



Progyny Rx Formulary

The fertility medications below are covered under the Progyny Rx pharmacy benefit.

The Progyny Rx pharmacy benefit, includes, but is not necessarily limited to, the below fertility medications. Complete formulary information is available to plan enrollees.

Please note that this list is subject to change.

Medication Name	Category
Leuprolide/2-week kit	Agonist
Lupron Depot 3.75mg	Agonist
Cetrotide 0.25mg	Antagonist
Clomiphene 50mg tablets*	Anti-estrogen
Letrozole tablets*	Anti-estrogen
Estradiol Valerate 20mg/cc	Estrogen
Estradiol Valerate 40mg/cc	Estrogen
Estradiol 2mg tablets*	Estrogen
Estradiol 1mg tablets	Estrogen
Estradiol 0.5mg tablets	Estrogen
Estradiol Patch 0.1mg/24hr*	Estrogen
Delestrogen 10mg/cc	Estrogen
Delestrogen 20mg/cc	Estrogen
Delestrogen 40mg/cc	Estrogen
Menopur 75iu	hMG
Gonal F 300iu pen	FSH
Gonal F 450iu pen	FSH
Gonal F 900iu pen	FSH
Gonal F 75iu vial	FSH
Gonal F 450iu vial	FSH
Gonal F 1050iu vial	FSH
Novarel 5,000iu	hCG
Novarel 10,000iu	hCG
Ovidrel 250mcg*	hCG
Progesterone 50mg/cc Sesame oil*	Progesterone
Endometrin 100mg vaginal insert	Progesterone

* Consistent with Ga. Code § 33-64-9.1(a)(2), Progyny notes that certain drug products identified with an asterisk appear on the Centers for Medicare & Medicaid Services (CMS) national average drug acquisition cost (NADAC) list, and have been reimbursed by Progyny, in at least some instances during the prior quarter at (i) 10% and below the NADAC, or (ii) 10% and above the NADAC. Please note that one non-formulary drug covered by Progyny, Progesterone micronized 200mg capsule, also meets these criteria.

The CMS NADAC list is available at <https://data.medicare.gov/nadac>.