

Progyny Rx US Formulary

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

Progyny Rx was created to provide an integrated pharmacy benefit for Progyny members. We have partnered with leading pharmacies in the fertility industry to offer our members a seamless fertility medication experience. A majority of our employer clients offer the integrated medication benefit through Progyny Rx, some do not. The member's coverage for Progyny Rx, as well as the pharmacy to which the prescription should be sent, will be indicated on the Patient Confirmation Statement.

The fertility medications below are covered under the Progyny Rx pharmacy benefit. Ancillary medications, such as antibiotics, are not covered by Progyny Rx, but are typically covered by the member's primary pharmacy benefit manager (PBM). Compounds of medications on the Progyny Rx formulary are covered by Progyny Rx. For a full list of compounds, please refer to the Progyny Rx pharmacy indicated on the patient confirmation statement. Please note that this list is subject to change.

Medication Name	Category
Leuprolide 2-week kit	Agonist
Lupron Depot 3.75mg	Agonist
Lupron Depot 7.5mg kit	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
Estradiol Valerate 10mg/ml	Estrogen
Estradiol 0.05mg/24 HR patches	Estrogen
Gonal F 300iu pen	FSH
Gonal F 450iu pen	FSH
Gonal F 900iu pen	FSH
Gonal F 450iu vial	FSH
Gonal F 1050iu vial	FSH

For Progyny Rx **benefit** questions, contact Provider Relations: **888.461.5062** | auths@progyny.com.

For Progyny Rx **prescription** questions, contact the Progyny Rx Pharmacy listed on the member's Confirmation Statement.

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Medication Name	Category
Novarel 5,000iu	hCG
Ovidrel 250mcg	hCG
Menopur 75iu	hMG
Anastrozole*	Nonsteroidal Aromatase Inhibitor
Tadalafil*	Phosphodiesterase (PDE) Inhibitor
Vardenafil*	Phosphodiesterase (PDE) Inhibitor
Sildenafil*	Phosphodiesterase 5 (PDE 5) Inhibitor
Progesterone 50mg/cc Sesame oil	Progesterone
Endometrin 100mg vaginal insert	Progesterone
Crinone 8% Gel	Progesterone
Testosterone Gel*	Testosterone
Testosterone in Oil*	Testosterone
Testosterone 1.62% Pump*	Testosterone
Testopel Pellet*	Testosterone
Androderm Patches*	Testosterone

*These medications are only covered for covered Reproductive Urology services

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