocin Cream/Supp		Clindesse Cream (Clindamycin Phosphate) Nuessa Gel (Metronidazole) Xaciato (Clindamycin Phosphate)
Vaginal Antifungals Fluconazole / Diflucan ^(VVC) Miconazole / Monistat Cream ^(VVI) Terconazole / Terazol Cream ^(VVC)		AVC Cream (Sulfanilamide) ^(VVI) Brexafemme (Ibexafungerp) ^{S/E (VVI, VVC)} Solosec Granules (Secnidazole) ^(VVI) Vivjoa Capsules (Oteseconazole) ^(RVVC)

VVI - 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 Ointment Gatifloxacin / Zymaxid Ofloxacin / Ocuflox Moxifloxacin / Vigamox Polymyxin/Trimethoprim / Polytrim Sulfacetamide 10% / Bleph-10 Tobramycin / Tobrex Trifluridine / Viroptic Q21N/Q6S-V-W	Azasite [†] (Azithromycin) Besivance [†] (Besifloxacin)	Blephamide/SOP (Sulfacetamide/Prednisolone) Natacyn (Natamycin) Xdemvy (Lotilaner) ^{SPEC} Zirgan Gel (Ganciclovir)
Ophthalmic Antihistamines Bepotastine / Bepreve Epinastine / Elestat Q6R		Zerviate (Cetirizine) ^{100% Copay}
Ophthalmic Immunomodulators (Dry Eye) <u>Eye Drops</u> Cyclosporine / Restasis ^{†^} <u>Other</u> Q2C	<u>Eye Drops</u> Miebo [†] (Perfluorohexyloctane) Restasis Multidose [†] (Cyclosporine) <u>Other</u> Tyrvaya Nasal Spray [†] (Varenicline)	<u>Topicals</u> Cequa Solution (Cyclosporine) Eysuvis (Loteprednol Etabonate) 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 Bromfenac Sodium / Bromsite Diclofenac Sodium / Voltaren Difluprednate / Durezol Fluorometholone / FML Liquifilm Ketorolac / Acular, Acular-LS Loteprednol / Alrex, Lotemax Drops Prednisolone Acetate / Pred Forte	Ilevro' (Nepafenac) Lotemax Ointment' (Loteprednol) Lotemax SM Gel' (Loteprednol) Prolensa' (Bromfenac Sodium)	Acuvail (Ketorolac) Clobetasol Eye Drops (Clobetasol) Flarex, FML Forte, FML-SOP (Fluorometholone) Inveltys (Loteprednol Etabonate) Maxidex (Dexamethasone) Nevanac (Nepafenac) Pred Mild (Prednisolone Acetate)
Ophthalmics for Glaucoma <u>Miotics</u> Brimonidine / Alphagan-P'^ Brimonidine/Timolol / Combigan'^ Brinzolamide / Azopt Dorzolamine / Trusopt Levobunolol / Betagan Pilocarpine / Isopto-Carpine Timolol Maleate / Timoptic Ocudose, Istalol Timolol/Dorzolam / Cosopt, Cosopt PF'^ <u>Prostaglandins</u> Latanoprost / Xalatan Talfuprost / Zioptan Travoprost / Travatan Z	<u>Miotics</u> Betimol' (Timolol) Simbrinza' / Brimonidine/Brinzolamide <u>Prostaglandins</u> Lumigan' (Bimatoprost) Vyzulta' (Latanoprostene Bunod)	<u>Miotics</u> Betopic-S (Betaxolol) Iopidine (Apraclonidine) Rhopressa (Netarsudil) Vuity (Pilocarpine) <u>Prostaglandins</u> Iyuzeh (Latanoprostene) Rocklatan (Netarsudil/Latanoprost) Xelphos (Latanoprost-PF Emulsion)
Ophthalmic Mydriatics (Pupils) Atropine Sulfate / Isopto Atropine Cyclopentolate / Cyclogyl Tropicamide / Mydriacyl		Cyclogyl (Cyclopentolate) Cyclomydril (Phenylephrine/Cyclopent)
Ophthalmic Antibiotic-Corticoid Drugs Neomycin/Polymyxin/Dexamethasone / Maxitrol Tobramycin/Dexamethasone / Tobradex	Zylet' (Tobramycin/Loteprednisolone)	Pred-G (Gentamicin/Prednisolone) Tobradex-ST (Tobramycin/Dexamethasone)

Ear Drugs

GENERIC DRUGS		PREFERRED BRANDS	NON-PREFERRED BRANDS
Other Ophthalmic Drugs			Cystadrops (Cysteamine) ^{P/A Req'd (Specialty)} Cystaran (Cysteamine) ^{P/A Req'd (Specialty)} Durysta Implant (Bimatoprost) ^{P/A Req'd (Specialty)} Lumify (Brimonidine Tartrate) ^{P/A Req'd} Miochol-E Kit (Acetylcholine Chloride) Oxervate (Cenegermin) ^{P/A Req'd} Upneeq (Oxynetazoline) Verkazia (Cyclosporine) Xdemvy (Lotilamer)
Q2	Ear Drugs		Cipro HC (Ciprofloxacin/HC) Cortane-B Lotion (HC/Pramoxine/Chlorox)
Q8			

EYE

EAR

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

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS	ADDICTION
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> 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> <u>Withdrawal Symptom Drugs</u> Lucemyra (Lofexidine) ^{100% Copay} <u>Smoking Cessation</u> Nicotrol NS (Nicotine)	
Saliva Substitutes D4	SalivaMax Powder ¹	Aquoral Spray Mucositis Rx Powder	
Parasympathetic (Saliva) Drugs Bethanechol / Urecholine Cevimeline / Evoxac Pilocarpine / Salagen J1A			
Rescue Drugs <u>Anaphylaxis Drugs</u> Epinephrine (Epipen AG) Epinephrine / Epipen, Epipen Jr J5F <u>Opioid Overdose Agents</u> Naloxone / Narcan Spray OTC H3T	<u>Anaphylaxis Drugs</u> <u>Opioid Overdose Agents</u> Narcan Nasal Spray (Naloxone)	<u>Anaphylaxis Drugs</u> Auvi-Q (Epinephrine) ^{100% Copay} Neffy Nasal Spray (Epinephrine) Symjepi (Epinephrine) ^{S/E} <u>Opioid Overdose Agents</u> Naloxone: Evzio Injector ^{100%} Kloxxado Spray ^{100% Copay} Rezenopy Nasal Spray RiVive Nasal Spray Zimhi Injector Opvee Nasal Spray (Nalmefene)	RESCUE MEDS

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

SPECIALTY NOTES:

- Clinical Prior Authorization may be required for agents to confirm indication. Additional clinical criteria for Non-Preferred drugs may be applicable.
- CGRP medications can be found on page 11
- For IMMUNOLOGY products, unbranded biosimilars are considered Preferred drugs. All other biosimilars that are not listed on page 46 are considered Non-Preferred drugs and may be subject to the same Clinical Prior Authorization and additional clinical criteria as other Non-Preferred drugs.

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, NASH, 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</u> Ribavirin / Copegus, Ribasphere HEPC	<u>Hepatitis B Drugs</u> <u>Hepatitis C Drugs</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</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}	Hepatitis
N-A-S-H Agents NSH		Rezdifra (Resmetirom) ^{P/A Req'd}	NASH
Multiple Sclerosis (MS) Drugs <u>Injectables</u> Glatiramer Acetate / Copaxone Glatiramer Acetate / Glatopa MS_I <u>Orals</u> Dimethyl Fumerate / Tecfidera Fingolimod / Gilenya Teriflunomide / Aubagio MS_O <u>Infused – Medical</u> MS_F <u>Ambulatory & Spasticity</u> Dalfampridine / Ampyra ^{P/A Req'd} MS_A	<u>Injectables</u> Kesimpta [®] (Ofatumumab) <u>Orals</u> Mayzent [®] (Siponimod) Zeposia [®] (Ozanimod) <u>Infused – Medical</u> <u>Ambulatory & Spasticity</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> Bafiertam (Monomethyl Fumerate) ^{S/E} Mavenclad (Cladribine) ^{P/A, Special Therapy} Ponvory (Ponesimod) ^{S/E} Tascendo ODT [®] (Fingolimod) ^{S/E} Vumerity (Diroximel Fumerate) ^{2-S/E (Inj & Oral)} <u>Infused – Medical</u> Lemtrada Infusion (Alemtuzumab) ^{S/E} Ocrevus/Ocrevus-Zunovo (Ocrelizumab) ^{S/E} Tysabri Infusion (Natalizumab) ^{2-S/E (Inj & Oral)} <u>Ambulatory & Spasticity</u> Fleqsuvy Susp (Baclofen) ^{100% Copay} Lyvespah Granules (Baclofen) ^{100% Copay} Ozobax (Baclofen) ^{S/E}	MULTIPLE SCLEROSIS

Specialty: Immunology – Primary Indications

	Rheumatoid Arthritis	Plaque Psoriasis	Psoriatic Arthritis	Crohns Disease	Ulcerative Colitis	Ankylosing Spondylitis
Self Administered Products						
PREFERRED BRANDS	Humira' (Adalimumab) Orencia' (Abatacept) Rinvoq' (Upadacitinib) Biosim: Hyrimoz, Hadlima ^{7/1}	Cosentyx' (Secukinumab) Humira' (Adalimumab) Skyrizi' (Risankizumab) Stelara' (Ustekinumab) Tremfya' (Guselkumab) Biosim: Hyrimoz, Hadlima ^{7/1}	Cosentyx' (Secukinumab) Humira' (Adalimumab) Rinvoq' (Upadacitinib) Skyrizi' (Risankizumab) Stelara' (Ustekinumab) Tremfya' (Guselkumab) Biosim: Hyrimoz, Hadlima ^{7/1}	Entyvio' (Vedolizumab) Humira' (Adalimumab) Rinvoq' (Upadacitinib) Skyrizi' (Risankizumab) Stelara' (Ustekinumab) Tremfya' (Guselkumab) Biosim: Hyrimoz, Hadlima ^{7/1}	Entyvio' (Vedolizumab) Humira' (Adalimumab) Rinvoq' (Upadacitinib) Skyrizi' (Risankizumab) Stelara' (Ustekinumab) Tremfya' (Guselkumab) Biosim: Hyrimoz, Hadlima ^{7/1}	Cosentyx' (Secukinumab) Humira' (Adalimumab) Rinvoq' (Upadacitinib) Biosim: Hyrimoz, Hadlima ^{7/1}
NON-PREFERRED BRANDS	Kevzara ^{**} (Sarilumab) ^{S/E} Actemra (Tocilizumab) ^{S/E-2} Cimzia (Certolizumab) ^{S/E-2} Enbrel (Etanercept) ^{S/E-2} Kineret (Anakinra) ^{S/E-2} Olumiant (Baricitinib) ^{S/E} Simponi (Golimumzab) ^{S/E-2} Xeljanz/XR (Tofacitinib) ^{100%} <i>All Other Biosimilars</i> ^{S/E-2}	Bimzelx (Bimekizumab) ^{S/E} Cimzia (Certolizumab) ^{S/E} Enbrel (Etanercept) ^{S/E} Ilumya (Tildrakizumab) ^{S/E} Otezla (Apremilast) ^{S/E} Siliq (Brodalumab) ^{S/E} Sotyktu (Deucravacitinib) ^{S/E} Taltz (Ixekezumab) ^{S/E} <i>All Other Biosimilars</i> ^{S/E}	Orencia' (Abatacept) ^{S/E} Otezla (Apremilast) ^{S/E} Bimzelx (Bimekizumab) ^{S/E} Cimzia (Certolizumab) ^{S/E} Enbrel (Etanercept) ^{S/E} Simponi (Golimumzab) ^{S/E} Taltz (Ixekezumab) ^{S/E} Xeljanz/XR (Tofacitinb) ^{100%} <i>All Other Biosimilars</i> ^{S/E}	Cimzia (Certolizumab) ^{S/E} Omvo (Mirikizumab) ^{S/E} <i>All Other Biosimilars</i> ^{S/E}	Omvo (Mirikizumab) ^{S/E} Simponi (Golimumzab) ^{S/E} Velsipity (Etrasimod) ^{100%} Xeljanz/XR (Tofacitinib) ^{100%} Zeposia (Ozanimod) ^{S/E} <i>All Other Biosimilars</i> ^{S/E}	Bimzelx (Bimekizumab) ^{S/E} Cimzia (Certolizumab) ^{S/E} Enbrel (Etanercept) ^{S/E} Simponi (Golimumzab) ^{S/E} Taltz (Ixekezumab) ^{S/E} Xeljanz/XR (Tofacitinib) ^{100%} <i>All Other Biosimilars</i> ^{S/E}
Office Administered Products						
Covered Under Medical Benefit Only	Actemra (Tocilizumab) Cimzia (Certolizumab) Remicade (Infliximab) Rituxan (Rituximab) Simponi Aria (Golimumzab) <i>All Medical Biosimilars</i>	Remicade (Infliximab) <i>All Medical Biosimilars</i>	Cimzia (Certolizumab) Remicade (Infliximab) Rituxan (Rituximab) Simponi Aria (Golimumzab) <i>All Medical Biosimilars</i>	Cimzia (Certolizumab) Entyvio (Vedolizumab) Remicade (Infliximab) Stelara (Ustekinumab) Tysabri (Natalizumab) <i>All Medical Biosimilars</i>	Entyvio (Vedolizumab) Remicade (Infliximab) Stelara (Ustekinumab) <i>All Medical Biosimilars</i>	Cimzia (Certolizumab) Remicade (Infliximab) Rituxan (Rituximab) Simponi Aria (Golimumzab) <i>All Medical Biosimilars</i>

Self-Injected Action Types:

Anti-TNFs
 IL-1 Inhibitors
 IL-6 Inhibitors
 IL-17 Inhibitors
 IL-23 Inhibitors
 JAK/TYK2 Inhibitors
 S1P Modulators/Inhibitors
 Other Agents

Adalimumab (**Humira**, **Biosimilars**), Certolizumab (**Cimzia**), Etanercept (**Enbrel**), Golimumzab (**Simponi**)
 Anakinra (**Kineret**)
 Sarilumab (**Kevzara**), Tocilizumab (**Actemra**, **Biosimilars**)
 Brodalumab (**Siliq**), Ixekezumab (**Taltz**), Secukinumab (**Cosentyx**), Bimekizumab (**Bimzelx** – 17 A/F)
 Guselkumab (**Tremfya**), Risankizumab (**Skyrizi**), Tildrakizumab (**Ilumya**), Ustekinumab (**Stelara** – 12+23, **Biosimilars**), Mirikizumab (**Omvo**)
 Baricitinib (**Olumiant**), Tofacitinib (**Xeljanz/XR**), Upadacitinib (**Rinvoq**), Deucravacitinib (**Sotyktu**)
 Ozanimod (**Zeposia**), Etrasimod (**Vesipity**)
 Abatacept (**Orencia** – SCM), Apremilast (**Otezla** – P-4), Vedolizumab (**Entyvio** – IRA)

** = Recommended Non-Preferred Agent

ERA = Also a Preferred Agent for Enthesitis Related Arthritis

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

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Methotrexates & DMARDs Leflunomide / Arava	Rasuvo Inj' (Methotrexate)	Jylamvo Soln (Methotrexate) ^{100% Copay} Otrexup / RediTrex Inj (Methotrexate) Trexall (Methotrexate)
Ulcerative Colitis & Crohns - Other Budesonide / Uceris ^{P/A Req'd}		
Atopic Dermatitis HAE	Adbry Inj (Tralokinumab) ^{P/A Indication} Dupixent Inj (Dupilumab) ^{P/A Indication} Rinvoq Tab' (Upadacitinib) ^{P/A Indication}	Cibinqo Tabs (Abrocitinib) ^{100% Copay} Ebglyss Inj (Lebrikizumab)
Prurigo Nodularis (PN)		Nemlivio Inj (Nemolizumab-ilto)
Alopecia Areata Agents LUP	Olumiant Inj (Baricitinib) ^{P/A Indication}	Leqselvi Tabs (Deuruxolitinib) ^{P/A Req'd} Litfulo Caps (Ritlecitinib) ^{100% Copay}
Osteoarthritis Drugs Move-Free Ultra Vitamins (Hyaluronic Acid) OA_O		Durolane, Euflexxa, Hyalgan, Orthovisc (Hyaluronate Sodium) ^{P/A Req'd} Supartz FX (Hyaluronate Sodium) ^{P/A Req'd} Synvisc, Synvisc-ONE (Hylan G-F) ^{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> Skytrofa' (lonapegsomatropin) ^{P/A Req}	<u>Daily Dosing</u> All Other Daily Somatropin Drugs ^{P/A Req'd} <u>Weekly Dosing</u> Ngenla (Somatrogon) ^{100% Copay} Sogroya (Somapacitan) ^{P/A Req'd}

OTHER SPECIALTY

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

Specialty: Cardiovascular, Respiratory & Immunosuppressants

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Cardiovascular Drugs** <u>Pulmonary Anti-HTN (PAH), Endothelin</u> Ambrisentan / Letairis Tabs Bosentan / Tracleer Tabs PAHE <u>Pulmonary Anti-HTN (PAH), Prostacycline</u> Epoprostenol / Flofan Inj Epoprostenol / Veletri Inj Treprostinil / Remodulin Inj PAHP <u>Hereditary Angioedema (HAE)</u> Icatibant Injection / Firazyr SC PAHP <u>Other Cardiovascular Drugs</u> Sildenafil / Revatio Inj/Tabs Tadalafil / Adcirca Tabs RS2P	<u>Pulmonary Anti-HTN, Endothelin</u> <u>Pulmonary Anti-HTN, Prostacycline</u> <u>Hereditary Angioedema (HAE)</u> <u>Other Cardiovascular Drugs</u>	<u>Pulmonary Anti-HTN, Endothelin</u> Opsynvi Tabs (Macitentan/Taladafil) Tracleer Susp (Bosentan) Opsumit Tabs (Macitentan) <u>Pulmonary Anti-HTN, Prostacycline</u> Orenitram ER Tabs (Treprostinil) Tyvaso Soln (Treprostinil) Uptravi Tabs (Selexipag) Winrevair Inj (Sotatercept) Ventavis Soln (Iloprost) <u>Hereditary Angioedema (HAE)</u> Berinert Inj, Cinryze, Inj, Haegarda SC (C1 Esterase Inhibitor) Orladeyo Caps (Berotralstat) Ruconest Inj (C1 Esterase Inhibitor) Takhzyro SC (Lanadelumab) <u>Other Cardiovascular Drugs</u> Adempas Tabs (Riociguat) Liqrev Susp (Sildenafil) Camzyos Caps (Mavacamten) Tryvio Tabs (Aprocitentan)
Amyotrophic Lateral Sclerosis (ALS) ALS		Radicava IV (Edaravone) Medical Only Radicava ORS Susp (Edaravone) P/A Req'd
Immunosuppressants <u>Organ Transplant Drugs</u> Cyclosporine / Sandimmune P/A Req'd Everolimus / Zortress P/A Req'd Mycophenolate / Cellcept Myfortic P/A Req'd Sirolimus / Rapamune P/A Req'd Tacrolimus / Prograf P/A Req'd <u>Neutropenia Drugs</u> Short Acting: Long Acting:	<u>Organ Transplant Drugs</u> <u>Neutropenia Drugs</u> Short Acting: Zarxio' (Filgrastim) P/A Clinical Long Acting: Ziextenzo' (Pegfilgrastim) P/A Clinical	<u>Organ Transplant Drugs</u> Astagraf XL (Tacrolimus) P/A Req'd Envarsus XR (Tacrolimus) P/A Req'd Myhibbin Susp (Mycophenolate) P/A Req'd <u>Neutropenia Drugs</u> Short Acting: Granix (tbo-Filgrastim) P/A Req'd Neupogen, Releuko (Filgrastim) P/A Req'd Nivestym, Nypozi (Filgrastim) 100% Copay Long Acting: Leukine (Sargramostim) P/A Req'd Neulasta, Fulphila, Udenyca (Pegfilgrastim) P/A Req'd Nyvepria (Pegfilgrastim) 100% Copay

** P/A Required for all Cardiovascular drugs listed

OTHER SPECIALTY

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}
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}
Eosinophyllic Esophagitis EOE	Eohilia Susp (Budesonide) ^{P/A Indication}	
Other COPD Drugs PLP	Dupixent' (Dupilumab) ^{P/A Indication}	Ohtuvayre Susp (Ensifentrine)
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, Retacrit (Epoetin-alfa)
Osteoporosis Drugs Ibandronate / Boniva Injectable ^{P/A Req'd} Teriparatide / Forteo Injectable ^{P/A Req'd} Zoledronic Acid / Reclast 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 Sodium Oxybate / Xyrem Solution ^{P/A Req'd} NARC		Wakix (Pitolisant) ^{P/A Req'd} Xywav (Calcium/Magnesium/Pot/Sodium Ox) ^{P/A Req'd}

OTHER SPECIALTY

Specialty: Sickle Cell Anemia, HIV, Antipsychotic, Alzheimers, Epilepsy

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Alzheimers Agents ALZS		Kisunla IV (Donanemab) Not Covered - Medical Leqembi IV (Lecanemab) Not Covered - Medical
Infertility Drugs Cetorelix Acetate / Cetrotide P/A Req'd INFS		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
Sickle Cell Anemia SCA		Adakveo IV (Crizanlizumab) Not Covered - Medical Oxbryta (Voxelotor) P/A Req'd Xromi Solution (Hydroxyurea) P/A Req'd
HIV MISC	Apretude (Cabotegravir) P/A for PREP after Vocabria Cabenuva Injection (Cabotegravir/Rilpivirine) Vocabria (Cabotegravir)	
Injectable Antipsychotic Agents Ziprasidone / Geodon Inj B,S Risperidone / Risperdal Consta Inj B,S ATYP		Abilify Maintena & Asimtufii Inj (Aripiprazole) B,S Aristada ER Inj (Aripiprazole Lauroxil) B,S Erzofri Inj (Paliperidone) S Invega Trinza & Hafyera Inj (Paliperidone) B,S Perseris Inject. Susp (Risperidone) B,S Risvan Susp (Risperidone) S Uzedy ER Inj (Risperidone) B,S Zyprexa Relprevv Inj (Olanzapine Pamoate) B,S
Epilepsy/Seizure MISC		Epidiolex (Cannabidiol) P/A Req'd
Other CKD Agents MISC		Korsuva (Difelikefalin) P/A Req'd (Pruiritis) Vafseo (Vadadustat) P/A Req'd (Anemia)

OTHER 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
ASPYRERX	Type 2 Diabetes	Better Therapeutics	Excluded
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	PREFERRED
REGULORA IBS	Irritable Bowel Syndrome (IBS)	Metame Health	Excluded
REJOYN (MDD)	Manic Depressive Disorder (MDD)	Otsuka	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

X6F

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 Immunosuppresant 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 Immunosuppresant drugs generally have a generic copay applied.

