

# Commercial Health Plans 2025 Drug Formulary for HMOs and PPOs



## USE THIS DRUG LIST – ALSO KNOWN AS A FORMULARY – TO LEARN ABOUT THE PRESCRIPTION DRUGS WE COVER FOR ALL COMMERCIAL HEALTH PLANS.

Commercial health plans are a type of private (non-government) health insurance. Typically, these are health plans that businesses offer to their employees as health benefits.

This list is current as of August 1, 2025. When it refers to “we,” “us” or “our,” it means HAP. When it refers to “plan” it means commercial health plans.

If you have questions about your health plan, please call Customer Service at the number on your ID card or log in at [hap.org](http://hap.org) and send us a message.

**Please note:** A drug's coverage status may change prior to it being updated in this document. The listing of a drug does not imply coverage for all benefits. Some dosage forms or strengths of an existing drug may not be covered. Please contact Customer Service for more details.

## Q&A

### Q. What is the drug list?

**A.** The drug list, also known as a **formulary**, is a list of covered prescription drugs. Prescription drugs are medications you can obtain from pharmacies and administer to yourself. Our drug list is developed with a team of health care providers, including doctors and pharmacists. It contains the prescription drugs believed to be a necessary part of a quality treatment program. The prescription is then filled at an in-network pharmacy.

The status of covered drugs can change over time. For example:

- We may add new drugs to the list as they are approved by the Food and Drug Administration.
- We may remove drugs as we learn more about how safe they are and how well they work.
- We may change the tier levels of drugs on the list. Tier levels determine your copay and other out-of-pocket costs for drugs.

From time to time, we may add or remove quantity limits, the need for prior authorization or other criteria for coverage.

### Q. Where can I find the drug list?

**A.** You can search for covered drugs on our interactive Drug Search tool or download a drug list. The Drug Search tool and the Drug list are available at [hap.org/prescription-drug](http://hap.org/prescription-drug)

## Q. How do I use the interactive Drug Search tool?

**A:** If you are using a computer, click on the Search 2025 Commercial or Small Business button. Drug Search tool will display. You only need the first three letters of the drug name to search. Type the drug name in the search box, press enter. You will get a list of drugs that match your search request. Select the drug you are looking for, press enter. The display will show the full drug name, therapeutic class, drug tier status and any criteria for coverage such as quantity limits or prior authorization

## Q. How do I use the drug list ?

**A.** The drug list is a list of covered generic and brand name drugs and is organized by categories. Each category represents the type of medical conditions that the drugs are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what a drug is used for, look for the category name in the list. Then look under the category name for the drug.

You can also look for your drug in the Index that is at the end of the document. The Index provides an alphabetical list of all drugs included in this document.

If you are using a computer, you can search for a specific drug within the formulary, just select Ctrl-F and enter the name of the drug in the search box. The cursor will highlight the drug you are looking for.

## What is included in the formulary drug list?

A. The drug list includes the following information

- The name of the covered drug. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case (e.g., metformin). When a generic drug is listed on the formulary, only the generic is covered.

B. The covered drug cost-sharing level or *Tier*. Every drug on the formulary is in one of six cost-sharing Tiers. **Refer to your Summary of Benefits and Coverage for your cost-sharing information.** Tier classes:

Description of Tier	Copay
Preventive – FDA approve drugs that are covered at zero cost share per the Affordable Care Act when Health Care Reform (HCR) rules are met.	Zero Cost Share
Select Generic Drugs – FDA approved drugs that contain the same active ingredient(s), identical in concentration and strength to their brand name drug. Drugs in this tier are comprised of low-cost generic drugs.	Tier 1
Generic and Select Brand Drugs – FDA approved generic and brand name drugs that meet rigorous quality, safety and cost-effectiveness guidelines, with a slightly higher out of pocket cost than Select Generic Drugs.	Tier 2
Preferred Brand – FDA approved brand name drugs that meet rigorous quality, safety and cost-effectiveness guidelines.	Tier 3
Non-Preferred Brand and Generic Drugs – FDA approved generic and brand name drugs that meet rigorous quality, safety and cost-effectiveness guidelines that are considered non-preferred by us, which may also include higher cost generics.	Tier 4
Preferred Specialty Drugs – brand, generic or biosimilar drugs approved by the FDA that are used to treat complex and/or chronic illnesses and require close supervision and monitoring. The drugs in this category include injectable/infusible and certain orally inhaled drugs that may require prior authorization. To assure safe and quality care; these drugs must be obtained by a contracted specialty pharmacy.	Tier 5
Non-Preferred Specialty Drug – brand, generic or biosimilar drugs approved by the FDA that are used to treat complex and/or chronic illnesses and require close supervision and monitoring. The drugs in this category include higher-cost injectable/infusible and certain orally inhaled drugs that may require prior authorization. To assure safe and quality care; these drugs must be obtained by a contracted specialty pharmacy.	Tier 6
Medical Drugs – These are drugs that are infused or administered in doctor’s office or facility, that are covered under your medical benefit and may be required by us to be obtained from a Specialty Pharmacy.	Tier 7

- Drug Coverage rules and limits as follows:

**PA (Prior Authorization)** – You or your doctor is required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

**QL (Quantity Limit)** – We limit the amount of these drugs that are covered for each prescription.

For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

**ST (Step Therapy)** – Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

**SP (Specialty Pharmacy)** – This specialty drug can only be obtained from Pharmacy Advantage by calling them at (800) 456 2112.

**HCR (Health Care Reform)** – You must meet the Health Care Reform requirements for preventive use to obtain the drug at zero cost sharing

## **Q. Are there any restrictions on my coverage?**

**A.** Some covered drugs have extra requirements or limits on coverage, including:

- **Prior authorization (PA).** Some drugs on our drug list have criteria you must meet before we cover them. You or your doctor need to get approval from us before you fill your prescriptions for these drugs. Without prior approval, we may not cover these drugs.
- **Quantity limit (QL).** Some drugs have limits on the amount that can be dispensed on each fill, or on the number of fills allowed for treatment of certain conditions. Specialty and injectable drugs (except insulin) and select oral drugs (e.g. opioid analgesics) are limited up to a 30-day supply per fill. Some specialty drugs require a 15-day supply for the first fill.
- **Step therapy (ST).** In some case we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you have tried drug A first and it did not work for you.

- **Specialty pharmacy (SP).** This specialty drug can only be obtained from Pharmacy Advantage. You can contact them at (800) 456-2112.

### **Q. What is a generic substitution?**

**A.** When an FDA-approved generic drug is available, your prescription will be filled with the generic version instead of the brand name version. Generic drugs contain the same active ingredients as brand name drugs. They also are equal in strength and dosage and cost less for you and your health plan.

### **Q. What are specialty drugs?**

**A.** Specialty drugs are biologics or prescription drugs that require special handling, provider coordination and patient education for safe and effective use. Specialty drugs are available from Pharmacy Advantage, a specialty pharmacy service that provides home delivery. Specialty drugs require prior authorization. For more information, you or your doctor can contact Pharmacy Advantage at (800) 456-2112.

### **Q. Are there any limits to my benefits?**

**A.** Our drug list applies to drugs used in an outpatient setting. It does not include drugs administered in a doctor's office or hospital, which are known as **medical drugs**. The only medical drugs we list on the drug list are specialty medical drugs that have to be obtained from our specialty pharmacy, Pharmacy Advantage. For more information, you or your doctor can contact Pharmacy Advantage at (800) 456-2112.

Here are some types of drugs we **do not** cover in any of our plans:

- Over-the-counter medications and their equivalents, unless specified in the drug list
- Drug products used for cosmetic purposes
- Experimental drugs or any drug products used in an experimental manner
- Replacement of lost or stolen medication

**Note:** Your tier levels, out-of-pocket costs and drug benefit exclusions may vary based on your prescription drug benefit plan. Check your Summary of Benefits and Coverage and Subscriber Contract for more details.

### **Q. What if my drug is not on the drug list?**

**A.** If your drug is not on the list, it is considered **non-formulary**. You, your doctor or your authorized representative can ask us to make an exception and cover your drug. You or the prescribing doctor must provide a supporting statement that the requested drug is medically necessary to treat your condition. It must state that all of the covered drugs available for treatment of your condition on the drug list would either not be as effective for you as the non-formulary drug or would harm you.

A HAP clinical specialist will review your request to decide if the medication will be approved for coverage. The review is based on medical necessity and benefit determination.

It is best to first talk to your doctor or pharmacist about whether another drug on the covered drug list will work for you.

**Q. How do I submit a request for a non-formulary drug exception or prior authorization?**

**A.** To request a drug exception for a non-formulary drug\* or coverage for a drug that requires prior authorization, fill out the appropriate form at [hap.org/mrf](http://hap.org/mrf), and mail or fax it to us at:

Mail: HAP  
Attn: Pharmacy Care Management  
1414 E Maple Rd Troy, MI 48083

You also can call Customer Service at the number on your ID card or log in to [hap.org](http://hap.org) if you need assistance with this process.

If you or your doctor requests coverage for a drug that requires prior authorization, we must make a decision within 15 calendar days. If you or your doctor thinks that waiting for a standard decision could seriously harm your health or your ability to function, you can request an urgent decision. We must respond to your request for an urgent prior authorization decision within 72 hours.

If you or your doctor requests a non-formulary drug exception, we must make a decision within 72 hours. If the request is urgent, we must make a decision within 24 hours.

If we approve your exception request for a non-formulary generic or a brand drug, it will be billed at the highest copay for brand name drugs. If we approve your exception request for a non-formulary specialty drug, it will be billed at the highest copay for specialty drugs, and we may require it to be dispensed by Pharmacy Advantage. Non-formulary drugs when approved by the plan are limited for up to a 30-day supply at a time.

## 2025 COMM Formulary

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**CURRENT AS OF 8/1/2025**

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>NOTES</b>
<b>ANTIDOTE THERAPEUTICS</b>		
<b>Acetaminophen Antidote</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	QL (12 ML per 1 day)
<b>Alcohol Deterrents (91:02)</b>		
<i>acamprostate oral tablet, delayed release (dr/ec) 333 mg</i>	2	QL (6 tablets per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	MDL
<b>Antidote Therapeutics</b>		
ANASPAZ ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: Atropine 1% eye drops); QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	QL (1 kit per 1 fill)
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	ALT (Covered Alternatives: DEPEN)
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	4	QL (Quantity Limits Apply)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	4	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

BB= Buy and Bill Only

PA = Prior Authorization

QL = Quantity Limits

SP = This drug can only be obtained at Pharmacy Advantage: (800) 456-2112; up to 30 day supply at a time.

ST = Step Therapy Required

HCR = Health Care Reform rules apply

TD= FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.

PF= Partial Fill Program

AG= Age Restriction

DRUG NAME	DRUG TIER	NOTES
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Non-Formulary	ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	MDL
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	2	MDL
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	2	
<i>hyosyne oral drops 0.125 mg/ml</i>	2	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Naloxone)
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Non-Formulary	
LEVSIN ORAL TABLET 0.125 MG	Non-Formulary	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	Non-Formulary	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	7	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	QL (2 doses per 90 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Non-Formulary	QL (2 doses per 90 days)
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
<i>penicillamine oral capsule 250 mg</i>	Non-Formulary	ALT (Covered Alternatives: Penicillamine Tablets)

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DRUG NAME	DRUG TIER	NOTES
<i>penicillamine oral tablet 250 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Non-Formulary	
STRONG IODINE ORAL SOLUTION 5 %	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	2	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	2	
<b>Chemotherapy Antidotes/Protectants</b>		
ELMIRON ORAL CAPSULE 100 MG	3	PA; QL (3 capsules per 1 day)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	MDL
<i>mesna oral tablet 400 mg</i>	2	QL (6 Tablets per 1 Day)
MESNEX ORAL TABLET 400 MG	Non-Formulary	ALT (Covered Alternatives: Mesna 400mg tablet); QL (6 tablets per 1 fill)
<b>Fluoropyrimidine Antidote</b>		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Non-Formulary	SP (Dispensed by Cardinal Specialty Pharmacy: (866) 677-4844; up to a 30 day supply per fill)
<b>ANTI-HISTAMINE DRUGS</b>		
<b>Ethanolamine Derivatives</b>		
<i>allergy relief(diphenhydramin) oral capsule 25 mg</i>	2	
<i>banophen oral capsule 25 mg</i>	2	
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-Formulary	
BENADRYL ORAL CAPSULE 25 MG	Non-Formulary	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	7	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	1	
<b>First Gen. Antihist. Derivatives, Misc.</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

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DRUG NAME	DRUG TIER	NOTES
<i>cyproheptadine oral tablet 4 mg</i>	2	MDL
<b>First Generation Antihistamines</b>		
<i>allergy relief(diphenhydramin) oral capsule 25 mg</i>	2	
<i>banophen oral capsule 25 mg</i>	2	
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-Formulary	
BENADRYL ORAL CAPSULE 25 MG	Non-Formulary	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Non-Formulary	QL (40 ML per 1 Day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
CARBZAH ORAL LIQUID 4 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: CARBINOXAMINE MALEATE ORAL LIQUID 4MG/5ML); QL (30 ML per 1 Day)
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	MDL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	7	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	2	QL (Quantity Limits Apply); MDL
<i>hydroxyzine hcl oral tablet 25 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	MDL
<b>Other Antihistamines</b>		
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2	QL (0.2 ML per 1 day)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Non-Formulary	QL (0.2 ML per 1 day)
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	QL (5 ML per 1 day)

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Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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<i>famotidine oral tablet 20 mg</i>	1	MDL; QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	MDL; QL (3 tablets per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
PEPCID ORAL TABLET 20 MG	Non-Formulary	QL (4 tablets per 1 day)
PEPCID ORAL TABLET 40 MG	Non-Formulary	QL (3 tablets per 1 day)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
<b>Phenothiazine Derivatives</b>		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<b>Piperazine Derivatives</b>		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MDL
<b>Propylamine Derivatives</b>		
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	3	
<b>Second Generation Antihistamines</b>		
24HOUR ALLERGY ORAL TABLET 10 MG	2	MDL
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	2	QL (2 tablets per 1 day)
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	2	MDL

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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DRUG NAME	DRUG TIER	NOTES
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERCLEAR ORAL TABLET 10 MG	2	MDL
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG	2	MDL
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	2	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLER-TEC ORAL TABLET 10 MG	2	MDL
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	2	MDL
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cetirizine oral solution 1 mg/ml, 5 mg/5 ml</i>	2	MDL
<i>cetirizine oral tablet 10 mg, 5 mg</i>	2	MDL; QL (30 tablets per 30 days)
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML	Non-Formulary	QL (300 ML per 30 days)
CLARINEX ORAL TABLET 5 MG	Non-Formulary	
CLARITIN ORAL TABLET 10 MG	Non-Formulary	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 10 MG	Non-Formulary	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Non-Formulary	QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>desloratadine oral tablet 5 mg</i>	2	MDL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	MDL
LORADAMED ORAL TABLET 10 MG	2	MDL
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
<i>loratadine oral solution 5 mg/5 ml</i>	2	QL (300 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	2	MDL
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	2	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
WAL-ITIN ORAL TABLET 10 MG	2	MDL
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	2	MDL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
ZYRTEC ORAL TABLET 10 MG	Non-Formulary	
<b>ANTI-INFECTIVE AGENTS</b>		
<b>1St Generation Cephalosporin Antibiotics</b>		
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 3 gram/150 ml</i>	7	

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<i>cefazolin injection recon soln 1 gram, 10 gram</i>	7	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
<b>2Nd Generation Cephalosporin Antibiotics</b>		
<i>cefaclor oral capsule 250 mg</i>	1	
<i>cefaclor oral capsule 500 mg</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<b>3Rd Generation Cephalosporin Antibiotics</b>		
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	QL (2 capsules per 1 day)
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	7	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	7	
<b>4Th Generation Cephalosporin Antibiotics</b>		
<i>cefepime injection recon soln 1 gram, 2 gram</i>	7	
<b>5Th Generation Cephalosporin Antibiotics</b>		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	7	

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<b>Adamantane Antivirals</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	MDL
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	MDL
<i>amantadine hcl oral tablet 100 mg</i>	2	MDL
FLUMADINE ORAL TABLET 100 MG	Non-Formulary	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)
<i>rimantadine oral tablet 100 mg</i>	2	
<b>Allylamine Antifungals</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	2	MDL
<i>terbinafine hcl topical cream 1 %</i>	Non-Formulary	
<b>Amebicides</b>		
HUMATIN ORAL CAPSULE 250 MG	4	QL (5ml per day, 14 days of treatment in 365 days.)
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 125 mg</i>	Non-Formulary	ALT (Covered Alternatives: Metronidazole 250mg Tablets); QL (1 Tablets per 1 Day)
<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i>	2	
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	

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NORITATE TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)
ROSADAN TOPICAL CREAM 0.75 %	Non-Formulary	ALT (Covered Alternatives: Metronidazole)
ROSADAN TOPICAL GEL 0.75 %	Non-Formulary	ALT (Covered Alternatives: Metronidazole)
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<b>Aminoglycoside Antibiotics</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	7	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>gentamicin injection solution 40 mg/ml</i>	7	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	7	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
HUMATIN ORAL CAPSULE 250 MG	4	QL (5ml per day, 14 days of treatment in 365 days.)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); ALT (Covered Alternatives: TOBRAMYCIN PAK 300 MG/5 ML)
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Non-Formulary	

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MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Non-Formulary	
<i>neomycin oral tablet 500 mg</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	4	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (280 ampules per 30 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (280 ampules per 30 days)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	7	

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<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (280 ampules per 30 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	QL (1 tube per 1 fill)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
<b>Aminomethylcyclines</b>		
NUZYRA ORAL TABLET 150 MG	Non-Formulary	QL (Quantity Limits Apply)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE HYCLATE, CLINDAMYCIN HCL, MINOCYCLINE HCL, TETRACYCLINE HCL)
<b>Aminopenicillin Antibiotics</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	

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<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	7	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	7	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	Non-Formulary	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Non-Formulary	
AUGMENTIN ORAL TABLET 500-125 MG	Non-Formulary	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Non-Formulary	QL (Quantity Limits Apply)
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	Non-Formulary	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Non-Formulary	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	2	QL (120 Tablets per 28 Days. 28 Days of Treatment per 180 Days)
BILTRICIDE ORAL TABLET 600 MG	Non-Formulary	
EGATEN ORAL TABLET 250 MG	Non-Formulary	
EMVERM ORAL TABLET,CHEWABLE 100 MG	4	PA; QL (6 tablets per 30 days)
<i>ivermectin oral tablet 3 mg</i>	2	QL (8 tablets per 30 days, 2 fills per year)
<i>ivermectin oral tablet 6 mg</i>	Non-Formulary	QL (2 Fills per Year); ALT (Covered Alternatives: Ivermectin 3mg Tablet); QL (8 Tablets per 30 Days)

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<i>praziquantel oral tablet 600 mg</i>	2	
STROMEKTOL ORAL TABLET 3 MG	Non-Formulary	
<b>Antifungals, Miscellaneous</b>		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	Non-Formulary	ALT (Covered Alternatives: Griseofulvin 125mg, Griseofulvin 250mg); QL (1 Tablet per 1 Day)
STRONG IODINE ORAL SOLUTION 5 %	1	
<b>Antileprosy Agents</b>		
ACZONE TOPICAL GEL 5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>dapsone topical gel 5 %</i>	2	QL (2 GM per 1 day)
<i>dapsone topical gel 7.5 %</i>	Non-Formulary	ALT (Covered Alternatives: DAPSONE 5% GEL, DAPSONE 7.5% GEL WITH PUMP); QL (1 GM per 1 Day)
<i>dapsone topical gel with pump 7.5 %</i>	2	QL (2 GM per 1 day)
<b>Antimalarials</b>		
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN)
ARAKODA ORAL TABLET 100 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	2	QL (12 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	QL (9 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.

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<i>avidoxy oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; QL (8 tablets per 28 days)
COARTEM ORAL TABLET 20-120 MG	4	QL (24 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
DARAPRIM ORAL TABLET 25 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: HYDROXYCHLOROQUINE SULFATE, PRIMAQUINE GENERIC, MEFLOQUINE HCL)
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	ALT (Covered Alternatives: Doxycycline Hyclate, Doxycycline Monohydrate); QL (1 tablet per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	2	MDL
<i>doxycycline hyclate oral capsule 50 mg</i>	2	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE); QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE)
<i>doxycycline hyclate oral tablet 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	QL (2 capsules per 1 day)

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<i>doxycycline monohydrate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE); QL (1 Capsule per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg)
<i>hydroxychloroquine oral tablet 200 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; MDL; QL (6 tablets per 1 day)
<i>hydroxychloroquine oral tablet 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg); QL (1 Tablets per 1 day)
KRINTAFEL ORAL TABLET 150 MG	Non-Formulary	
MALARONE ORAL TABLET 250-100 MG	Non-Formulary	QL (12 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.

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DRUG NAME	DRUG TIER	NOTES
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	Non-Formulary	QL (9 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
<i>mefloquine oral tablet 250 mg</i>	2	QL (5 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	MDL
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
<i>morgidox oral capsule 50 mg</i>	2	QL (90 capsules per 30 days)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	Covered for Malaria Treatment, not prophylaxis.; QL (6 tablets per 1 day)
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	2	Covered for Malaria Treatment, not prophylaxis.
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (24 capsules per 1 day)
<i>pyrimethamine oral tablet 25 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
QUALAQUIN ORAL CAPSULE 324 MG	Non-Formulary	Covered for Malaria Treatment, not prophylaxis.
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.
<i>quinine sulfate oral capsule 324 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; QL (42 capsules per 30 days)

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SOVUNA ORAL TABLET 200 MG	Non-Formulary	ALT (Covered Alternatives: Hydroxychloroquine); QL (6 Tablets per 1 Day)
SOVUNA ORAL TABLET 300 MG	Non-Formulary	ALT (Covered Alternatives: HYDROXYCHLOROQUINE); QL (1 Tablets per 1 Day)
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Antiprotozoals, Cryptosporidiosis</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	PA; QL (60 ML per 3 days)
ALINIA ORAL TABLET 500 MG	Non-Formulary	
<i>nitazoxanide oral tablet 500 mg</i>	2	PA; QL (6 tablets per day, 14 days of therapy per 180 days)
<b>Antiprotozoals, Miscellaneous</b>		
ACZONE TOPICAL GEL 5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>dapsone topical gel 5 %</i>	2	QL (2 GM per 1 day)
<i>dapsone topical gel 7.5 %</i>	Non-Formulary	ALT (Covered Alternatives: DAPSONE 5% GEL, DAPSONE 7.5% GEL WITH PUMP); QL (1 GM per 1 Day)
<i>dapsone topical gel with pump 7.5 %</i>	2	QL (2 GM per 1 day)
LAMPIT ORAL TABLET 120 MG, 30 MG	Non-Formulary	
<b>Antiprotozoals, P Jirovecii Pneumonia</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	QL (10 ML per Day. 21 Days of Treatment per 180 Days)
MEPRON ORAL SUSPENSION 750 MG/5 ML	Non-Formulary	
PENTAM INJECTION RECON SOLN 300 MG	Non-Formulary	
<i>pentamidine inhalation recon soln 300 mg</i>	Non-Formulary	QL (1 vial per 30 days, 21 days of therapy per 180 days)

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<i>pentamidine injection recon soln 300 mg</i>	7	QL (1 vial per 30 days, 21 days of therapy per 180 days)
<b>Antiprotozoals,Nitroimidazole-Derivative</b>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	QL (20 tablets per 5 days)
<b>Antiretrovirals</b>		
SUNLENCA ORAL TABLET 300 MG	6	PA
<b>Antiretrovirals, Miscellaneous</b>		
TYBOST ORAL TABLET 150 MG	6	QL (2 tablets per 1 day)
<b>Antituberculosis Agents</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	7	
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Non-Formulary	
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Formulary	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
<i>cycloserine oral capsule 250 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg</i>	2	MDL
<i>isoniazid oral tablet 300 mg</i>	1	MDL

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<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PRIFTIN ORAL TABLET 150 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	2	QL (4 tablets per 1 day)
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	MDL
SIRTURO ORAL TABLET 100 MG	5	QL (4 tablets per day, 180 days of therapy per 365 days); SP (Dispensed by MMS Solutions (866) 716-5486; up to a 30 day supply per fill); QL (4 tablets per 1 day)
SIRTURO ORAL TABLET 20 MG	5	QL (10 tablets per day, 180 days of therapy per 365 days); SP (Dispensed by MMS Solutions (866) 716-5486; up to a 30 day supply per fill); QL (10 tablets per 1 day)
<b>Antivirals, Miscellaneous</b>		
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Non-Formulary	
<b>Azole Antifungals</b>		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	7	QL (0.01mL per day, 90 days supply of therapy per 180 days); SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	4	QL (70 capsules per 30 days, 3 fills per year)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Non-Formulary	
EXTINA TOPICAL FOAM 2 %	Non-Formulary	

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<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	7	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	
<i>itraconazole oral solution 10 mg/ml</i>	2	QL (300 ML per 16 days)
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical foam 2 %</i>	Non-Formulary	ALT (Covered Alternatives: KETOCONAZOLE)
<i>ketoconazole topical shampoo 2 %</i>	2	MDL
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Non-Formulary	ALT (Covered Alternatives: Posaconazole)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	Non-Formulary	
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	7	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	2	ALT (Covered Alternatives: Noxafil); QL (105 EA per 1 Fill)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Non-Formulary	
SPORANOX ORAL CAPSULE 100 MG	Non-Formulary	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Non-Formulary	QL (Quantity Limits Apply)
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	Non-Formulary	
VIVJOA ORAL CAPSULE 150 MG	Non-Formulary	ALT (Covered Alternatives: FLUCONAZOLE, TERCONAZOLE, ITRACONAZOLE)
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	2	PA; QL (10 ml per 1 day)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	QL (60 tablets per 30 days)

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<b>Bacitracin Antibiotics</b>		
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<b>Carbapenem Antibiotics</b>		
<i>ertapenem injection recon soln 1 gram</i>	7	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	7	
<i>meropenem intravenous recon soln 1 gram, 2 gram, 500 mg</i>	7	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
<b>Cmv Antivirals</b>		
LIVTENCITY ORAL TABLET 200 MG	5	PA; QL (4 Tablets per 1 Day)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	Non-Formulary	QL (24 ML per 1 day)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Valganciclovir); QL (4 Packets per 1 Day)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: VALGANCICLOVIR HCL); QL (1 Tablet per 1 day)
<b>Coronavirus (Covid-19)</b>		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 300 MG (150 MG X 2)-100 MG	5	PA; QL (5 days of treatment per 180 days)
<b>Cyclic Lipopeptide Antibiotics</b>		
<i>daptomycin in 0.9 % sod chlor intravenous piggyback 350 mg/50 ml, 500 mg/50 ml</i>	7	
<i>daptomycin intravenous recon soln 350 mg</i>	7	QL (10 ml per 7 days)
<i>daptomycin intravenous recon soln 500 mg</i>	7	QL (10 ML per 7 days)

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<b>Echinocandin Antifungals</b>		
CANCIDAS INTRAVENOUS RECON SOLN 70 MG	Non-Formulary	PA; QL (0.01 Vial per 1 day)
<i>casposfungin intravenous recon soln 50 mg</i>	7	QL (3 Vials per Day. 84 Days of Treatment in 180 Days)
<i>casposfungin intravenous recon soln 70 mg</i>	7	QL (2.15 Vials per Day. 84 Days of Treatment in 180 Days)
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	7	QL (1 Vial per Day. 42 Days of Treatment in 180 Days)
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	7	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	7	QL (1 vial per 1 day)
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	Non-Formulary	
<b>Endonuclease Inhibitors</b>		
XOFLUZA ORAL TABLET 20 MG	4	QL (2 tablets per fill, 2 fills per 365 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (1 tablets per fill, 2 fills per 365 days); QL (1 Tablet per 1 Fill)
<b>Erythromycin Antibiotics</b>		
BENZAMYCIN TOPICAL GEL 3-5 %	Non-Formulary	
E.E.S. 400 ORAL TABLET 400 MG	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
<i>ery pads topical swab 2 %</i>	2	
ERYGEL TOPICAL GEL 2 %	Non-Formulary	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Non-Formulary	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	

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<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	
<b>Extended-Spectrum Penicillins</b>		
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	7	SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
<b>Glycopeptide Antibiotics</b>		
DALVANCE INTRAVENOUS SOLUTION 500 MG	Non-Formulary	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL (450mL per fill, 3 fills per year)
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	Non-Formulary	
VANCOGIN ORAL CAPSULE 125 MG, 250 MG	Non-Formulary	
<i>vancomycin intravenous recon soln 1,000 mg, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	7	
<i>vancomycin intravenous recon soln 1.25 gram</i>	Non-Formulary	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	7	QL (0.01 Vial per 1 day)
<b>Glycylcycline Antibiotics</b>		
<i>tigecycline intravenous recon soln 50 mg</i>	7	QL (0.01 Vial per 1 day)

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TYGACIL INTRAVENOUS RECON SOLN 50 MG	Non-Formulary	
<b>Hcv Polymerase Inhibitor Antivirals</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SOVALDI ORAL TABLET 200 MG, 400 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VOSEVI ORAL TABLET 400-100-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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<b>Hcv Protease Inhibitor Antivirals</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
MAVYRET ORAL TABLET 100-40 MG	5	QL (84 tablets per fill, 168 tablets per 365 days); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VOSEVI ORAL TABLET 400-100-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; QL (28 tablets per fill, 84 tablets per 365 days); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Hcv Replication Complex Inhibitors</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
MAVYRET ORAL TABLET 100-40 MG	5	QL (84 tablets per fill, 168 tablets per 365 days); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VOSEVI ORAL TABLET 400-100-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; QL (28 tablets per fill, 84 tablets per 365 days); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Hiv Entry And Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	6	PA; QL (0.01 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	6	PA; ALT (Covered Alternatives: FUZEON); QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 150 MG, 300 MG	Non-Formulary	QL (2 tablets per 1 day)
<b>Hiv Integrase Inhibitor Antiretrovirals</b>		
BIKTARVY ORAL TABLET 30-120-15 MG	5	
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (1 tablet per 1 day)
DOVATO ORAL TABLET 50-300 MG	5	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (1 tablet per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (2 tablets per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET 400 MG	5	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	5	QL (2 tablets per 1 day)

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JULUCA ORAL TABLET 50-25 MG	6	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	6	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 50 MG	5	QL (2 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	6	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	6	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
VOCABRIA ORAL TABLET 30 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Hiv Nonnucleoside Rev. Transcrip. Inhib.</b>		
COMPLERA ORAL TABLET 200-25-300 MG	Non-Formulary	QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-Formulary	
EDURANT ORAL TABLET 25 MG	5	QL (2 tablets per 1 day)
<i>efavirenz oral tablet 600 mg</i>	2	QL (1 tablet per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Non-Formulary	
<i>emtricitabin-raltegravir-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	4	QL (Quantity Limits Apply); QL (1 Tablet per 1 Day)
<i>etravirine oral tablet 100 mg, 200 mg</i>	2	
INTELENCE ORAL TABLET 100 MG, 200 MG	Non-Formulary	QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG	6	QL (4 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	6	QL (1 tablet per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (2 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	2	QL (2 tablets per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	QL (30 tablets per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 tablet per 1 day)
PIFELTRO ORAL TABLET 100 MG	5	
SYMFI ORAL TABLET 600-300-300 MG	Non-Formulary	

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<b>Hiv Nucleoside, Nucleotide Rt Inhibitors</b>		
<i>abacavir oral solution 20 mg/ml</i>	2	QL (16 ML per 1 day)
<i>abacavir oral tablet 300 mg</i>	2	QL (2 tablets per 1 day)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	5	
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	Non-Formulary	QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-Formulary	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	PA; ALT (Covered Alternatives: EMTRICITABINE-TENOFV 200-300MG, EMTRICITABINE-TENOFV 100-150MG, EMTRICITABINE-TENOFV 133-200MG, EMTRICITABINE-TENOFV 167-250MG); QL (1 tablet per 1 day)
DOVATO ORAL TABLET 50-300 MG	5	QL (1 tablet per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Non-Formulary	
<i>emtricitabine oral capsule 200 mg</i>	Non-Formulary	QL (2 capsules per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	QL (1 tablet per 1 day)
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	4	QL (Quantity Limits Apply); QL (1 Tablet per 1 Day)
EMTRIVA ORAL SOLUTION 10 MG/ML	5	QL (22.67 ML per 1 day)
EPIVIR ORAL SOLUTION 10 MG/ML	Non-Formulary	QL (2 ML per 1 day)
EPIVIR ORAL TABLET 150 MG, 300 MG	Non-Formulary	QL (2 tablets per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (1 tablet per 1 day)

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<i>lamivudine oral solution 10 mg/ml</i>	2	QL (Quantity Limits Apply); QL (2 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>	2	QL (1 Tablet per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	QL (2 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 tablets per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 tablet per 1 day)
RETROVIR ORAL CAPSULE 100 MG	Non-Formulary	QL (3 capsules per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML	Non-Formulary	QL (16 ML per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	6	QL (1 tablet per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	Non-Formulary	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	6	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	6	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Non-Formulary	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG	Non-Formulary	QL (1 tablet per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	QL (Quantity Limits Apply)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG	Non-Formulary	
ZIAGEN ORAL SOLUTION 20 MG/ML	Non-Formulary	QL (16 ML per 1 day)
<i>zidovudine oral capsule 100 mg</i>	2	QL (3 capsules per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	2	QL (16 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	2	QL (2 tablets per 1 day)
<b>Hiv Protease Inhibitor Antiretrovirals</b>		
APTIVUS ORAL CAPSULE 250 MG	5	QL (4 capsules per 1 day)
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	QL (2 capsules per 1 day)

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<i>darunavir oral tablet 600 mg, 800 mg</i>	2	QL (2 Tablets per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	6	QL (1 tablet per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	2	QL (4 tablets per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Non-Formulary	QL (320 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Non-Formulary	QL (6 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	
NORVIR ORAL TABLET 100 MG	Non-Formulary	ALT (Covered Alternatives: Ritonavir); QL (2 tablets per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	6	QL (2 tablets per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (2 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Non-Formulary	ALT (Covered Alternatives: Darunavir); QL (2 tablets per 1 day)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Non-Formulary	QL (2 capsules per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
<i>ritonavir oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	QL (4 tablets per 1 day)
<b>Interferon Antivirals</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 30 days)
<b>Lincomycin Antibiotics</b>		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	Non-Formulary	

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CLEOCIN INJECTION SOLUTION 150 MG/ML	Non-Formulary	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Non-Formulary	
CLEOCIN T TOPICAL LOTION 1 %	Non-Formulary	
CLEOCIN VAGINAL CREAM 2 %	Non-Formulary	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindacin etz topical swab 1 %</i>	2	QL (4 swabs per 1 day)
<i>clindacin p topical swab 1 %</i>	2	MDL; QL (4 swabs per 1 day)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	Non-Formulary	QL (Quantity Limits Apply)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	7	
<i>clindamycin phosphate topical foam 1 %</i>	2	
<i>clindamycin phosphate topical gel 1 %</i>	2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Non-Formulary	
<i>clindamycin phosphate topical lotion 1 %</i>	2	
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (4 ML per 1 day)
<i>clindamycin phosphate topical swab 1 %</i>	2	MDL; QL (2 swabs per 1 day)
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	2	QL (Quantity Limits Apply); MDL
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Non-Formulary	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	MDL
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Non-Formulary	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	Non-Formulary	QL (Quantity Limits Apply)
EVOCLIN TOPICAL FOAM 1 %	Non-Formulary	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	2	QL (Quantity Limits Apply)

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ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Non-Formulary	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
VELTIN TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply)
ZIANA TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, CLINDAMYCIN HCL)
<b>Monobactam Antibiotics</b>		
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	Non-Formulary	
<i>aztreonam injection recon soln 2 gram</i>	7	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Non-Formulary	ALT (Covered Alternatives: TOBRAMYCIN SULFATE)
<b>Natural Penicillin Antibiotics</b>		
<i>penicillin g potassium injection recon soln 20 million unit</i>	7	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT	7	
<b>Neuraminidase Inhibitor Antivirals</b>		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (10 capsules per fill ; 2 fills per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL (120 ML per fill ; 2 fills per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (20 blisters per 1 fill)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	Non-Formulary	QL (10 capsules per fill & 2 fills per 365 days)

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TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Non-Formulary	QL (120 ML per fill & 2 fills per 365 days)
<b>Nitroimidazole Derivatives, Misc</b>		
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 125 mg</i>	Non-Formulary	ALT (Covered Alternatives: Metronidazole 250mg Tablets); QL (1 Tablets per 1 Day)
<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i>	2	
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
NORITATE TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)
ROSADAN TOPICAL CREAM 0.75 %	Non-Formulary	ALT (Covered Alternatives: Metronidazole)
ROSADAN TOPICAL GEL 0.75 %	Non-Formulary	ALT (Covered Alternatives: Metronidazole)
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<b>Nucleoside And Nucleotide Antivirals</b>		
<i>acyclovir oral capsule 200 mg</i>	2	MDL
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MDL
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	7	
<i>acyclovir topical ointment 5 %</i>	2	QL (30 GM per 30 days)

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<i>adefovir oral tablet 10 mg</i>	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (700 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
BARACLUDE ORAL TABLET 1 MG	Non-Formulary	
COMPLERA ORAL TABLET 200-25-300 MG	Non-Formulary	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	PA; ALT (Covered Alternatives: EMTRICITABINE-TENOFV 200-300MG, EMTRICITABINE-TENOFV 100-150MG, EMTRICITABINE-TENOFV 133-200MG, EMTRICITABINE-TENOFV 167-250MG); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i>	4	QL (Quantity Limits Apply); QL (1 Tablet per 1 Day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	7	
HEPSERA ORAL TABLET 10 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)

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LAGEVRIO (EUA) ORAL CAPSULE 200 MG	0	
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 tablet per 1 day)
<i>ribavirin oral capsule 200 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 Capsules per 1 day)
<i>ribavirin oral tablet 200 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 Tablets per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Non-Formulary	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	MDL
VALCYTE ORAL RECON SOLN 50 MG/ML	Non-Formulary	
VALCYTE ORAL TABLET 450 MG	Non-Formulary	
<i>valganciclovir oral tablet 450 mg</i>	2	QL (2 tablets per 1 day)
VALTREX ORAL TABLET 1 GRAM, 500 MG	Non-Formulary	
VEMLIDY ORAL TABLET 25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	ALT (Covered Alternatives: ACYCLOVIR, HYDROCORTISONE)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	QL (5 GM per 30 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	Non-Formulary	
ZOVIRAX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
ZOVIRAX TOPICAL OINTMENT 5 %	Non-Formulary	
<b>Other Macrolide Antibiotics</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>azithromycin oral packet 1 gram</i>	2	QL (2 packets per 30 days)

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<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	QL (120 ML per 1 fill)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	QL (8 tablets per 1 fill)
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, FIRVANQ)
DIFICID ORAL TABLET 200 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METRONIDAZOLE, FIRVANQ)
<i>fidaxomicin oral tablet 200 mg</i>	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, FIRVANQ); QL (20 Tablets per 30 Days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Non-Formulary	QL (Quantity Limits Apply)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	Non-Formulary	QL (120 ML per 1 fill)
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Non-Formulary	QL (8 tablets per 1 fill)
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Non-Formulary	QL (8 tablets per 1 fill)
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Non-Formulary	QL (8 tablets per 1 fill)
<b>Other Misc. Antibacterial Agents</b>		
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	Non-Formulary	
<b>Oxazolidinone Antibiotics</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	2	QL (840 ML per 14 days)
<i>linezolid oral tablet 600 mg</i>	2	QL (28 tablets per 14 days)

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SIVEXTRO ORAL TABLET 200 MG	Non-Formulary	QL (Quantity Limits Apply)
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	Non-Formulary	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Non-Formulary	QL (840 ML per 14 days)
ZYVOX ORAL TABLET 600 MG	Non-Formulary	QL (28 tablets per 14 days)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin injection recon soln 2 gram</i>	7	
<b>Pleuromutilins</b>		
XENLETA ORAL TABLET 600 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Polyene Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Non-Formulary	
<i>amphotericin b injection recon soln 50 mg</i>	7	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	2	
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
<b>Polymyxin Antibiotics</b>		
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	6	QL (2 ML per Day. 28 Days of Treatment in 180 Days); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Non-Formulary	

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MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Non-Formulary	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<b>Pyrimidine Antifungals</b>		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Non-Formulary	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	6	PA; QL (1 capsule per 1 day)
<b>Quinolone Antibiotics</b>		
BAXDELA ORAL TABLET 450 MG	Non-Formulary	QL (Quantity Limits Apply)
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	4	QL (14 applicators per 7 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Non-Formulary	
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Formulary	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	QL (14 applicators per 7 days)
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 1 fill)

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<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	QL (3 ML per 1 fill)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	QL (3 ML per 1 fill)
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Non-Formulary	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
<b>Rifamycin Antibiotics</b>		
PRIFTIN ORAL TABLET 150 MG	3	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	MDL
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
XIFAXAN ORAL TABLET 200 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)
<b>Siderophore Cephalosporins</b>		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	Non-Formulary	
<b>Sulfonamide Antibiotics (Systemic)</b>		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	

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AZULFIDINE ORAL TABLET 500 MG	Non-Formulary	
BACTRIM DS ORAL TABLET 800-160 MG	Non-Formulary	
BACTRIM ORAL TABLET 400-80 MG	Non-Formulary	
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	7	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MDL
<i>sulfasalazine oral tablet 500 mg</i>	2	MDL
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	MDL
<b>Tetracycline Antibiotics</b>		
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN)
<i>avidoxy oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	ALT (Covered Alternatives: Doxycycline Hyclate, Doxycycline Monohydrate); QL (1 tablet per 1 day)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	2	MDL
<i>doxycycline hyclate oral capsule 50 mg</i>	2	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE); QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE)

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<i>doxycycline hyclate oral tablet 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE); QL (1 Capsule per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	MDL
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
<i>morgidox oral capsule 50 mg</i>	2	QL (90 capsules per 30 days)

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ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (24 capsules per 1 day)
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: Tetracycline Capsules); QL (2 Tablets per 1 day)
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Triterpenoids</b>		
BREXAFEMME ORAL TABLET 150 MG	Non-Formulary	
<b>Urinary Anti-Infectives</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	QL (1 packet per 30 days)
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	
MACROBID ORAL CAPSULE 100 MG	Non-Formulary	
<i>methenamine hippurate oral tablet 1 gram</i>	2	MDL
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	QL (Quantity Limits Apply)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml, 50 mg/5 ml</i>	Non-Formulary	ALT (Covered Alternatives: NITROFURANTOIN CAPSULES, NITROFURANTOIN MONO-MACRO CAPSULES); QL (10 ML per 1 day)
ORLYNVAH ORAL TABLET 500-500 MG	Non-Formulary	ALT (Covered Alternatives: Trimethoprim/Sulfamethoxazole , nitrofurantoin, fosfomycin); QL (2 Tablets per 1 Day)
PRIMSOL ORAL SOLUTION 50 MG/5 ML	4	
<i>trimethoprim oral tablet 100 mg</i>	2	MDL
URELLE ORAL TABLET 81-10.8-40.8 MG	Non-Formulary	

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<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	2	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Non-Formulary	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>Antineoplastic Agents</b>		
<i>abiraterone oral tablet 250 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (120 tablets per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 tablets per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
ALECENSA ORAL CAPSULE 150 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (240 capsules per 30 days)
ALTRENO TOPICAL LOTION 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
ALUNBRIG ORAL TABLET 180 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)

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ALUNBRIG ORAL TABLET 30 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<i>anastrozole oral tablet 1 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
ARIMIDEX ORAL TABLET 1 MG	Non-Formulary	
AROMASIN ORAL TABLET 25 MG	Non-Formulary	
ATRALIN TOPICAL GEL 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
AUGTYRO ORAL CAPSULE 40 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (8 Capsules per 1 day)
<i>avita topical cream 0.025 %</i>	2	PA; QL (45 GM per 30 days)
<i>avita topical gel 0.025 %</i>	2	PA; QL (45 GM per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Non-Formulary	SP (Dispensed by McKesson Plasma & Biologics: (877) 625-2566; up to a 30 day supply per fill); QL (66 Tablets per 28 Days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	6	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (1 tablet per 1 day)

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BALVERSA ORAL TABLET 3 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (1 tablet per 1 day)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
<i>bexarotene oral capsule 75 mg</i>	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 capsule per 1 day)
<i>bexarotene topical gel 1 %</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 GM per 1 day)
<i>bicalutamide oral tablet 50 mg</i>	2	
BOSULIF ORAL CAPSULE 100 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (3 Capsules per 1 day)
BOSULIF ORAL CAPSULE 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 cAPSULE per 1 day)
BOSULIF ORAL TABLET 100 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (3 tablets per 1 day)

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BOSULIF ORAL TABLET 400 MG, 500 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 tablets per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
BRUKINSA ORAL CAPSULE 80 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 pack per 28 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 tablet per 1 day)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 capsules per 30 days)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (140 tablets per 16 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; SP (Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (60 tablets per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP (Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (30 tablets per 30 days)
CARAC TOPICAL CREAM 0.5 %	Non-Formulary	
CASODEX ORAL TABLET 50 MG	Non-Formulary	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)

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COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
COTELLIC ORAL TABLET 20 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (63 tablets per 30 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
DANZITEN ORAL TABLET 71 MG, 95 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 Tablets per 1 day)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	6	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 Tablets per 1 Fill)
<i>dasatinib oral tablet 20 mg</i>	6	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (90 Tablets per 1 Fill)
<i>dasatinib oral tablet 70 mg</i>	6	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 Tablets per 1 Fill)
DAURISMO ORAL TABLET 100 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
DAURISMO ORAL TABLET 25 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	QL (1 capsule per 1 day)
EFUDEX TOPICAL CREAM 5 %	Non-Formulary	

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ERIVEDGE ORAL CAPSULE 150 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 capsules per 30 days)
ERLEADA ORAL TABLET 240 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
ERLEADA ORAL TABLET 60 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 tablet per 1 day)
<i>erlotinib oral tablet 25 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 tablets per 1 day)
<i>etoposide oral capsule 50 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	QL (10 Tablets per 1 day)
<i>exemestane oral tablet 25 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
FARESTON ORAL TABLET 60 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 capsules per 30 days)
FEMARA ORAL TABLET 2.5 MG	Non-Formulary	QL (1 tablet per 1 day)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Non-Formulary	PA
<i>fluorouracil topical cream 0.5 %</i>	Non-Formulary	ALT (Covered Alternatives: FLUOROURACIL, FLUOROURACIL)
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (21 Capsules per 28 days)
GAVRETO ORAL CAPSULE 100 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>gefitinib oral tablet 250 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (30 Tablets per 1 Fill)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
GOMEKLI ORAL CAPSULE 1 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112 up to a 30 day supply per fill [HFHS Only]; or Onco360: (877) 622-6633; or Biologics: (800) 850-4306; up to a 30 day supply); QL (2 Capsules per 1 Day)
GOMEKLI ORAL CAPSULE 2 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112 up to a 30 day supply per fill [HFHS Only]; or Onco360: (877) 622-6633; or Biologics: (800) 850-4306; up to a 30 day supply); QL (4 Capsules per 1 Day)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112 up to a 30 day supply per fill [HFHS Only]; or Onco360: (877) 622-6633; or Biologics: (800) 850-4306; up to a 30 day supply); QL (8 Capsules per 1 Day)
HERNEXEOS ORAL TABLET 60 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
HYCAMTIN ORAL CAPSULE 0.25 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
HYCAMTIN ORAL CAPSULE 1 MG	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 capsule per 1 day)
HYDREA ORAL CAPSULE 500 MG	Non-Formulary	
<i>hydroxyurea oral capsule 500 mg</i>	2	

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IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (21 capsules per 30 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (21 tablets per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 tablet per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<i>imatinib oral tablet 100 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (180 tablets per 30 days)
<i>imatinib oral tablet 400 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 tablets per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Imbruvica Suspension); QL (1 Tablet per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 day)

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IMBRUVICA ORAL TABLET 140 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Imbruvica 140mg Capsule); QL (1 Tablet per 1 day)
IMBRUVICA ORAL TABLET 280 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Imbruvica 140mg Capsules); QL (1 Tablet per 1 day)
IMBRUVICA ORAL TABLET 420 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Imbruvica 140mg Capsules); QL (1 Tablet per 1 day)
INLYTA ORAL TABLET 1 MG, 5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 tablets per 1 day)
INQOVI ORAL TABLET 35-100 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
INREBIC ORAL CAPSULE 100 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
IRESSA ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]); OR Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 Tablet per 1 day)

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IWILFIN ORAL TABLET 192 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 Tablets per 1 day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 tablets per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 Tablets per 1 day)
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Non-Formulary	
JYLAMVO ORAL SOLUTION 2 MG/ML	Non-Formulary	QL (20 ML per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (21 tablets per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (42 tablets per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (63 tablets per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
KRAZATI ORAL TABLET 200 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (6 Tablets per 1 day)

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<i>lapatinib oral tablet 250 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (180 tablets per 30 days)
LAZCLUZE ORAL TABLET 240 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
LAZCLUZE ORAL TABLET 80 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 Day)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; SP (Dispensed by HF Store 570: (313) 916-1666; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	2	MDL; QL (1 tablet per 1 day)
LEUKERAN ORAL TABLET 2 MG	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 28 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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LUMAKRAS ORAL TABLET 120 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (8 tablets per 1 day)
LUMAKRAS ORAL TABLET 240 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (8 Tablets per 1 Day)
LUMAKRAS ORAL TABLET 320 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (3 Tablets per 1 day)
LYNPARZA ORAL TABLET 100 MG, 150 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (120 tablets per 30 days)
LYSODREN ORAL TABLET 500 MG	3	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill); QL (1 tablet per 1 day)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 Tablets per 1 Day)
MATULANE ORAL CAPSULE 50 MG	3	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill); QL (1 capsule per 1 day)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	2	QL (175 ML per 30 days)

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<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Mekinist Tablets)
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (90 tablets per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
MEKTOVI ORAL TABLET 15 MG	6	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
<i>mercaptopurine oral suspension 20 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: MERCAPTOPYRINE 50MG TABLET); QL (3 ML per 1 day)
<i>mercaptopurine oral tablet 50 mg</i>	2	MDL
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	MDL
MYLERAN ORAL TABLET 2 MG	3	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
NERLYNX ORAL TABLET 40 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
NEXAVAR ORAL TABLET 200 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Sorafenib); PF

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NILANDRON ORAL TABLET 150 MG	Non-Formulary	
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (112 Capsules per 1 Fill)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (120 Capsules per 1 Fill)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (3 capsules per 30 days)
NUBEQA ORAL TABLET 300 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 tablets per 1 day)
ODOMZO ORAL CAPSULE 200 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 capsules per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (6 Tablets per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3.2 ML per 1 day)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.58 Tablets per 1 day)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.72 Tablet per 1 day)

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OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.86 Tablet per 1 day)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
ONUREG ORAL TABLET 200 MG, 300 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
OPZELURA TOPICAL CREAM 1.5 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Betamethasone, Clobetasol, Tacrolimus); QL (2 GRAM per 1 day)
ORGOVYX ORAL TABLET 120 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
ORSERDU ORAL TABLET 345 MG	6	PA; SP (Dispensed by Onco360: (877) 622-6633 or Biologics: (800) 850-4306; up to a 30 day supply per fill); PF; QL (1 Tablet per 1 day)
ORSERDU ORAL TABLET 86 MG	6	PA; SP (Dispensed by Onco360: (877) 622-6633 or Biologics: (800) 850-4306; up to a 30 day supply per fill); PF; QL (3 Tablets per 1 day)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHOTREXATE)
<i>pazopanib oral tablet 200 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 Tablets per 1 day)

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PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	6	PA; SP (Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (14 tablets per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	6	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
PURIXAN ORAL SUSPENSION 20 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
QINLOCK ORAL TABLET 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHOTREXATE)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 Tablets per 1 day)

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RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); AG (Max 30 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); AG (Max 30 Years)
RETIN-A TOPICAL CREAM 0.025 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (45 GM per 30 days); AG (Max 30 Years)
RETIN-A TOPICAL CREAM 0.05 %, 0.1 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); AG (Max 30 Years)
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (45 GM per 30 days); AG (Max 30 Years)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
REVUFORJ ORAL TABLET 110 MG, 160 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)

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REZLIDHIA ORAL CAPSULE 150 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 Capsules per 1 day)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Non-Formulary	SP (Dispensed by Biologics: (800) 850-4306; Cardinal Specialty Pharmacy: (866) 677-4844; up to a 30 day supply per fill); QL (8 Capsules per 28 Days)
ROZLYTREK ORAL CAPSULE 100 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RUBRACA ORAL TABLET 250 MG, 300 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
RYDAPT ORAL CAPSULE 25 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
SCSEMBLIX ORAL TABLET 100 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 Tablet per 1 Day)
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 tablets per 1 day)
SIKLOS ORAL TABLET 1,000 MG, 100 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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<i>sorafenib oral tablet 200 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: DASATINIB); PF; QL (30 tablets per 30 days)
SPRYCEL ORAL TABLET 20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: DASATINIB); PF; QL (90 tablets per 30 days)
SPRYCEL ORAL TABLET 70 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: DASATINIB); PF; QL (60 tablets per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (84 tablets per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (30 capsules per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (90 capsules per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 capsules per 30 days)
TABLOID ORAL TABLET 40 MG	3	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)

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TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (120 capsules per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Tafenlar Capsules)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (30 tablets per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
<i>tamoxifen oral tablet 10 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older.); MDL
<i>tamoxifen oral tablet 20 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older.); MDL; QL (1 tablet per 1 day)
TARGRETIN ORAL CAPSULE 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TARGRETIN TOPICAL GEL 1 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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TASIGNA ORAL CAPSULE 150 MG, 200 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Nilotinib); PF; QL (112 capsules per 30 days)
TASIGNA ORAL CAPSULE 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Nilotinib); PF; QL (4 capsules per 1 day)
TAZVERIK ORAL TABLET 200 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (8 tablets per 1 day)
<i>temozolomide oral capsule 100 mg, 140 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Capsules per 1 day)
<i>temozolomide oral capsule 180 mg, 250 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
<i>temozolomide oral capsule 20 mg, 5 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Capsules per 1 day)
TEPMETKO ORAL TABLET 225 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Tabceta); QL (2 tablets per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
TIBSOVO ORAL TABLET 250 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)

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<i>toremifene oral tablet 60 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Everolimus); QL (1 Tablet per 1 Day)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (8 capsule per 1 day)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.1 %</i>	2	PA; QL (45 GM per 30 days)
<i>tretinoin topical cream 0.05 %</i>	2	PA; QL (45 GM per 1 Fill)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA; QL (45 GM per 30 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	ALT (Covered Alternatives: METHOTREXATE)
TRUQAP ORAL TABLET 160 MG, 200 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (64 Tablets per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
TURALIO ORAL CAPSULE 125 MG	6	PA; SP (Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (4 Capsules per 1 day)
TYKERB ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (180 tablets per 1 fill)

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DRUG NAME	DRUG TIER	NOTES
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
VENCLEXTA ORAL TABLET 10 MG, 50 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablet per 1 day)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (42 tablets per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VONJO ORAL CAPSULE 100 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Tablets per 1 day)
VORANIGO ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 Day)

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VORANIGO ORAL TABLET 40 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
VOTRIENT ORAL TABLET 200 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 tablets per 1 day)
WELIREG ORAL TABLET 40 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 capsules per 30 days)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 Pellets per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: METHOTREXATE)
XELODA ORAL TABLET 150 MG, 500 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
XOSPATA ORAL TABLET 40 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK), 80MG TWICE WEEK (160 MG/WEEK)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
XROMI ORAL SOLUTION 100 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 ML per 1 Day)

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XTANDI ORAL CAPSULE 40 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (120 capsules per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
XTANDI ORAL TABLET 80 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 tablets per 1 day)
YONSA ORAL TABLET 125 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
ZELBORAF ORAL TABLET 240 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (240 tablets per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Non-Formulary	
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)
ZYKADIA ORAL TABLET 150 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ZYTIGA ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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ZYTIGA ORAL TABLET 500 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)
<b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES</b>		
<b>Allergenic Extracts (Therapeutic)</b>		
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Non-Formulary	QL (Quantity Limits Apply)
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)

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PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill)
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Non-Formulary	QL (Quantity Limits Apply)
<b>Antitoxins And Immune Globulins</b>		
ALYGLO INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)

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ASCENIV INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
BIVIGAM INTRAVENOUS SOLUTION 10 %	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (0.01 ML per 1 day)
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 ML per 1 day)

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FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Non-Formulary	SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	7	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 ML per 28 days)
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 vial per 30 days)
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 ML per 28 days)

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GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill); QL (1 ML per 1 day)
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill); QL (50 ml per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 ML per 28 days)
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)

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HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 ML per 30 days)
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 ML per 30 days)
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	7	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	7	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Non-Formulary	SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
OCTAGAM INTRAVENOUS SOLUTION 10 %	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)

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OCTAGAM INTRAVENOUS SOLUTION 5 %	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (0.01 ML per 1 day)
PANZYGA INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (0.01 ML per 1 day)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	7	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill); QL (0.04 ML per 1 day)
<b>Toxoids</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)

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DRUG NAME	DRUG TIER	NOTES
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	7	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year to 6 years of age.)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to 6 years of age.)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
<b>Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)

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AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 19 years and older.)
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUZONE TRIV SOUTH HEM2025(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 years and older but less than 46 years.)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 years and older but less than 46 years.)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 months and older.)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 months and older.)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to 6 years of age.)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	7	
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	7	
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	7	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	7	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to less than 7 years fo age. )

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PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 years and older.)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	0	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ROTATEQ VACCINE ORAL SOLUTION 2 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older but less than 9 months.)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50 years and older.); QL (2 injections per 1 lifetime); AG (Min 18 Years)
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older.)

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DRUG NAME	DRUG TIER	NOTES
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)

#### AUTONOMIC DRUGS

##### Alpha- And Beta-Adrenergic Agonists

<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	2	QL (2 tablets per 1 day)
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Non-Formulary	ALT (Covered Alternatives: EPINEPHRINE 0.15 MG AUTO-INJECT, EPINEPHRINE 0.3 MG AUTO-INJECT); QL (4 Injectors per 1 Fill)
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	2	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Non-Formulary	QL (2 tablets per 1 day)
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Non-Formulary	QL (4 pens per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Non-Formulary	QL (4 pens per 30 days)
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	2	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	2	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PRIMATENE MIST INHALATION HFA AEROSOL INHALER 0.125 MG/ACTUATION	Non-Formulary	QL (11.7 GM per 28 days)

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DRUG NAME	DRUG TIER	NOTES
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	MDL
<i>lofexidine oral tablet 0.18 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
LUCEMYRA ORAL TABLET 0.18 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MDL
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	3	
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	Non-Formulary	ALT (Covered Alternatives: CLONIDINE HCL ER 0.1 MG TABLET); QL (4 ML per 1 Day)
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
<b>Antimuscarinics/Antispasmodics</b>		
ANASPAZ ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (60 Blisters per 28 days)
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: Atropine 1% eye drops); QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (2 inhalers per 30 days)

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BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	MDL; QL (2 inhalers per 30 days)
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Non-Formulary	PA; QL (5 ML per 1 day)
<i>dicyclomine oral capsule 10 mg</i>	1	MDL; QL (8 capsules per 1 day)
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	1	MDL; QL (8 tablets per 1 day)
<i>dicyclomine oral tablet 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DICYCLOMINE 10MG CAPSULE, DICYCLOMINE 20MG TABLET); QL (2 Tablets per 1 Day)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (1 Inhaler per 28 days)
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Non-Formulary	PA; ALT (Covered Alternatives: CUVPOSA); QL (0.01 ML per 1 day)
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	5	PA; QL (5 ML per 1 day)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MDL
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5 ml</i>	2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	MDL
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	2	MDL
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	2	
<i>hyosyne oral drops 0.125 mg/ml</i>	2	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	2	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Breo Ellipta, Combivent, Tiotropium, Wixela, Budesonide/Formoterol, Stiolto); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (30 Blisters per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	MDL
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Non-Formulary	
LEVSIN ORAL TABLET 0.125 MG	Non-Formulary	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	Non-Formulary	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	Non-Formulary	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Non-Formulary	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	QL (4 patches per 1 fill)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	MDL; QL (1 inhaler per 30 days)

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SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Non-Formulary	ALT (Covered Alternatives: Tiotropium Bromide); QL (1 capsule per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	MDL; QL (1 inhaler per 30 days)
<i>symax-sl sublingual tablet 0.125 mg</i>	2	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	2	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	2	MDL; QL (1 Capsule per 1 day)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Non-Formulary	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 DEVICE per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BREO ELLIPTA, SPIRIVA, ARCAPTA NEOHALER, ADVAIR DISKUS, SYMBICORT, COMBIVENT RESPIMAT, PERFOROMIST); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Inhaler per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 vials per 1 day)
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	MDL
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	MDL
<i>amantadine hcl oral tablet 100 mg</i>	2	MDL

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<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	MDL
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	MDL
<b>Centrally Acting Skeletal Muscle Relaxant</b>		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	Non-Formulary	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Non-Formulary	ALT (Covered Alternatives: CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL)
<i>chlorzoxazone oral tablet 500 mg</i>	2	ALT (Covered Alternatives: CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL); QL (4 Tablets per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	2	MDL
LORZONE ORAL TABLET 375 MG, 750 MG	Non-Formulary	ALT (Covered Alternatives: CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL)
<i>metaxalone oral tablet 400 mg, 800 mg</i>	2	
<i>metaxalone oral tablet 640 mg</i>	Non-Formulary	ALT (Covered Alternatives: METAXALONE 400MG, METAXALONE 800MG); QL (4 Tablet per 1 day)

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<i>methocarbamol oral tablet 1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Methocarbamol 500mg, Methocarbamol 750mg); QL (4 Tablets per 1 Day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	MDL
SOMA ORAL TABLET 250 MG, 350 MG	Non-Formulary	
TANLOR ORAL TABLET 1,000 MG	Non-Formulary	ALT (Covered Alternatives: Methocarbamol 500mg, Methocarbamol 750mg); QL (4 Tablets per 1 Day)
<i>tizanidine oral capsule 2 mg</i>	2	QL (10 tablets per 1 day)
<i>tizanidine oral capsule 4 mg</i>	2	QL (9 tablets per 1 day)
<i>tizanidine oral capsule 6 mg</i>	2	QL (6 tablets per 1 day)
<i>tizanidine oral tablet 2 mg</i>	2	QL (10 tablets per 1 day)
<i>tizanidine oral tablet 4 mg</i>	2	QL (9 tablets per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Non-Formulary	
ZANAFLEX ORAL TABLET 4 MG	Non-Formulary	
<b>Direct-Acting Skeletal Muscle Relaxants</b>		
DANTRIUM ORAL CAPSULE 25 MG	Non-Formulary	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<b>Gaba-Derivative Skeletal Muscle Relaxant</b>		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Baclofen Tablets); QL (80 ML per 1 day)
<i>baclofen oral tablet 10 mg</i>	2	MDL; QL (8 tablets per 1 day)
<i>baclofen oral tablet 15 mg</i>	Non-Formulary	ALT (Covered Alternatives: Baclofen 5mg, Baclofen 10mg, Baclofen 20mg); QL (5 Tablets per 1 Day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	2	MDL
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	Non-Formulary	ALT (Covered Alternatives: Baclofen)

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OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Baclofen Tablets); QL (80 ML per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Baclofen Tablets); QL (80 ML per 1 day)
<b>Indirect-Acting Skeletal Muscle Relaxant</b>		
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	MDL
<b>Non-Sel. Beta-Adrenergic Blocking Agents</b>		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	ALT (Covered Alternatives: TIMOLOL MALEATE); MDL
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Formulary	PA; ALT (Covered Alternatives: Nebivolol)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	

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COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DORZOLAMIDE-TIMOLOL)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	MDL
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP (Dispensed by Maxor Specialty Pharmacy (866) 629-6779; up to a 30 day supply per fill)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Non-Formulary	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Non-Formulary	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MDL
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	MDL
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	MDL
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	MDL
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
<i>sotalol af oral tablet 160 mg</i>	2	MDL
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	MDL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MDL
<b>Non-Sel.Alpha-Adrenergic Blocking Agents</b>		
DIBENZYLINE ORAL CAPSULE 10 MG	Non-Formulary	
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	PA; QL (0.01 ML per 1 day)

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<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	PA; QL (8 vials per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	QL (24 tablets per 1 fill)
<i>phenoxybenzamine (bulk) powder</i>	Non-Formulary	ALT (Covered Alternatives: DOXAZOSIN MESYLATE, PRAZOSIN HCL, TERAZOSIN HCL)
<i>phenoxybenzamine oral capsule 10 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXAZOSIN MESYLATE, PRAZOSIN HCL, TERAZOSIN HCL)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Non-Formulary	
<b>Parasympathomimetic (Cholinergic Agents)</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Non-Formulary	ALT (Covered Alternatives: Donepezil, Donepezil ODT)
ARICEPT ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)
ARICEPT ORAL TABLET 23 MG	Non-Formulary	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MDL
<i>cevimeline oral capsule 30 mg</i>	2	
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>donepezil oral tablet 23 mg</i>	2	MDL
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	
EVOXAC ORAL CAPSULE 30 MG	Non-Formulary	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Non-Formulary	QL (1 patch per 1 day)
FIRDAPSE ORAL TABLET 10 MG	6	PA; SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	

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<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	Non-Formulary	ALT (Covered Alternatives: Memantine, Donepezil, Memantine ER); QL (1 Capsule per 1 Day)
MESTINON ORAL TABLET 60 MG	Non-Formulary	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Non-Formulary	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MDL
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	2	PA; QL (2.5 ML per 30 Days)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	MDL
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	2	PA; QL (5 ML per 1 day)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	QL (3 tablets per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	QL (1 patch per 1 day)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	Non-Formulary	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Non-Formulary	ALT (Covered Alternatives: PILOCARPINE 1.25%); QL (2.5 ML per 30 Days)
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Non-Formulary	QL (2 Tablet per 1 day)
<b>Selective Alpha-1-Adrenergic Block.Agent</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	MDL
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)

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<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Non-Formulary	ALT (Covered Alternatives: DUTASTERIDE, TAMSULOSIN HCL)
FLOMAX ORAL CAPSULE 0.4 MG	Non-Formulary	QL (2 capsule per 1 day)
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	Non-Formulary	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MDL
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Non-Formulary	ALT (Covered Alternatives: ALFUZOSIN HCL ER, FINASTERIDE, TAMSULOSIN HCL, DUTASTERIDE)
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	
<i>tamsulosin oral capsule 0.4 mg</i>	2	MDL; QL (2 capsule per 1 day)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	Non-Formulary	
<b>Selective Beta-1-Adrenergic Agonists</b>		
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	7	
<b>Selective Beta-2-Adrenergic Agonists</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	MDL; QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)

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AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g), Levalbuterol HFA); QL (10.7 GM per 30 Days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MDL; QL (2 Inhalers per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	2	MDL
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MDL
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	MDL
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (60 Blisters per 28 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	2	QL (120 ML per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (10.3 GM per 1 Fill)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Non-Formulary	
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	MDL; QL (10.3 GM per 1 Fill)

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COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	MDL; QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (1 Inhaler per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	3	ALT (Covered Alternatives: BREO ELLIPTA, ADVAIR HFA); MDL; QL (13 GM per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	MDL; QL (13 GM per 28 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	MDL; QL (60 GM per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	2	QL (4 vials per 1 day)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	MDL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	2	MDL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Non-Formulary	QL (4 vials per 1 day)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g)); QL (1 Inhaler per 28 days)

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PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g)); QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	MDL; QL (1 diskus per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	MDL; QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Non-Formulary	QL (4 GM per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE/FORMOTEROL FUMARATE); QL (10.3 GM per 1 Fill)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	MDL
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g)); QL (2 inhalers per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	MDL; QL (60 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Non-Formulary	
<b>Selective Beta-Adrenergic Blocking Agent</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	MDL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	MDL
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	MDL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	MDL
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	QL (10 ML per 1 fill)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	MDL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL

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LOPRESSOR ORAL SOLUTION 10 MG/ML	Non-Formulary	ALT (Covered Alternatives: METOPROLOL 50MG TABLET, METOPROLOL 100MG TABLET); QL (40 ML per 1 Day)
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MDL
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	MDL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	MDL
<i>metoprolol tartrate oral tablet 75 mg</i>	2	MDL
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	QL (60 tablets per fill, 6 fills per 365 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Non-Formulary	ALT (Covered Alternatives: Naltrexone, Naloxone)
<i>naltrexone oral tablet 50 mg</i>	2	MDL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)

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<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 28 patches per month, 180 days allowed per year.); MDL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 28 patches per month, 180 days allowed per year.); MDL
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 60ML per fill, 180 days supply per year.)
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Cyclosporine, Xiidra (PA required))

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<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 56 tablets per fill, 6 fills per year.)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	2	QL (1 pack per 365 days)
BLOOD DERIVATIVES		
Blood Derivatives		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	Non-Formulary	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)

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RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	7	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>		
<b>Antianemia Drugs</b>		
REBLOZYL SUBCUTANEOUS RECON SOLN 75 MG	Non-Formulary	
VAFSEO ORAL TABLET 150 MG, 300 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Jesduvroq); QL (2 Tablets per 1 Day)
<b>Anticoagulants, Miscellaneous</b>		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	3	
<b>Blood Form.,Coag,Thrombosis Agents Misc.</b>		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)

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TAVALISSE ORAL TABLET 100 MG, 150 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
<b>Coumarin Derivatives</b>		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MDL
<i>warfarin (bulk) powder 100 %</i>	4	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MDL
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	MDL; QL (74 Tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	MDL; QL (2 TABLETS per 1 day)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	2	QL (20 ML per 1 Day); AG (Max 18 Years)
<i>rivaroxaban oral tablet 2.5 mg</i>	2	QL (2 Tablet per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Non-Formulary	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (1 pack per fill, 1 fill per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (20 ML per 1 day); AG (Max 18 Years)
XARELTO ORAL TABLET 10 MG, 20 MG	3	MDL; QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	3	MDL; QL (2 tablets per 1 day)
XARELTO ORAL TABLET 2.5 MG	3	MDL
<b>Direct Thrombin Inhibitors</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	2	MDL; QL (75 Capsules per 1 Fill)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Non-Formulary	ALT (Covered Alternatives: Dabigatran Capsules); QL (75 Capsules per 1 Fill)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Non-Formulary	

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<b>Hematopoietic Agents</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Packet per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 Tablets per 1 Day)
<i>eltrombopag olamine oral tablet 25 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Tablet per 1 Day)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
MULPLETA ORAL TABLET 3 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)

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NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Syringes per 1 Fill)
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: ELTROMBOPAG OLAMINE)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: ELTROMBOPAG OLAMINE)
REBLOZYL SUBCUTANEOUS RECON SOLN 75 MG	Non-Formulary	
VAFSEO ORAL TABLET 150 MG, 300 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Jesduvroq); QL (2 Tablets per 1 Day)
XOLREMDI ORAL CAPSULE 100 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Capsules per 1 Day)
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	MDL
<b>Hemostatics</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)

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AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT	Non-Formulary	ALT (Covered Alternatives: Alphanine SD, PROFILNINE, BENEFIX)
ALPROLIX INTRAVENOUS RECON SOLN 500 UNIT	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); ALT (Covered Alternatives: Alphanine SD, PROFILNINE, BENEFIX)
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 Vial per 1 day)
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	2	QL (236.5mL per fill, 1 fill per 60 days); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>aminocaproic acid oral tablet 1,000 mg</i>	2	QL (1 tablet per 1 day)
<i>aminocaproic acid oral tablet 500 mg</i>	2	QL (100 tablets per fill, 1 fill per 60 days)
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)

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COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Non-Formulary	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	QL (0.17 ML per 1 day)
<i>desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)</i>	Non-Formulary	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	MDL
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4 ML	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 Day)
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)

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HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112 [HFHS Only]; Or Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.29 ML per 1 Day)
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
JIVI INTRAVENOUS RECON SOLN 4,000 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 Day)
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 day)

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KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 unit per 1 day)
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
NUWIQ INTRAVENOUS RECON SOLN 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.017 ML per 1 Day)
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.017 ML per 1 Day)

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REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 ML per 1 day)
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Non-Formulary	
<i>tranexamic acid oral tablet 650 mg</i>	2	QL (60 tablets per 30 days)
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
<b>Heparins</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	QL (60 ML per 30 days)

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<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (48 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (18 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (36 ML per 30 days)
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	PA; QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	PA; QL (1 EA per 1 day)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	Non-Formulary	QL (3 vials per 180 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Non-Formulary	QL (30 syringes per 180 days)
<b>Indirect Factor Xa Inhibitors</b>		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	Non-Formulary	QL (15 syringes per 180 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Non-Formulary	QL (15 syringes per 180 days)

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<b>Iron Preparations</b>		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Non-Formulary	QL (Quantity Limits Apply)
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	2	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	Non-Formulary	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	2	
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	2	
MATERNACEL ORAL TABLET 20 MG IRON-1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	2	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
NEOMATERNA ORAL TABLET 20 MG IRON-1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	Non-Formulary	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG	Non-Formulary	
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	2	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG	2	MDL; QL (1 capsule per 1 day)
PNV-SELECT ORAL TABLET 27-1 MG	1	MDL
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	2	MDL
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron-800 mcg</i>	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	4	MDL

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PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRIMACARE ORAL CAPSULE 30-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	MDL
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	2	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	4	MDL
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG	2	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	MDL
VITALARA ORAL TABLET 20 MG IRON- 1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	2	MDL; QL (1 capsule per 1 day)
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin oral tablet 325 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<i>aspirin oral tablet, chewable 81 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	MDL; QL (90 tablets per 30 days)
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BRILINTA ORAL TABLET 60 MG, 90 MG	Non-Formulary	ALT (Covered Alternatives: Ticagrelor); QL (2 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (4 tablets per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	2	MDL
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	MDL
EFFIENT ORAL TABLET 10 MG, 5 MG	Non-Formulary	
PLAVIX ORAL TABLET 75 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	MDL
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	QL (2 Tablets per 1 Day)
<b>Platelet-Reducing Agents</b>		
AGRYLIN ORAL CAPSULE 0.5 MG	Non-Formulary	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
<b>Thrombolytic Agents</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (4 tablets per 1 day)

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<b>Von Willebrand Factor-Related Antithromb</b>		
CABLIVI INJECTION KIT 11 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 vial per 1 day)
CABLIVI INJECTION RECON SOLN 11 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 vial per 1 day)
<b>CARDIOVASCULAR DRUGS</b>		
<b>Acl Inhibitors</b>		
NEXLETOL ORAL TABLET 180 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
NEXLIZET ORAL TABLET 180-10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Non-Formulary	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	QL (1 tablet per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	

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<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	MDL
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MDL
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MDL
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MDL
<b>Angiotensin II Recep Antagonist/Neprollys</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Non-Formulary	ALT (Covered Alternatives: SACUBITRIL/VALSARTAN); QL (2 tablets per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	4	PA
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	2	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (2 Tablet per 1 day)
<b>Angiotensin II Receptor Antagonists</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Non-Formulary	QL (2 tablets per 1 day)
ATACAND ORAL TABLET 16 MG, 4 MG	Non-Formulary	
ATACAND ORAL TABLET 32 MG, 8 MG	Non-Formulary	QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non-Formulary	
AVAPRO ORAL TABLET 150 MG, 300 MG	Non-Formulary	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	

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BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Non-Formulary	
<i>candesartan oral tablet 16 mg, 4 mg</i>	2	MDL
<i>candesartan oral tablet 32 mg, 8 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	MDL; QL (2 tablets per 1 day)
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Non-Formulary	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Non-Formulary	QL (1 tablet per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CHLORTHALIDONE, LOSARTAN POTASSIUM, IRBESARTAN, VALSARTAN, OLMESARTAN MEDOXOMIL, CANDESARTAN CILEXETIL, TELMISARTAN)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG	Non-Formulary	
EXFORGE HCT ORAL TABLET 5-160-25 MG	Non-Formulary	QL (2 tablets per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non-Formulary	QL (2 tablets per 1 day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non-Formulary	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	MDL
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	MDL
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MDL
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Non-Formulary	QL (2 tablets per 1 day)
MICARDIS ORAL TABLET 40 MG, 80 MG	Non-Formulary	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	MDL

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<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	MDL
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	MDL
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	MDL; QL (2 tablets per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	MDL
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Non-Formulary	
ACCURETIC ORAL TABLET 20-25 MG	Non-Formulary	
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG	Non-Formulary	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	MDL
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MDL
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	MDL
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	MDL
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MDL
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MDL

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<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	2	MDL
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	MDL
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MDL
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MDL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	MDL
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	MDL
QBRELIS ORAL SOLUTION 1 MG/ML	Non-Formulary	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MDL
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	MDL
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	MDL
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	MDL
VASERETIC ORAL TABLET 10-25 MG	Non-Formulary	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Formulary	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Non-Formulary	

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<b>Angptl3 Inhibitors (24:06)</b>		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
<b>Antiarrhythmics, Miscellaneous</b>		
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	7	
<b>Antilipemic Agents, Miscellaneous</b>		
<i>niacin (inositol niacinate) oral capsule 500 mg</i>	Non-Formulary	
NIACIN FLUSH FREE ORAL CAPSULE 400 MG NIACIN (500 MG)	Non-Formulary	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet extended release 1,000 mg, 250 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	MDL
NIACOR ORAL TABLET 500 MG	2	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	MDL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	MDL
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	MDL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	MDL

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BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	ALT (Covered Alternatives: TIMOLOL MALEATE); MDL
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	QL (10 ML per 1 fill)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	MDL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP (Dispensed by Maxor Specialty Pharmacy (866) 629-6779; up to a 30 day supply per fill)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Non-Formulary	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Non-Formulary	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MDL
LOPRESSOR ORAL SOLUTION 10 MG/ML	Non-Formulary	ALT (Covered Alternatives: METOPROLOL 50MG TABLET, METOPROLOL 100MG TABLET); QL (40 ML per 1 Day)
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MDL
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	MDL
<i>metoprolol tartrate oral tablet 75 mg</i>	2	MDL
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MDL
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	MDL
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	MDL
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	MDL
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
<i>sotalol af oral tablet 160 mg</i>	2	MDL
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MDL
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	MDL; QL (13 GM per 1 day)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	MDL; QL (4 packets per 1 day)
<i>cholestyramine light oral powder 4 gram</i>	2	MDL; QL (8 GM per 1 day)
<i>cholestyramine light oral powder in packet 4 gram</i>	2	MDL; QL (4 packets per 1 day)
<i>colesevelam oral powder in packet 3.75 gram</i>	2	MDL; QL (1 packet per 1 day)
<i>colesevelam oral tablet 625 mg</i>	2	MDL; QL (6 tablets per 1 day)
COLESTID ORAL GRANULES 5 GRAM	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
COLESTID ORAL TABLET 1 GRAM	Non-Formulary	
<i>colestipol oral granules 5 gram</i>	2	MDL
<i>colestipol oral packet 5 gram</i>	2	MDL
<i>colestipol oral tablet 1 gram</i>	2	MDL
<i>prevalite oral powder 4 gram</i>	2	MDL; QL (8 GM per 1 day)
<i>prevalite oral powder in packet 4 gram</i>	2	MDL; QL (4 packets per 1 day)
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Non-Formulary	QL (8 GM per 1 day)
QUESTRAN ORAL POWDER 4 GRAM	Non-Formulary	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Non-Formulary	QL (4 packets per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Non-Formulary	
WELCHOL ORAL TABLET 625 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Bradykinin Receptors Antagonists</b>		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Calcium-Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	MDL
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	MDL; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-Formulary	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine, Felodipine); QL (1 tablet per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	MDL
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG	Non-Formulary	
EXFORGE HCT ORAL TABLET 5-160-25 MG	Non-Formulary	QL (2 tablets per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine); QL (1 tablet per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	MDL
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	2	QL (3 tablets per 1 day)

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<i>nifedipine oral tablet extended release 30 mg</i>	2	MDL
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	2	MDL; QL (3 tablets per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Non-Formulary	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<b>Calcium-Channel Blocking Agents, Misc.</b>		
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	MDL
<b>Carbonic Anhydrase Inhibitors (24:36)</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MDL
<b>Cardiac Drugs, Miscellaneous</b>		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: Ranolazine ER)
ATTRUBY ORAL TABLET 356 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Tablets per 1 day)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	MDL; QL (2 tablets per 1 day)

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VYNDAMAX ORAL CAPSULE 61 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 capsules per 1 day)
<b>Cardiotonic Agents</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Non-Formulary	ALT (Covered Alternatives: IVABRADINE TABLETS); QL (2 tablets per 1 day)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MDL
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MDL
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	7	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	4	QL (2 Tablets per 1 day)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
<i>milrinone intravenous solution 1 mg/ml</i>	7	
<b>Cardiovascular Drugs, Nsaid Anti-Infl</b>		
<i>colchicine oral capsule 0.6 mg</i>	Non-Formulary	ALT (Covered Alternatives: Colchicine Tablets); QL (4 Capsules per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	2	MDL; QL (4 tablets per 1 day)
COLCRYS ORAL TABLET 0.6 MG	Non-Formulary	ALT (Covered Alternatives: COLCHICINE, PROBENECID W/COLCHICINE, ALLOPURINOL); QL (4 tablets per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
LODOCO ORAL TABLET 0.5 MG	Non-Formulary	QL (1 Tablet per 1 day)

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MITIGARE ORAL CAPSULE 0.6 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Central Alpha-Agonists</b>		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Non-Formulary	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	Non-Formulary	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	Non-Formulary	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MDL
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	MDL
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>	Non-Formulary	ALT (Covered Alternatives: Clonidine Tablets); QL (1 Tablet per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	MDL; QL (4 patches per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	MDL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MDL; QL (1 tablet per 1 day)
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	2	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	Non-Formulary	ALT (Covered Alternatives: CLONIDINE HCL ER 0.1 MG TABLET); QL (4 ML per 1 Day)
<b>Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe oral tablet 10 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	MDL; QL (30 tablets per 30 days)
VYTORIN 10-10 ORAL TABLET 10-10 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG	Non-Formulary	QL (30 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<b>Class Ia Antiarrhythmics</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Non-Formulary	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.
<b>Class Ib Antiarrhythmics</b>		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	MDL
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Non-Formulary	
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	3	MDL
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Non-Formulary	
<i>mexiletine oral capsule 150 mg</i>	2	MDL
<i>mexiletine oral capsule 200 mg, 250 mg</i>	2	MDL; QL (3 capsules per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MDL
<i>phenytoin oral tablet,chewable 50 mg</i>	2	MDL
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	MDL
<b>Class Ic Antiarrhythmics</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	MDL
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	MDL; QL (2 capsules per 1 day)
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	MDL
<b>Class Ii Antiarrhythmics</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	MDL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	MDL
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	MDL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	MDL
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	ALT (Covered Alternatives: TIMOLOL MALEATE); MDL
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	QL (10 ML per 1 fill)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	MDL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DORZOLAMIDE-TIMOLOL)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	MDL
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP (Dispensed by Maxor Specialty Pharmacy (866) 629-6779; up to a 30 day supply per fill)

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INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Non-Formulary	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Non-Formulary	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MDL
LOPRESSOR ORAL SOLUTION 10 MG/ML	Non-Formulary	ALT (Covered Alternatives: METOPROLOL 50MG TABLET, METOPROLOL 100MG TABLET); QL (40 ML per 1 Day)
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MDL
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	MDL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	MDL
<i>metoprolol tartrate oral tablet 75 mg</i>	2	MDL
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MDL
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	MDL
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	MDL
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	MDL
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
<b>Class Iii Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MDL
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	MDL; QL (4 capsules per 1 day)
MULTAQ ORAL TABLET 400 MG	3	MDL; QL (2 tablets per 1 day)
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
<i>sotalol af oral tablet 160 mg</i>	2	MDL
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	MDL
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Non-Formulary	QL (4 capsules per 1 day)
<b>Class Iv Antiarrhythmics</b>		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-Formulary	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MDL
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	MDL
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	MDL

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<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	MDL
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MDL
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	MDL
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	MDL
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	MDL
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg</i>	2	MDL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Non-Formulary	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: VERAPAMIL ER, VERAPAMIL ER, VERAPAMIL ER)
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	MDL
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	MDL
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	MDL
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	MDL
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	MDL; QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine, Felodipine); QL (1 tablet per 1 day)
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non-Formulary	QL (Quantity Limits Apply)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG	Non-Formulary	
EXFORGE HCT ORAL TABLET 5-160-25 MG	Non-Formulary	QL (2 tablets per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	MDL
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine); QL (1 tablet per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	MDL
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	MDL
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	2	QL (3 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>nifedipine oral tablet extended release 30 mg</i>	2	MDL
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nimodipine oral solution 60 mg/20 ml</i>	Non-Formulary	ALT (Covered Alternatives: Nimodipine Capsule); QL (60 ML per 1 Day)
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Non-Formulary	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Non-Formulary	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-Formulary	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<b>Direct Vasodilators</b>		
BIDIL ORAL TABLET 20-37.5 MG	Non-Formulary	QL (3 Tablets per 1 day)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	4	ST (Step Therapy Required- Tried and failed sildenafil in the last 120 days); QL (6 ML per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	4	ST (Step Therapy Required- Tried and failed sildenafil in the last 120 days); QL (6 ML per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	4	ST (Step Therapy Required- Tried and failed sildenafil in the last 120 days); QL (6 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Non-Formulary	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Non-Formulary	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	MDL
<b>Diuretics, Miscellaneous (24:36)</b>		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	MDL
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MDL
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	MDL
<b>Factor Xiia Inhibitors</b>		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	Non-Formulary	SP (Dispensed by McKesson Specialty Pharmacy: (855)393-3656; or Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1.2 ML per 28 Days)
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MDL; QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 90 mg</i>	Non-Formulary	ALT (Covered Alternatives: fenofibrate 43mg capsule, fenofibrate 130mg capsule, fenofibrate 67mg capsule)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	MDL; QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: FENOFIBRATE, FENOFIBRATE); QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MDL; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	2	MDL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Non-Formulary	QL (1 capsule per 1 day)
LOPID ORAL TABLET 600 MG	Non-Formulary	
TRICOR ORAL TABLET 145 MG, 48 MG	Non-Formulary	QL (1 tablet per 1 day)
<b>Hmg-Coa Reductase Inhibitors</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Non-Formulary	ALT (Covered Alternatives: Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin); QL (5 ML per 1 Day)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
CRESTOR ORAL TABLET 40 MG	Non-Formulary	QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Non-Formulary	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	MDL; QL (30 tablets per 30 days)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Non-Formulary	QL (Quantity Limits Apply)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Non-Formulary	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Non-Formulary	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	Non-Formulary	QL (30 tablets per 30 days)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
LIVALO ORAL TABLET 1 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: SIMVASTATIN, PRAVASTATIN SODIUM, LOVASTATIN, ATORVASTATIN CALCIUM, ROSUVASTATIN CALCIUM, EZETIMIBE-SIMVASTATIN)
LIVALO ORAL TABLET 2 MG, 4 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: SIMVASTATIN, PRAVASTATIN SODIUM, LOVASTATIN, ATORVASTATIN CALCIUM, ROSUVASTATIN CALCIUM, EZETIMIBE-SIMVASTATIN); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Non-Formulary	ALT (Covered Alternatives: SIMVASTATIN, PRAVASTATIN, LOVASTATIN, ATORVASTATIN, ROSUVASTATIN, EZETIMIBE-SIMVASTATIN); QL (1 Tablet per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VYTORIN 10-10 ORAL TABLET 10-10 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG	Non-Formulary	QL (30 tablets per 30 days)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Kallikrein</b>		
EKTERLY ORAL TABLET 300 MG	Non-Formulary	QL (6 Tablets per 30 Days); SP (Dispensed by Orsini Specialty Pharmacy (800)410-8575; up to a 30 day supply per fill); QL (4 Tablets per 1 Day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Non-Formulary	SP (Dispensed by Optime Care Pharmacy: (855) 456-7596; up to a 30 day supply per fill); ALT (Covered Alternatives: TAKHZYRO, HAEGARDA)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (4 ML per 30 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 [HFHS Only]; OR Accredo: (800) 803-2523, OR PantheRx: (855) 726-8479; up to a 30 day supply); QL (4 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523, PantheRx: (855) 726-8479; up to a 30 day supply per fill); QL (4 ML per 30 days)
<b>Loop Diuretics (24:36)</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
EDECIN ORAL TABLET 25 MG	Non-Formulary	QL (480 tablets per 30 days)
<i>ethacrynic acid oral tablet 25 mg</i>	2	QL (2 tablets per 1 day)
<i>furosemide oral solution 10 mg/ml</i>	2	MDL
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MDL
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Formulary	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	MDL
<b>Mineralocorticoid (Aldosterone) Antagnts</b>		
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (1 tablet per 1 day)
KERENDIA ORAL TABLET 40 MG	4	PA; QL (1 Tablet per 1 Day)
<b>Mtp Protein Inhibitors</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
<b>Nitrates And Nitrites</b>		
BIDIL ORAL TABLET 20-37.5 MG	Non-Formulary	QL (3 Tablets per 1 day)
ISORDIL ORAL TABLET 40 MG	Non-Formulary	
ISORDIL TITRADOSE ORAL TABLET 5 MG	Non-Formulary	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MDL
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	PA; MDL; QL (3 TABLET per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	MDL
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Non-Formulary	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	MDL
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	Non-Formulary	ALT (Covered Alternatives: Nitroglycerin Patches)
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	2	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	QL (30 GM per 84 Days)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	MDL
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.6 mg/hr</i>	2	QL (1 patch per 1 day)
<i>nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.4 mg/hr</i>	2	MDL; QL (1 patch per 1 day)
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	2	
NITROLINGUAL TRANSLINGUAL SPRAY,NON- AEROSOL 400 MCG/SPRAY	Non-Formulary	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	2	MDL
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Non-Formulary	ALT (Covered Alternatives: Nitroglycerin Ointment); QL (30 GM per 90 days)
<b>Omega-3-Mediated Antilipemics</b>		
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	2	ALT (Covered Alternatives: OMEGA-3 ACID ETHYL ESTERS, SIMVASTATIN, PRAVASTATIN SODIUM,LOVASTATIN,ATORVA STATIN CALCIUM); QL (4 capsules per 1 day)
LOVAZA ORAL CAPSULE 1 GRAM	Non-Formulary	QL (4 capsules per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	MDL; QL (4 capsules per 1 day)

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VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: OMEGA-3 ACID ETHYL ESTERS, SIMVASTATIN, PRAVASTATIN SODIUM, LOVASTATIN, ATORVASTATIN CALCIUM); QL (4 capsules per 1 day)
<b>Osmotic Diuretics (24:36)</b>		
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	
<i>urea topical cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	2	
<i>urea topical lotion 40 %</i>	2	
<b>Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 30 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3.5 ML per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); Covered NDC's: 72511-0760-01, 72511-0760-02; QL (2 ML per 30 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 30 days)

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<b>Phosphodiesterase Type 5 Inhibitors</b>		
ADCIRCA ORAL TABLET 20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (2 Tablets per 1 day)
ALYQ ORAL TABLET 20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (6 tablets per 30 days)
CIALIS ORAL TABLET 20 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Tadalafil, Opsumit); QL (1 Tablet per 1 Day)
REVATIO ORAL TABLET 20 MG	Non-Formulary	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	MDL; QL (30 tablets per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (12 Tablets per 30 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: SILDENAFIL CITRATE)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
<i>tadalafil oral tablet 10 mg, 5 mg</i>	2	QL (12 Tablets per 30 days)

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<i>tadalafil oral tablet 2.5 mg</i>	Non-Formulary	ALT (Covered Alternatives: TERAZOSIN HCL, TAMSULOSIN HCL, ALFUZOSIN HCL ER, SILODOSIN); QL (12 Tablets per 30 days)
<i>tadalafil oral tablet 20 mg</i>	Non-Formulary	
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>vardefafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Non-Formulary	
<i>vardefafil oral tablet, disintegrating 10 mg</i>	Non-Formulary	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE)
<b>Potassium-Sparing Diuretic</b>		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: Spironolactone tablets); QL (15 ML per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MDL
INSPRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
<i>spironolactone oral suspension 25 mg/5 ml</i>	Non-Formulary	QL (15 ML per 1 day)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>spironolactone-hydrochlorothiaz oral tablet 25-25 mg</i>	2	MDL
<b>Potassium-Sparing Diuretics (Hypoten)</b>		
<i>amiloride oral tablet 5 mg</i>	2	MDL
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non-Formulary	
<i>triamterene oral capsule 100 mg, 50 mg</i>	2	MDL; QL (4 capsules per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MDL
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
<b>Renin Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 tablet per 1 day)
TEKTRNA ORAL TABLET 150 MG, 300 MG	Non-Formulary	
<b>Renin-Angioten.-Aldost. Sys. Inhib, Misc</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Steroidal Mineralocorticoid Receptor Ant</b>		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: Spironolactone tablets); QL (15 ML per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MDL
INSPIRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
<i>spironolactone oral suspension 25 mg/5 ml</i>	Non-Formulary	QL (15 ML per 1 day)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	MDL
<b>Thiazide Diuretics (24:36)</b>		
ACCURETIC ORAL TABLET 20-25 MG	Non-Formulary	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Non-Formulary	QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	MDL
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Non-Formulary	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Non-Formulary	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MDL
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG	Non-Formulary	
EXFORGE HCT ORAL TABLET 5-160-25 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	MDL
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MDL
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MDL
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non-Formulary	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	MDL
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	MDL
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MDL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	MDL
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	MDL
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MDL
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	MDL
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	MDL
VASERETIC ORAL TABLET 10-25 MG	Non-Formulary	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
<b>Thiazide-Like Diuretics (24:36)</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	MDL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MDL

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EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CHLORTHALIDONE, LOSARTAN POTASSIUM, IRBESARTAN, VALSARTAN, OLMESARTAN MEDOXOMIL, CANDESARTAN CILEXETIL, TELMISARTAN)
HEMICLOR ORAL TABLET 12.5 MG	Non-Formulary	ALT (Covered Alternatives: CHLORTHALIDONE 25MG, CHLORTHALIDONE 50MG); QL (1 Tablet per 1 Day)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MDL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
<b>Vasodilating Agents, Miscellaneous</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (3 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	MDL
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	MDL; QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	

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<i>bosentan oral tablet 125 mg, 62.5 mg</i>	2	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 tablets per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine, Felodipine); QL (1 tablet per 1 day)
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non-Formulary	QL (Quantity Limits Apply)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
LETAIRIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine); QL (1 tablet per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	MDL
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	2	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg</i>	2	MDL
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	2	MDL; QL (3 tablets per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
OPSUMIT ORAL TABLET 10 MG	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Tadalafil, Opsumit); QL (1 Tablet per 1 Day)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>phenoxybenzamine (bulk) powder</i>	Non-Formulary	ALT (Covered Alternatives: DOXAZOSIN MESYLATE, PRAZOSIN HCL, TERAZOSIN HCL)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Non-Formulary	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML	Non-Formulary	
REMODULIN INJECTION SOLUTION 5 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MDL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 tablets per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)

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<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	MDL
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	7	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 Day)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 day)
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 day)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>CELLULAR AND GENE THERAPY</b>		
<b>Gene Therapy</b>		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Non-Formulary	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>Adamantanes (Cns)</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	MDL
<i>amantadine hcl oral tablet 100 mg</i>	2	MDL
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)
<b>Adenosine A2a Receptor Antagonists</b>		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: CARBIDOPA/LEVODOPA, CARBIDOPA-LEVODOPA ER, STALEVO, PRAMIPEXOLE DI-HCL, PRAMIPEXOLE ER, ROPINIROLE HCL)
<b>Amphetamine Derivatives</b>		
ADIPEX-P ORAL TABLET 37.5 MG	Non-Formulary	
<i>diethylpropion oral tablet 25 mg</i>	2	
<i>diethylpropion oral tablet extended release 75 mg</i>	1	
LOMAIRA ORAL TABLET 8 MG	4	QL (3 Tablet per 1 day)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	2	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	2	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	2	MDL
<i>phentermine oral tablet 37.5 mg</i>	1	MDL
<b>Amphetamines</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Non-Formulary	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: DEXTROAMPHETAMINE/AMPHE TAMINE ER); QL (2 capsules per 1 day)

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ADZENYS XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>benzphetamine oral tablet 50 mg</i>	2	
DESOXYN ORAL TABLET 5 MG	Non-Formulary	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	Non-Formulary	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE ER)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MDL; QL (2 capsules per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	MDL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
EVEKEO ORAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: DEXTROAMPHETAMINE-AMPHETAMINE, METHYLPHENIDATE HCL, DEXTROAMPHETAMINE SULFATE, METHAMPHETAMINE HCL)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	2	QL (1 Capsule per 1 day)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (1 Tablet per 1 day)

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<i>methamphetamine oral tablet 5 mg</i>	2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	Non-Formulary	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Non-Formulary	ALT (Covered Alternatives: LISDEXAMFETAMINE DIMESYLATE Capsules); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 capsule per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	ALT (Covered Alternatives: LISDEXAMFETAMINE DIMESYLATE Capsules); QL (1 Tablet per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Non-Formulary	ALT (Covered Alternatives: Dextroamphetamine, Dextroamphetamine ER, Dextroamphetamine-Amphetamine, Dextroamphetamine-Amphetamine ER); QL (1 patch per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)

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ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)
<b>Amyotrophic Lateral Sclerosis(Als) Agent</b>		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RILUTEK ORAL TABLET 50 MG	Non-Formulary	QL (4 tablets per 1 day)
<i>riluzole oral tablet 50 mg</i>	2	QL (4 tablets per 1 day)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Non-Formulary	ALT (Covered Alternatives: Riluzole); QL (20 ML per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Non-Formulary	QL (Quantity Limits Apply)
<b>Analgesics And Antipyretics, Misc.</b>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	MDL
<i>gabapentin oral solution 250 mg/5 ml</i>	2	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	MDL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	MDL
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Non-Formulary	ALT (Covered Alternatives: Gabapentin, Duloxetine, Amitriptyline)

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GABARONE ORAL TABLET 100 MG, 400 MG	Non-Formulary	ALT (Covered Alternatives: Gabapentin 100mg, Gabapentin 300mg, Gabapentin 400mg); QL (3 Tablets per 1 Day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	Non-Formulary	ALT (Covered Alternatives: GABAPENTIN, DULOXETINE HCL, AMITRIPTYLINE HCL)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: GABAPENTIN, PRAMIPEXOLE DI-HCL, ROPINIROLE HCL)
JOURNAVX ORAL TABLET 50 MG	Non-Formulary	QL (28 Tablets per 14 Days); ALT (Covered Alternatives: Tramadol HCL 50mg, Tramadol 100mg ER, MORPHINE SULFATE, MORPHINE SULFATE ER, Oxycodone); QL (2 Tablets per 1 Day)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Non-Formulary	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Non-Formulary	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Non-Formulary	
<b>Anorexigenic Agents</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL)
<i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	2	QL (1 Capsule per 1 Day)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Non-Formulary	ALT (Covered Alternatives: Phentermine-Topiramate ER Capsules); QL (1 Capsule per 1 day)
<b>Anorexigenic Agents, Miscellaneous</b>		
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; QL (0.3 ML per 1 day)

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MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.08 ML per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (1 tablet per 1 day)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); QL (0.5 ml per 1 day)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Non-Formulary	ALT (Covered Alternatives: Liraglutide); QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Non-Formulary	ALT (Covered Alternatives: Liraglutide); QL (9 ML per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Non-Formulary	QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Non-Formulary	QL (3 ML per 28 days)

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XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, LIRAGLUTIDE, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
<b>Anticholinergic Agents (Cns)</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	MDL
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	MDL
<b>Anticonvulsants, Miscellaneous</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MDL
BRIVIACT ORAL SOLUTION 10 MG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LEVETIRACETAM, CARBAMAZEPINE, VALPROIC ACID, DIVALPROEX SODIUM, OXCARBAZEPINE, ZONISAMIDE); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	PA; QL (Medications with multiple dosage strengths: least number of tabs/caps used to achieve total daily dose apply); QL (2 Tablets per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	QL (8 capsules per 1 day)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	MDL
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	MDL
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	2	MDL
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Non-Formulary	QL (8 capsules per 1 day)

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EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>epitol oral tablet 200 mg</i>	2	MDL
EPRONTIA ORAL SOLUTION 25 MG/ML	Non-Formulary	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Non-Formulary	QL (2 capsules per 1 day)
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FELBATOL ORAL TABLET 400 MG, 600 MG	Non-Formulary	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Non-Formulary	QL (1 ML per 1 day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Non-Formulary	ALT (Covered Alternatives: Perampanel Tablets); QL (1 tablet per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	Non-Formulary	MDL
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Non-Formulary	MDL
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Non-Formulary	MDL; QL (4 tablets per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Non-Formulary	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Non-Formulary	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Non-Formulary	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Non-Formulary	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Non-Formulary	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Non-Formulary	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Non-Formulary	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Non-Formulary	QL (2 tablets per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Non-Formulary	ALT (Covered Alternatives: LAMOTRIGINE)
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Non-Formulary	ALT (Covered Alternatives: LAMOTRIGINE)
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Non-Formulary	ALT (Covered Alternatives: LAMOTRIGINE)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	MDL
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Non-Formulary	ALT (Covered Alternatives: Lamotrigine Tablets (Non-Disintegrating))
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 250 mg, 300 mg</i>	2	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	2	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	MDL
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: Lamotrigine Tablets (Non-Disintegrating))

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DRUG NAME	DRUG TIER	NOTES
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	QL (1 pack per 1 year)
<i>levetiracetam oral solution 100 mg/ml</i>	2	MDL
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	MDL
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	7	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	PA; QL (1 Tablet per 1 day)
<i>roweepra oral tablet 500 mg</i>	2	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Non-Formulary	QL (Quantity Limits Apply)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
TEGRETOL ORAL TABLET 200 MG	Non-Formulary	MDL
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 400 MG	Non-Formulary	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG	Non-Formulary	MDL
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Non-Formulary	QL (8 capsules per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	MDL; QL (8 capsules per 1 day)
<i>topiramate oral capsule, sprinkle 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: TOPIRAMATE IMMEDIATE RELEASE); QL (8 Capsules per 1 day)
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: topiramate immediate release); QL (1 capsule per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: topiramate immediate release)
<i>topiramate oral solution 25 mg/ml</i>	Non-Formulary	ALT (Covered Alternatives: TOPIRAMATE 25MG TABLET); QL (16 ML per 1 Day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MDL
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TOPIRAMATE); QL (1 capsule per 1 day)
<b>Antidepressants, Miscellaneous</b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Non-Formulary	QL (Quantity Limits Apply)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Non-Formulary	ALT (Covered Alternatives: Bupropion, Citalopram, Fluoxetine, Escitalopram, Paroxetine, Duloxetine)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	QL (60 tablets per fill, 6 fills per 365 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	MDL
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	MDL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	MDL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Non-Formulary	QL (Quantity Limits Apply)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	Non-Formulary	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Non-Formulary	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	6	PA; SP (Dispensed by Accredo: (800) 803-2523 up to a 30 day supply per fill); QL (2 Capsules per 1 Day)
ZURZUVAE ORAL CAPSULE 30 MG	6	PA; SP (Dispensed by Accredo: (800) 803-2523 up to a 30 day supply per fill); QL (1 Capsule per 1 Day)

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DRUG NAME	DRUG TIER	NOTES
<b>Antimanic Agents</b>		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA; QL (20 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	Non-Formulary	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	QL (8 capsules per 1 day)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	MDL
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	MDL
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	2	MDL
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Non-Formulary	QL (8 capsules per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	MDL
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	MDL
<i>epitol oral tablet 200 mg</i>	2	MDL
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Non-Formulary	QL (2 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (3 capsules per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Non-Formulary	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Non-Formulary	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Non-Formulary	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Non-Formulary	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Non-Formulary	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Non-Formulary	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Non-Formulary	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Non-Formulary	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	MDL
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Non-Formulary	ALT (Covered Alternatives: Lamotrigine Tablets (Non-Disintegrating))
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	MDL
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: Lamotrigine Tablets (Non-Disintegrating))
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	QL (1 pack per 1 year)

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<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	MDL
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Non-Formulary	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (2 tablets per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	ALT (Covered Alternatives: olanzapine, fluoxetine); QL (1 capsule per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: ARIPIPRAZOLE TABLETS, ARIPIPRAZOLE SOLUTION); QL (1 Film per 1 Day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	MDL; QL (30 tablets per 30 days)
RISPERDAL ORAL SOLUTION 1 MG/ML	Non-Formulary	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-Formulary	QL (280 tablets per 30 days)
<i>risperidone oral solution 1 mg/ml</i>	2	MDL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MDL; QL (280 tablets per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (280 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Asenapine)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	Non-Formulary	ALT (Covered Alternatives: Asenapine); QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Non-Formulary	QL (4 tablets per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Non-Formulary	QL (30 tablets per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
TEGRETOL ORAL TABLET 200 MG	Non-Formulary	MDL
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 400 MG	Non-Formulary	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG	Non-Formulary	MDL
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	MDL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MDL; QL (3 capsules per 1 day)
ZYPREXA ORAL TABLET 20 MG	Non-Formulary	QL (1 tablet per 1 day)
<b>Antimigraine Agents, Miscellaneous</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (50 ML per 1 Day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	2	QL (13 tablets per 1 day)
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Non-Formulary	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	Non-Formulary	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	ALT (Covered Alternatives: TIMOLOL MALEATE); MDL
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)

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DRUG NAME	DRUG TIER	NOTES
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	QL (60 tablets per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DORZOLAMIDE-TIMOLOL)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	
<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MDL
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	MDL
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	MDL
<i>diclofenac sodium topical drops 1.5 %</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	2	QL (10 GM per 1 day)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	Non-Formulary	ALT (Covered Alternatives: Diclofenac Sodium Tablets, Celecoxib, Ibuprofen, Meloxicam, Naproxen, Nabumetone)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	PA; QL (0.01 ML per 1 day)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	PA; QL (8 vials per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	MDL
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	MDL
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	MDL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	QL (24 tablets per 1 fill)
FIORICET ORAL CAPSULE 50-300-40 MG	Non-Formulary	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PIROXICAM, DICLOFENAC SODIUM, DICLOFENAC SODIUM, MELOXICAM, NABUMETONE, NAPROXEN, CELECOXIB)
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP (Dispensed by Maxor Specialty Pharmacy (866) 629-6779; up to a 30 day supply per fill)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15); QL (90 ML per 1 Day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 Day)

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Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

BB= Buy and Bill Only

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DRUG NAME	DRUG TIER	NOTES
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (12 tablets per 1 day)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Non-Formulary	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Non-Formulary	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	2	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DICLOFENAC SODIUM, DICLOFENAC SODIUM, CELECOXIB, IBUPROFEN, MELOXICAM, NAPROXEN, NABUMETONE)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Non-Formulary	QL (12 tablets per 1 day)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	MDL
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	MDL
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MDL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MDL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (12 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non-Formulary	
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Non-Formulary	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	MDL
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Anxiolytics, Sedatives, And Hypnotics, Misc</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	2	QL (Quantity Limits Apply); MDL
<i>hydroxyzine hcl oral tablet 25 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	MDL
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<b>Atypical Antipsychotics</b>		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA; QL (20 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	Non-Formulary	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)

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DRUG NAME	DRUG TIER	NOTES
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Non-Formulary	ALT (Covered Alternatives: Ziprasidone, Aripiprazole, Risperidone, Quetiapine, Olanzapine, Lurasidone); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (5 tablets per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
CLOZARIL ORAL TABLET 100 MG, 25 MG	Non-Formulary	QL (5 tablets per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Non-Formulary	ALT (Covered Alternatives: ARIPIPRAZOLE, RISPERIDONE, QUETIAPINE FUMARATE, OLANZAPINE, ZIPRASIDONE HCL, PALIPERIDONE ER)
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Non-Formulary	ALT (Covered Alternatives: ARIPIPRAZOLE, RISPERIDONE, QUETIAPINE FUMARATE, OLANZAPINE, ZIPRASIDONE HCL, PALIPERIDONE ER)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (3 capsules per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	Non-Formulary	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	ALT (Covered Alternatives: lurasidone); QL (1 tablet per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (1 tablet per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Non-Formulary	ALT (Covered Alternatives: Olanzapine)
NUPLAZID ORAL CAPSULE 34 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
NUPLAZID ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (2 tablets per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	ALT (Covered Alternatives: olanzapine, fluoxetine); QL (1 capsule per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: ARIPIPRAZOLE TABLETS, ARIPIPRAZOLE SOLUTION); QL (1 Film per 1 Day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	QL (30 tablets per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	MDL; QL (30 tablets per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Aripiprazole, Risperidone, Quetiapine, Olanzapine, Lurasidone); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
REXULTI ORAL TABLETS, DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: venlafaxine, duloxetine, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, aripiprazole, quetiapine, olanzapine, ziprasidone, risperidone)
RISPERDAL ORAL SOLUTION 1 MG/ML	Non-Formulary	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-Formulary	QL (280 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<i>risperidone oral solution 1 mg/ml</i>	2	MDL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MDL; QL (280 tablets per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (280 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Asenapine)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	Non-Formulary	ALT (Covered Alternatives: Asenapine); QL (1 tablet per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Non-Formulary	QL (4 tablets per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: Quetiapine); QL (30 tablets per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MDL; QL (3 capsules per 1 day)
ZYPREXA ORAL TABLET 20 MG	Non-Formulary	QL (1 tablet per 1 day)
<b>Barbiturates (Anticonvulsants)</b>		
MYSOLINE ORAL TABLET 250 MG, 50 MG	Non-Formulary	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	MDL
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MDL
<b>Barbiturates (Anxiolytic, Sedative/Hyp)</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	

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DRUG NAME	DRUG TIER	NOTES
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (4 tablets per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	
FIORICET ORAL CAPSULE 50-300-40 MG	Non-Formulary	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	MDL
<b>Benzodiazepines (Anticonvulsants)</b>		
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (16 ml per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	MDL
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	QL (1 twinpack per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>lorazepam oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (Quantity Limits Apply); ALT (Covered Alternatives: DIAZEPAM); QL (2 Devices per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Non-Formulary	
ONFI ORAL TABLET 10 MG, 20 MG	Non-Formulary	MDL
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Non-Formulary	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	QL (2 Individual Blister Packs/Doses per 30 days)
<b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	MDL
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	MDL
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (16 ml per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	MDL
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	QL (1 twinpack per 30 days)
DORAL ORAL TABLET 15 MG	Non-Formulary	ALT (Covered Alternatives: Quazepam)
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
HALCION ORAL TABLET 0.25 MG	Non-Formulary	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	Non-Formulary	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
<i>midazolam oral syrup 2 mg/ml</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (Quantity Limits Apply); ALT (Covered Alternatives: DIAZEPAM); QL (2 Devices per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Non-Formulary	
ONFI ORAL TABLET 10 MG, 20 MG	Non-Formulary	MDL
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
<i>quazepam oral tablet 15 mg</i>	Non-Formulary	ST (Step Therapy Required: Step through zolpidem, eszopiclone, zaleplon (Trial of 2 or more, 1 fill each))
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Non-Formulary	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	MDL
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	QL (2 Individual Blister Packs/Doses per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Non-Formulary	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	Non-Formulary	
<b>Butyrophenones</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
<b>Calcitonin Gene-Related Peptide Antag.</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.04 ML per 1 day)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1.5 ML per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (8 tablets per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Candesartan, Propranolol, Amitriptyline, Duloxetine, Divalproex, Topiramate)
UBRELVY ORAL TABLET 100 MG, 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 Tablets per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Non-Formulary	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Sumatriptan Nasal Spray); QL (0.2 Units per 1 day)
<b>Catechol-O-Methyltransferase(Comt)Inhib.</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	QL (280 tablets per 30 days)
<i>entacapone oral tablet 200 mg</i>	2	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
TASMAR ORAL TABLET 100 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tolcapone oral tablet 100 mg</i>	Non-Formulary	ALT (Covered Alternatives: ENTACAPONE)

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DRUG NAME	DRUG TIER	NOTES
<b>Central Nervous System Agents, Misc.</b>		
ADDYI ORAL TABLET 100 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>carbidopa oral tablet 25 mg</i>	2	
DAYBUE ORAL SOLUTION 200 MG/ML	Non-Formulary	SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); QL (120 ML per 1 day)
LODOSYN ORAL TABLET 25 MG	Non-Formulary	
<i>memantine oral capsule,sprinkle,er 24hr 14 mg</i>	2	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.); QL (1 Capsule per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr 21 mg, 28 mg, 7 mg</i>	2	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Capsule per 1 day)
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg</i>	2	MDL; QL (60 tablets per 30 days)
<i>memantine oral tablet 5 mg</i>	2	MDL; QL (4 Tablets per 1 day)
<i>memantine oral tablets,dose pack 5-10 mg</i>	2	QL (1 pack per 365 days)
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	Non-Formulary	ALT (Covered Alternatives: Memantine, Donepezil, Memantine ER); QL (1 Capsule per 1 Day)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Non-Formulary	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	Non-Formulary	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Formulary	QL (Quantity Limits Apply)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 capsules per 30 days)

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VEOZAH ORAL TABLET 45 MG	Non-Formulary	ALT (Covered Alternatives: Oxybutynin, Gabapentin, Paroxetine, Venlafaxine, Desvenlafaxine); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Tablet per 1 day)
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by KnippeRx: (855) 647-7379; up to a 30 day supply per fill); ALT (Covered Alternatives: ADDYI)
<b>Cyclooxygenase-2 (Cox-2) Inhibitors</b>		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	Non-Formulary	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	MDL
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Dibenzoxapines</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<b>Diphenylbutylperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<b>Dopamine Precursors</b>		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MDL
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MDL
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	QL (8 tablets per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	QL (280 tablets per 30 days)

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INBRIJA INHALATION CAPSULE 42 MG	6	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443, Sterling Specialty Pharmacy: (888) 618-4126; up to a 30 day supply per fill); QL (120 capsules per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	6	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443, Sterling Specialty Pharmacy: (888) 618-4126; up to a 30 day supply per fill); QL (120 capsules per 30 days)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CARBIDOPA/LEVODOPA, CARBIDOPA-LEVODOPA ER, STALEVO, PRAMIPEXOLE DI-HCL, PRAMIPEXOLE ER, ROPINIROLE HCL)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Non-Formulary	
<b>Ergot-Deriv. Dopamine Receptor Agonists</b>		
<i>bromocriptine oral capsule 5 mg</i>	2	MDL
<i>bromocriptine oral tablet 2.5 mg</i>	2	MDL
<i>cabergoline oral tablet 0.5 mg</i>	2	MDL
CYCLOSET ORAL TABLET 0.8 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METFORMIN HCL, GLYBURIDE, GLIPIZIDE, JANUVIA, PIOGLITAZONE HCL, JARDIANCE, LIRAGLUTIDE)
<b>Fibromyalgia Agents</b>		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Non-Formulary	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MDL; QL (3 capsules per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DULOXETINE HCL, DULOXETINE HCL, DULOXETINE HCL); MDL

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DULOXICAININE KIT 30 MG- 4%	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	Non-Formulary	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Non-Formulary	
LYRICA ORAL SOLUTION 20 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	MDL; QL (2 capsules per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	Non-Formulary	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	MDL; QL (2 tablets per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	QL (55 tablets per fill, 1 fill per 365 days)
<b>Gaba-Mediated Anticonvulsants</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Non-Formulary	ALT (Covered Alternatives: Divalproex)
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Non-Formulary	SP (Dispensed by US Bioservices: (888) 518-7246; up to a 30 day supply per fill)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	MDL
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	MDL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	MDL
<i>gabapentin oral solution 250 mg/5 ml</i>	2	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	MDL
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Non-Formulary	ALT (Covered Alternatives: Gabapentin, Duloxetine, Amitriptyline)
GABARONE ORAL TABLET 100 MG, 400 MG	Non-Formulary	ALT (Covered Alternatives: Gabapentin 100mg, Gabapentin 300mg, Gabapentin 400mg); QL (3 Tablets per 1 Day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	Non-Formulary	ALT (Covered Alternatives: GABAPENTIN, DULOXETINE HCL, AMITRIPTYLINE HCL)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: GABAPENTIN, PRAMIPEXOLE DI-HCL, ROPINIROLE HCL)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	Non-Formulary	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Non-Formulary	
LYRICA ORAL SOLUTION 20 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Non-Formulary	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Non-Formulary	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Non-Formulary	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	MDL; QL (2 capsules per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	Non-Formulary	
SABRIL ORAL POWDER IN PACKET 500 MG	Non-Formulary	
SABRIL ORAL TABLET 500 MG	Non-Formulary	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	MDL

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<i>vigabatrin oral powder in packet 500 mg</i>	5	PA; SP (Dispensed by PantheRx: (855) 726-8479, Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 packet per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; SP (Dispensed by PantheRx: (855) 726-8479, Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (6 tablets per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	5	PA; SP (Dispensed by PantheRx: (855) 726-8479, Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 packet per 1 day)
VIGADRONE ORAL TABLET 500 MG	5	PA; SP (Dispensed by PantheRx: (855) 726-8479, Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (6 Tablets per 1 day)
VIGAFYDE ORAL SOLUTION 100 MG/ML	Non-Formulary	QL (5 ML per 1 day)
ZTALMY ORAL SUSPENSION 50 MG/ML	6	PA; SP (Dispensed by Orsini Specialty Pharmacy (800)410-8575; up to a 30 day supply per fill); QL (36 ML per 1 DAY)
<b>Hydantoins</b>		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	MDL
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Non-Formulary	
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	3	MDL
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Non-Formulary	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MDL
<i>phenytoin oral tablet,chewable 50 mg</i>	2	MDL
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
<b>Ion Channel Inhibition Agents</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LEVETIRACETAM, CARBAMAZEPINE, VALPROIC ACID, OXCARBAZEPINE, ZONISAMIDE)
BANZEL ORAL TABLET 200 MG, 400 MG	Non-Formulary	QL (280 tablets per 1 fill)
<i>lacosamide oral solution 10 mg/ml</i>	Non-Formulary	ALT (Covered Alternatives: Lacosamide Tablets); QL (40 ML per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	MDL; QL (3 Tablets per 1 Day)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Non-Formulary	ALT (Covered Alternatives: Lacosamide); QL (3 Capsules per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	MDL; QL (8 tablets per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	Non-Formulary	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	QL (280 tablets per 1 fill)
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	Non-Formulary	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Non-Formulary	QL (8 tablets per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Non-Formulary	ALT (Covered Alternatives: Lacosamide Tablets); QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non-Formulary	QL (3 tablets per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (1 Tablet per 1 day)

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XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL (1 Tablet per 1 day)
XCOPRI ORAL TABLET 25 MG	4	PA; QL (1 Tablet per 1 Day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	PA; QL (1 Tablet per 1 day)
ZONEGRAN ORAL CAPSULE 100 MG	Non-Formulary	
ZONEGRAN ORAL CAPSULE 25 MG	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	MDL
<b>Melatonin Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Non-Formulary	QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); ALT (Covered Alternatives: ROZEREM, ZOLPIDEM TARTRATE, TRAZODONE HCL, ZALEPLON, ESZOPICLONE, ZOLPIDEM TARTRATE ER); QL (1 capsule per 1 day)
<i>ramelteon oral tablet 8 mg</i>	2	QL (1 tablet per 1 day)
<b>Monoamine Oxidase B Inhibitors</b>		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non-Formulary	QL (1 tablet per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	QL (1 patch per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	2	MDL
<i>selegiline hcl oral tablet 5 mg</i>	2	MDL
XADAGO ORAL TABLET 100 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Non-Formulary	ALT (Covered Alternatives: Selegiline Tablets, Selegiline Capsules, Emsam Patches); QL (2 tablets per 1 day)
<b>Monoamine Oxidase Inhibitors</b>		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non-Formulary	QL (1 tablet per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	QL (1 patch per 1 day)
MARPLAN ORAL TABLET 10 MG	3	QL (180 tablets per 30 days)
NARDIL ORAL TABLET 15 MG	Non-Formulary	
PARNATE ORAL TABLET 10 MG	Non-Formulary	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	2	MDL
<i>selegiline hcl oral tablet 5 mg</i>	2	MDL
<i>tranylcypromine oral tablet 10 mg</i>	2	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Non-Formulary	ALT (Covered Alternatives: Selegiline Tablets, Selegiline Capsules, Emsam Patches); QL (2 tablets per 1 day)
<b>Non-Benzodiazepine Anxiolytics</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MDL
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
<b>Non-Benzodiazepine Hypnotics</b>		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG	Non-Formulary	
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 6.25 MG	Non-Formulary	QL (30 tablets per 30 days)
AMBIEN ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (30 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: ZOLPIDEM TARTRATE, ZOLPIDEM TARTRATE ER, ESZOPICLONE, TRAZODONE HCL, ZALEPLON)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (1 tablet per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	MDL
<i>zolpidem oral capsule 7.5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Zolpidem Tablets, Zolpidem ER Tablets); QL (1 Capsule per 1 day)
<i>zolpidem oral tablet 10 mg</i>	2	MDL; QL (30 tablets per 30 days)
<i>zolpidem oral tablet 5 mg</i>	2	MDL; QL (60 tablets per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	2	MDL; QL (30 tablets per 30 days)
<b>Nonergot-Deriv.Dopamine Receptor Agonist</b>		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); ALT (Covered Alternatives: Apomorphine); QL (1 ML per 1 day)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	Non-Formulary	QL (1 tablet per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR	Non-Formulary	ALT (Covered Alternatives: PRAMIPEXOLE DI-HCL, ROPINIROLE HCL, GABAPENTIN)
NEUPRO TRANSDERMAL PATCH 24 HOUR 8 MG/24 HOUR	Non-Formulary	ALT (Covered Alternatives: PRAMIPEXOLE DI-HCL, ROPINIROLE HCL, GABAPENTIN); QL (1 patch per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	6	PA; QL (1 ML per 1 day)

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<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	MDL
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	QL (1 tablet per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	MDL
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<b>Non-Opioid Analgesics</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (50 ML per 1 Day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	2	QL (13 tablets per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	QL (60 tablets per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
FIORICET ORAL CAPSULE 50-300-40 MG	Non-Formulary	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15); QL (90 ML per 1 Day)

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DRUG NAME	DRUG TIER	NOTES
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 Day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	2	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Non-Formulary	QL (12 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (12 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non-Formulary	
<b>Nonsteroidal Anti-Inflamm. Agents, Misc</b>		
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	ALT (Covered Alternatives: Diclofenac Sodium 1% gel, Diclofenac 1.5% topical solution); QL (12.9 grams per 1 day)
TOLECTIN 600 ORAL TABLET 600 MG	Non-Formulary	ALT (Covered Alternatives: TOLMETIN SODIUM Tablets, TOLMETIN SODIUM Capsules); QL (3 Tablets per 1 Day)
<i>tolmetin oral capsule 400 mg</i>	2	

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<b>Opioid Agonists (28:08)</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (50 ML per 1 Day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	2	QL (13 tablets per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (6 tablets per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	
DILAUDID ORAL LIQUID 1 MG/ML	Non-Formulary	QL (31.5 ML per 1 day)
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	Non-Formulary	QL (12 tablets per 1 day)
<i>diskets oral tablet,soluble 40 mg</i>	2	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	2	QL (10 patches per 30 days)
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	2	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Non-Formulary	
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15); QL (90 ML per 1 Day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 Day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (12 tablets per 1 day)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (8 tablets per 1 day)
<i>hydromet oral solution 5-1.5 mg/5 ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (31.5 ML per 1 day)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (12 tablets per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Non-Formulary	QL (1 Tablet per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	2	QL (6 suppositories per 1 day)

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HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: HYDROCODONE W/ACETAMINOPHEN, MORPHINE SULFATE ER, OXYCODONE HCL ER, TRAMADOL HCL, GABAPENTIN, DICLOFENAC SODIUM, CELECOXIB)
<i>levorphanol tartrate oral tablet 2 mg</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE BITARTRATE, HYDROCODONE W/ACETAMINOPHEN, MORPHINE SULFATE, OXYMORPHONE HCL, OXYCODONE HCL, TRAMADOL HCL)
<i>meperidine oral tablet 50 mg</i>	2	
<i>methadone intensol oral concentrate 10 mg/ml</i>	2	
<i>methadone oral concentrate 10 mg/ml</i>	2	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (900 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	2	QL (6 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	Non-Formulary	
<i>methadose oral tablet,soluble 40 mg</i>	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (10 ML per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	QL (1 capsule per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	QL (2 capsules per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	QL (10 ML per 1 day)
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QL (12 tablets per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	2	QL (3 tablets per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	QL (6 Tablets per 1 day)
<i>morphine oral tablet extended release 60 mg</i>	2	QL (4 Tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (6 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	Non-Formulary	QL (10 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: MORPHINE SULFATE ER, OXYCODONE HCL ER, TRAMADOL HCL, GABAPENTIN, DICLOFENAC SODIUM, DULOXETINE HCL, CELECOXIB)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: MORPHINE SULFATE ER, OXYCODONE HCL ER, TRAMADOL HCL, GABAPENTIN, DICLOFENAC SODIUM, DULOXETINE HCL, CELECOXIB)
<i>oxycodone oral capsule 5 mg</i>	2	QL (9 capsules per 1 day)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (5 ML per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (500 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (9 tablets per 1 day)
<i>oxycodone oral tablet, oral only 15 mg</i>	Non-Formulary	ALT (Covered Alternatives: OXYCODONE HCL (IR) 5 MG TABLET, OXYCODONE HCL (IR) 10 MG TAB, OXYCODONE HCL (IR) 15 MG TAB, OXYCODONE HCL (IR) 20 MG TAB, OXYCODONE HCL (IR) 30 MG TAB); QL (9 Tablets per 1 day)

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<i>oxycodone oral tablet, oral only 30 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: OXYCODONE HCL (IR) 5 MG TABLET, OXYCODONE HCL (IR) 10 MG TAB, OXYCODONE HCL (IR) 15 MG TAB, OXYCODONE HCL (IR) 20 MG TAB, OXYCODONE HCL (IR) 30 MG TAB); QL (9 Tablets per 1 Day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	2	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	PA; ALT (Covered Alternatives: OXYCODONE HCL ER); QL (2 tablets per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	2	QL (6 tablets per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Non-Formulary	PA; QL (2 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Non-Formulary	QL (12 tablets per 1 day)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
QDOLO ORAL SOLUTION 5 MG/ML	Non-Formulary	
ROXICODONE ORAL TABLET 15 MG, 30 MG	Non-Formulary	QL (9 tablets per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	Non-Formulary	ALT (Covered Alternative: OXYCODONE HCL (IR) 5 MG TABLET, OXYCODONE HCL (IR) 10 MG TAB, OXYCODONE HCL (IR) 15 MG TAB, OXYCODONE HCL (IR) 20 MG TAB, OXYCODONE HCL (IR) 30 MG TAB); QL (9 Tablet per 1 day)
<i>tramadol oral tablet 100 mg</i>	Non-Formulary	ALT (Covered Alternatives: Tramadol 50mg, Tramadol 100mg ER); QL (2 Tablets per 1 Day)
<i>tramadol oral tablet 25 mg</i>	Non-Formulary	QL (12 Tablets per 1 Day)

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<i>tramadol oral tablet 50 mg</i>	2	MDL; QL (12 tablets per 1 day)
<i>tramadol oral tablet 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: TRAMADOL 50MG TABLET, TRAMADOL 100MG ER TABLET); QL (12 Tablets per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (12 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non-Formulary	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	2	
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: MORPHINE SULFATE ER, OXYCODONE HCL ER, FENTANYL, METHADONE HCL)
<b>Opioid Antagonists (28:10)</b>		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Naloxone)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	2	QL (2 doses per 90 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Non-Formulary	ALT (Covered Alternatives: Naltrexone, Naloxone)
<i>naltrexone oral tablet 50 mg</i>	2	MDL
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Non-Formulary	QL (2 doses per 90 days)
<b>Opioid Partial Agonists</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Non-Formulary	QL (Quantity Limits Apply)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PA; ALT (Covered Alternatives: KADIAN, OXYCODONE HCL ER, BUPRENORPHINE HYDROCHLORIDE, GABAPENTIN, DULOXETINE HCL, DICLOFENAC SODIUM); QL (4 patches per 28 days)
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	2	ALT (Covered Alternatives: KADIAN, OXYCODONE HCL ER, BUPRENORPHINE HYDROCHLORIDE, GABAPENTIN, DULOXETINE HCL, DICLOFENAC SODIUM); QL (4 patches per 28 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (3 films per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (3 tablets per 1 day)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	2	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Non-Formulary	ALT (Covered Alternatives: KADIAN, OXYCODONE HCL ER, BUPRENORPHINE HYDROCHLORIDE, GABAPENTIN, DULOXETINE HCL, DICLOFENAC SODIUM)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	2	QL (6 tablets per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Non-Formulary	ALT (Covered Alternatives: BUPRENORPHINE-NALOXONE); QL (3 films per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Non-Formulary	QL (Quantity Limits Apply)

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<b>Orexin Receptor Antagonists</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Zolpidem, Eszopiclone, Trazodone, Zaleplon); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (1 Tablet per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: Zolpidem, Zaleplon)
<b>Phenothiazines</b>		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>compro rectal suppository 25 mg</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	MDL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MDL
<b>Respiratory And Cns Stimulants</b>		
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 capsules per 30 days)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (4 tablets per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Non-Formulary	
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Non-Formulary	ALT (Covered Alternatives: Methylphenidate Patches)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (1 capsule per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
FIORICET ORAL CAPSULE 50-300-40 MG	Non-Formulary	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Non-Formulary	

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JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE LA, METHYLPHENIDATE HCL CD, METHYLPHENIDATE ER, METHYLPHENIDATE HCL, METADATE ER); QL (2 Tablets per 1 Day)
<i>metadate er oral tablet extended release 20 mg</i>	2	QL (2 tablets per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	Non-Formulary	QL (10 ML per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	MDL; QL (2 capsules per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (30 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	Non-Formulary	ALT (Covered Alternatives: Methylphenidate ER, Methylphenidate ER 36mg); QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Non-Formulary	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	2	QL (3 tablets per 1 day)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	2	ST (Step Therapy Required- Tried and failed methylphenidate 54mg in the last 30 days); QL (1 patch per 1 day)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Non-Formulary	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 30 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE ER); QL (2 Tablets per 1 day)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG	Non-Formulary	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 20 MG, 30 MG, 40 MG	Non-Formulary	QL (60 capsules per 30 days)

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RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non-Formulary	
<b>Reversible Cox-1/Cox-2 Inhibitors</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Non-Formulary	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
ANAPROX DS ORAL TABLET 550 MG	Non-Formulary	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Non-Formulary	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	Non-Formulary	
CHILDREN'S ADVIL ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML	1	
CHILDREN'S MOTRIN ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
COXANTO ORAL CAPSULE 300 MG	Non-Formulary	QL (4 Capsules per 1 Day)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	
<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MDL
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	MDL
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	MDL
<i>diclofenac sodium topical drops 1.5 %</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	2	QL (10 GM per 1 day)
<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 GM per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	Non-Formulary	ALT (Covered Alternatives: Diclofenac Sodium Tablets, Celecoxib, Ibuprofen, Meloxicam, Naproxen, Nabumetone)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	MDL

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<i>diflunisal oral tablet 500 mg</i>	2	QL (3 tablets per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Non-Formulary	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	MDL; QL (3 capsules per 1 day)
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	MDL; QL (1 tablet per 1 day)
FELDENE ORAL CAPSULE 20 MG	Non-Formulary	
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, NAPROXEN SODIUM, ETODOLAC, NABUMETONE)
<i>fenoprofen oral tablet 600 mg</i>	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, NAPROXEN SODIUM, ETODOLAC, NABUMETONE)
FENOPRON ORAL CAPSULE 300 MG	Non-Formulary	ALT (Covered Alternatives: Ibuprofen, Naproxen, Etodolac); QL (4 Capsules per 1 Day)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PIROXICAM, DICLOFENAC SODIUM, DICLOFENAC SODIUM, MELOXICAM, NABUMETONE, NAPROXEN, CELECOXIB)
<i>flurbiprofen oral tablet 100 mg</i>	2	MDL
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	MDL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (8 tablets per 1 day)
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	1	MDL
IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG	Non-Formulary	
<i>ibuprofen oral capsule 200 mg</i>	Non-Formulary	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	

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<i>ibuprofen oral tablet 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN 400MG, IBUPROFEN 600MG, IBUPROFEN 800MG)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MDL
INDOCIN ORAL SUSPENSION 25 MG/5 ML	4	
INDOCIN RECTAL SUPPOSITORY 50 MG	4	PA; QL (1 suppository per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	MDL
<i>indomethacin oral capsule, extended release 75 mg</i>	2	MDL
<i>indomethacin rectal suppository 100 mg</i>	Non-Formulary	ALT (Covered Alternatives: Indomethacin Capsules, Indomethacin ER Capsules, Colchicine, Febuxostat, Probenacid); QL (1 suppository per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (12 Capsules per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (6 Capsules per 1 day)
<i>ketoprofen oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (4 Capsules per 1 day)
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (1 Capsules per 1 day)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	QL (5 ML per 30 days)
<i>ketorolac injection solution 30 mg/ml</i>	2	QL (10 ML per 30 days)
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	2	QL (5 syringes per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (4 ML per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (5 syringes per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
<i>ketorolac oral tablet 10 mg</i>	2	
KIPROFEN ORAL CAPSULE 25 MG	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (12 Capsules per 1 Day)

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LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN SODIUM, ETODOLAC, PIROXICAM, CELECOXIB)
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Non-Formulary	ALT (Covered Alternatives: Meloxicam Tablets)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	MDL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	MDL
NALFON ORAL CAPSULE 400 MG	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, NAPROXEN SODIUM, ETODOLAC, NABUMETONE)
NALFON ORAL TABLET 600 MG	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, NAPROXEN SODIUM, ETODOLAC, NABUMETONE)
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	Non-Formulary	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Non-Formulary	QL (Quantity Limits Apply)
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	Non-Formulary	
NAPROSYN ORAL TABLET 500 MG	Non-Formulary	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	MDL
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	MDL
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	MDL
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MDL
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i>	Non-Formulary	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	Non-Formulary	ALT (Covered Alternatives: Naproxen Tablets, Naproxen Caplets)
<i>oxaprozin oral tablet 600 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DICLOFENAC SODIUM, DICLOFENAC SODIUM, CELECOXIB, IBUPROFEN, MELOXICAM, NAPROXEN, NABUMETONE)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	MDL
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	MDL
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 500-20 MG	Non-Formulary	ALT (Covered Alternatives: ESOMEPRAZOLE MAGNESIUM, NAPROXEN)
WAL-PROFEN ORAL TABLET 200 MG	Non-Formulary	
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Salicylates</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	
<i>aspirin oral tablet 325 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>aspirin oral tablet, chewable 81 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	MDL; QL (90 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (4 tablets per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	
<i>salsalate oral tablet 500 mg, 750 mg</i>	2	MDL
<b>Sel.Serotonin,Norepi Reuptake Inhibitor</b>		
<i>desvenlafaxine oral tablet extended release 24 hr 50 mg</i>	Non-Formulary	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	MDL; QL (1 tablet per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Non-Formulary	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MDL; QL (3 capsules per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DULOXETINE HCL, DULOXETINE HCL, DULOXETINE HCL); MDL
DULOXICAIN KIT 30 MG- 4%	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Non-Formulary	QL (5 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: VENLAFAXINE HCL, DULOXETINE HCL, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, FLUVOXAMINE MALEATE, PAROXETINE HCL)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: VENLAFAXINE HCL, DULOXETINE HCL, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, FLUVOXAMINE MALEATE, PAROXETINE HCL)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	Non-Formulary	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	MDL; QL (2 tablets per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	QL (55 tablets per fill, 1 fill per 365 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	MDL; QL (5 capsules per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	MDL
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Non-Formulary	
<b>Selective Serotonin Agonists</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	QL (12 tablets per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	QL (12 tablets per 30 days)
FROVA ORAL TABLET 2.5 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
<i>frovatriptan oral tablet 2.5 mg</i>	2	ALT (Covered Alternatives: ZOLMITRIPTAN, ALMOTRIPTAN MALATE, NARATRIPTAN HCL, RIZATRIPTAN, SUMATRIPTAN SUCCINATE)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	Non-Formulary	
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	Non-Formulary	QL (12 units per 30 days)
MAXALT ORAL TABLET 10 MG	Non-Formulary	QL (12 tablets per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	Non-Formulary	QL (12 tablets per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (12 tablets per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: SUMATRIPTAN, SUMATRIPTAN SUCCINATE, ZOLMITRIPTAN, NARATRIPTAN HCL, RIZATRIPTAN)
RELPAK ORAL TABLET 20 MG, 40 MG	Non-Formulary	
REYVOW ORAL TABLET 100 MG, 50 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (8 tablets per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (12 tablets per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	2	QL (12 tablets per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	QL (12 nasal sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MDL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)

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<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: SUMATRIPTAN SUCCINATE, SUMATRIPTAN, SUMATRIPTAN SUCCINATE, ZOLMITRIPTAN, NARATRIPTAN HCL, RIZATRIPTAN)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (12 tablets per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (12 tablets per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	Non-Formulary	ALT (Covered Alternatives: ZOLMITRIPTAN, ALMOTRIPTAN, NARATRIPTAN, RIZATRIPTAN)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: ZOLMITRIPTAN, ALMOTRIPTAN, NARATRIPTAN, RIZATRIPTAN)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	
<b>Selective-Serotonin Reuptake Inhibitors</b>		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	
<i>citalopram oral solution 10 mg/5 ml</i>	2	MDL
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	MDL
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	MDL
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	MDL
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	2	MDL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	MDL
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	MDL
<i>fluoxetine oral tablet 60 mg</i>	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FLUOXETINE HCL, FLUOXETINE HCL, FLUOXETINE HCL)

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DRUG NAME	DRUG TIER	NOTES
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: Fluvoxamine Tablets)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	MDL
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	ALT (Covered Alternatives: olanzapine, fluoxetine); QL (1 capsule per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MDL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	MDL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Non-Formulary	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: PAROXETINE HCL, FLUOXETINE DR)
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG	Non-Formulary	
PROZAC ORAL CAPSULE 10 MG, 20 MG	Non-Formulary	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Non-Formulary	ALT (Covered Alternatives: Sertraline Tablets); QL (1 Capsule per 1 Day)
<i>sertraline oral concentrate 20 mg/ml</i>	2	MDL
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	2	MDL
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Non-Formulary	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<b>Serotonin Modulators</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
REMERON ORAL TABLET 15 MG, 30 MG	Non-Formulary	QL (4 tablets per 1 day)

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REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	Non-Formulary	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	MDL
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PAROXETINE HCL, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, SERTRALINE HCL, DULOXETINE HCL, VENLAFAXINE HCL ER); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: VILAZODONE, PAROXETINE HCL, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, SERTRALINE HCL, DULOXETINE HCL, VENLAFAXINE HCL ER)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	MDL
<b>Succinimides</b>		
CELONTIN ORAL CAPSULE 300 MG	Non-Formulary	ALT (Covered Alternatives: METHSUXIMIDE); QL (120 capsules per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	2	QL (7 capsules per 1 day)
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>methsuximide oral capsule 300 mg</i>	2	QL (4 Capsules per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	Non-Formulary	QL (7 capsules per 1 day)
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Non-Formulary	
<b>Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	

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<b>Tricyclics, Other Norepi-Ru Inhibitors</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MDL
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Non-Formulary	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MDL
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>doxepin oral tablet 3 mg, 6 mg</i>	Non-Formulary	
<i>doxepin topical cream 5 %</i>	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE, TACROLIMUS)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MDL
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Non-Formulary	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	MDL; QL (4 capsules per 1 day)
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Non-Formulary	QL (4 capsules per 1 day)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	

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PRUDOXIN TOPICAL CREAM 5 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE, TACROLIMUS)
SILENOR ORAL TABLET 3 MG, 6 MG	Non-Formulary	ALT (Covered Alternatives: ZOLPIDEM TARTRATE, TRAZODONE HCL, ESZOPICLONE, ZALEPLON)
<b>Vesicular Monoamine Transport2 Inhibitor</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Tetrabenazine); QL (1 Tablet per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Tetrabenazine); QL (1 Tablet per 1 Day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Tetrabenazine)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TETRABENAZINE); QL (1 pack per 1 year)

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INGREZZA ORAL CAPSULE 40 MG, 80 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TETRABENAZINE); QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE 60 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TETRABENAZINE); QL (1 capsules per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Ingrezza Capsules, Tetrabenazine); QL (1 Capsules per 1 Day)
TETRABENAZINE ORAL TABLET 12.5 MG	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
TETRABENAZINE ORAL TABLET 25 MG	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<b>Wakefulness-Promoting Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (30 tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 Tablets per 1 day)
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Packet per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	MDL; QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG	Non-Formulary	QL (30 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
NUVIGIL ORAL TABLET 250 MG, 50 MG	Non-Formulary	
PROVIGIL ORAL TABLET 100 MG, 200 MG	Non-Formulary	
<i>sodium oxybate oral solution 500 mg/ml</i>	2	PA; SP (Dispensed by Accredo: (800) 803-2523 or Express Scripts SDS (314) 587-4050; up to a 30 day supply per fill); QL (18 ML per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Non-Formulary	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
XYREM ORAL SOLUTION 500 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523 or Express Scripts SDS (314) 587-4050; up to a 30 day supply per fill); ALT (Covered Alternatives: Sodium Oxybate); QL (18 ML per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (18 ML per 1 day)
DENTAL AGENTS		
Dental Agents		
<i>saless mucous membrane lozenge, extended release</i>	Non-Formulary	QL (100 lozenges per 30 days)
Nutritional Supplements		
<i>clinpro 5000 dental paste 1.1 %</i>	2	QL (100 GM per 30 days)
DENTA 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Non-Formulary	ALT (Covered Alternatives: DENTA 5000 PLUS CREAM, DENTAGEL GEL); QL (100 ml per 30 Days)

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DRUG NAME	DRUG TIER	NOTES
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 1 MG (2.2 MG SOD. FLUORIDE)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Non-Formulary	QL (100 GM per 30 days)
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	Non-Formulary	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Non-Formulary	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT DENTAL GEL 1.1 %	Non-Formulary	
<i>prevident dental solution 0.2 %</i>	Non-Formulary	
SF 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
SF DENTAL GEL 1.1 %	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<b>DEVICES</b>		
<b>Devices</b>		
AEROCHAMBER MINI SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER MV SPACER	7	QL (1 spacer per 365 days)

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AEROCHAMBER PLUS FLOW-VU SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	7	QL (1 spacer per 365 days)
AEROVENT PLUS SPACER	7	
ASSURE PLATINUM GLUCOSE METER	Non-Formulary	ALT (Covered Alternatives: FREESTYLE PREC NEO METER, FREESTYLE LITE METER, FREESTYLE INSULINX METER)
AUTOLET LITE	Non-Formulary	QL (1 Device per 30 Days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	QL (Quantity Limits Apply); MDL
BLULINK DIABETIC TEST BUNDLE KIT	Non-Formulary	
BLULINK GLUCOSE MONITOR SYSTEM	Non-Formulary	
BREATHERITE MDI SPACER SPACER	7	QL (1 spacer per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER	7	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK SPACER	7	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER	7	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER	7	QL (1 spacer per 365 days)

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DRUG NAME	DRUG TIER	NOTES
COMPACT SPACE CHAMBER SPACER	7	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER	7	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER	7	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER	7	QL (1 spacer per 365 days)
CONTOUR PLUS BLUE METER	Non-Formulary	ALT (Covered Alternatives: Freestyle Precision Neo)
DEXCOM G6 RECEIVER	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 Receiver per 1 Year)
DEXCOM G6 SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (3 Sensors per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 Receiver per 1 Year)
DEXCOM G7 SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (3 Sensors per 30 days)
EASIVENT HOLDING CHAMBER SPACER	7	QL (1 spacer per 365 days)
EASY TRAK II BLOOD GLUCOSE MTR	Non-Formulary	ALT (Covered Alternatives: Freestyle Neo Meter, Freestyle Lite Meter, Freestyle Freedom Lite Meter)
EASYMAX T1 KIT	Non-Formulary	

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FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLEXICHAMBER SPACER	7	QL (1 spacer per 365 days)
FORA TN'G ADV MOBILE MULTI MTR DEVICE	Non-Formulary	ALT (Covered Alternatives: Precision Xtra Ketone Strips)
FREESTYLE CONTROL SOLUTION	0	Zero Copay applicable after deductible; QL (1 bottle per 90 days)
FREESTYLE FREEDOM LITE KIT	0	QL (1 meter per 1 year)
FREESTYLE INSULINX	0	QL (1 meter per 2 years)
FREESTYLE LANCETS 28 GAUGE	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day); Zero Copay applicable after deductible
FREESTYLE LIBRE 14 DAY READER	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 reader per 1 year)
FREESTYLE LIBRE 14 DAY SENSOR KIT	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 Sensors per 30 Days)
FREESTYLE LIBRE 2 READER	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR KIT	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 sensors per 28 days)

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DRUG NAME	DRUG TIER	NOTES
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 Sensors per 30 days)
FREESTYLE LIBRE 3 READER	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 Reader per 1 Year)
FREESTYLE LIBRE 3 SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 sensors per 28 days)
FREESTYLE LITE METER KIT	0	QL (1 meter per 1 year)
FREESTYLE PRECISION NEO METER	0	QL (1 meter per 1 year)
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Non-Formulary	Medical device, not covered.
GLUCOSE KETONE CONTROL SOLN SOLUTION	0	Zero Copay applicable after deductible; QL (1 bottle per 90 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FREESTYLE LIBRE SENSOR, DEXCOM)
GUARDIAN 4 TRANSMITTER DEVICE	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FREESTYLE LIBRE SENSOR, DEXCOM)
GUARDIAN LINK 3 TRANSMITTER DEVICE	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FREESTYLE LIBRE SENSOR, DEXCOM)
GUARDIAN SENSOR 3 DEVICE	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FREESTYLE LIBRE SENSOR, DEXCOM)
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	7	ALT (Covered Alternatives: SODIUM CHLORIDE)
IHEALTH GLUCO PLUS METER KIT	Non-Formulary	ALT (Covered Alternatives: Freestyle Neo Meter, Freestyle Lite Meter, Freestyle Freedom Lite Meter)

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DRUG NAME	DRUG TIER	NOTES
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 30, 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 5/16, 1/2 ml 29</i>	2	QL (Quantity Limits Apply); MDL
<i>insulin syringe-needle u-100 syringe 1/2 ml 30 gauge</i>	2	QL (Quantity Limits Apply)
I-PORT ADVANCE 6 MM INJEC PORT	Non-Formulary	QL (Quantity Limits Apply)
KELO-COTE TOPICAL GEL	Non-Formulary	Cosmetic products are not covered
<i>lancets</i>	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day); Zero Copay applicable after deductible
LITEAIRE MDI CHAMBER SPACER	7	QL (1 spacer per 365 days)
MEDISENSE GLUCOSE KETONE COMBO PACK	4	QL (1 bottle per 90 days)
MICROCHAMBER SPACER	7	QL (1 spacer per 365 days)
MICROSPACER SPACER	7	
MINIMED QUICK SET 23" INFUSION SET	Non-Formulary	QL (Quantity Limits Apply)
MINIMED SILHOUETTE 18" INFUSION SET	Non-Formulary	QL (Quantity Limits Apply)
MINIMED SILHOUETTE 23" INFUSION SET	Non-Formulary	QL (Quantity Limits Apply)
MINIMED SILHOUETTE 32" INFUSION SET	Non-Formulary	QL (Quantity Limits Apply)
MINIMED SILHOUETTE 43" INFUSION SET	Non-Formulary	QL (Quantity Limits Apply)
MINIMED SURE T 18" INFUSION SET	Non-Formulary	QL (Quantity Limits Apply)
MINIMED SURE T 23" INFUSION SET	Non-Formulary	QL (Quantity Limits Apply)
MINIMED SURE T 32" INFUSION SET	Non-Formulary	QL (Quantity Limits Apply)
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Non-Formulary	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	2	MDL
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	2	MDL
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Non-Formulary	
NUMOISYN MUCOUS MEMBRANE LIQUID	Non-Formulary	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Non-Formulary	QL (100 lozenges per 30 days)

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DRUG NAME	DRUG TIER	NOTES
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	4	ST (Step Therapy Required- Tried and failed 90 day treatment of an insulin product in the last 120 days); QL (10 Pods per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	4	ST (Step Therapy Required- Tried and failed 90 day treatment of an insulin product in the last 120 days); QL (1 Kit per 2 Yearss)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	ST (Step Therapy Required- Tried and failed 90 day treatment of an insulin product in the last 120 days); QL (10 Pods per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	4	ST (Step Therapy Required- Tried and failed 90 day treatment of an insulin product in the last 120 days); QL (1 Kit per 2 Yearss)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	ST (Step Therapy Required- Tried and failed 90 day treatment of an insulin product in the last 120 days); QL (10 pods per 30 days)
OPTICHAMBER DIAMOND LG MASK SPACER	7	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND VHC SPACER	7	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER	7	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER	7	QL (1 spacer per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16"	2	QL (Quantity Limits Apply); MDL
<i>pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 5/16"</i>	2	QL (Quantity Limits Apply); MDL
PLATINUM GLUCOSE METER KIT	Non-Formulary	ALT (Covered Alternatives: FREESTYLE PREC NEO METER, FREESTYLE LITE METER, FREESTYLE INSULINX METER)
POCKET CHAMBER SPACER	7	QL (1 spacer per 365 days)
PRECISION XTRA B-KETONE STRIP	2	QL (1 strip per 1 day)
PRECISION XTRA MONITOR	0	QL (1 meter per 1 year)
PRO COMFORT SPACER-ADULT MASK SPACER	7	QL (1 spacer per 365 days)

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DRUG NAME	DRUG TIER	NOTES
PRO COMFORT SPACER-CHILD MASK SPACER	Non-Formulary	QL (1 spacer per 365 days)
PROCHAMBER SPACER	7	QL (1 spacer per 365 days)
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	7	
RECEDO TOPICAL GEL	Non-Formulary	Cosmetic products are not covered
RITFLO AEROCHAMBER SPACER	7	QL (1 spacer per 365 days)
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	2	
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	7	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	Non-Formulary	ALT (Covered Alternatives: FREESTYLE CONTROL SOLUTION)
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Non-Formulary	ALT (Covered Alternatives: FREESTYLE CONTROL SOLUTION)
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	Non-Formulary	ALT (Covered Alternatives: FREESTYLE CONTROL SOLUTION)
<b>DIAGNOSTIC AGENTS</b>		
<b>Adrenocortical Insufficiency</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Non-Formulary	
<b>Cardiac Function</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	MDL; QL (90 tablets per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
<b>Diabetes Mellitus</b>		
ASSURE PLATINUM TEST STRIP STRIP	Non-Formulary	ALT (Covered Alternatives: FREESTYLE PREC NEO TEST STRIPS, FREESTYLE LITE TEST STRIP, FREESTYLE INSULINX TEST STRIPS)
BLULINK GLUCOSE TEST STRIP STRIP	Non-Formulary	
CONTOUR PLUS TEST STRIP STRIP	Non-Formulary	ALT (Covered Alternatives: Freestyle Precision Neo)
FREESTYLE INSULINX STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
FREESTYLE INSULINX TEST STRIPS STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
FREESTYLE LITE STRIPS STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
FREESTYLE PRECISION NEO STRIPS STRIP	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day); Zero Copay applicable after deductible
FREESTYLE TEST STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)

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DRUG NAME	DRUG TIER	NOTES
PLATINUM TEST STRIP STRIP	Non-Formulary	ALT (Covered Alternatives: FREESTYLE PREC NEO TEST STRIPS, FREESTYLE LITE TEST STRIP, FREESTYLE INSULINX TEST STRIPS)
PRECISION XTRA TEST STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day); Zero Copay applicable after deductible
<b>Pheochromocytoma</b>		
<i>metirosine oral capsule 250 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Pituitary Function</b>		
METOPIRONE ORAL CAPSULE 250 MG	Non-Formulary	SP (Dispensed by AllianceRX (888) 347-3416; up to a 30 day supply per fill)
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>Acidifying Agents</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	3	
<b>Alkalinizing Agents</b>		
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	MDL
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	Non-Formulary	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
<b>Ammonia Detoxicants</b>		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
BUPHENYL ORAL TABLET 500 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	2	MDL
<i>enulose oral solution 10 gram/15 ml</i>	1	MDL
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	QL (1 Packet per 1 day)
<i>lactulose oral packet 10 gram</i>	Non-Formulary	ALT (Covered Alternatives: Lactulose Solution, Kristalose); QL (1 Packet per 1 day)
<i>lactulose oral packet 20 gram</i>	Non-Formulary	ALT (Covered Alternatives: KRISTALOSE PACKET, LACTULOSE 10 GM/15 ML SOLUTION); QL (1 Packet per 1 Day)
<i>lactulose oral solution 10 gram/15 ml</i>	1	MDL
LITHOSTAT ORAL TABLET 250 MG	Non-Formulary	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PHEBURANE ORAL GRANULES 483 MG/GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Sodium Phenylbutyrate 500mg Tablets, Sodium Phenylbutyrate Powder); QL (1 GM per 30 days)

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DRUG NAME	DRUG TIER	NOTES
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]; OR Accredo: (800) 803-2523; OR CVS Specialty Pharmacy: (800) 237-2767; up to a 30 day supply per fill)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 GRAM per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Caloric Agents</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: BETAQUIK, LIQUIGEN); QL (1 ML per 1 day)
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MDL
<b>Diuretics, Miscellaneous</b>		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	MDL
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MDL
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	MDL
<b>Irrigating Solutions</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	7	ALT (Covered Alternatives: SODIUM CHLORIDE)

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NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Non-Formulary	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	7	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	7	
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	2	
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	7	
<i>sodium chloride irrigation solution 0.9 %</i>	2	QL (3000 ML per 30 Days)
<b>Loop Diuretics (40:28)</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
EDECIN ORAL TABLET 25 MG	Non-Formulary	QL (480 tablets per 30 days)
<i>ethacrynic acid oral tablet 25 mg</i>	2	QL (2 tablets per 1 day)
<i>furosemide oral solution 10 mg/ml</i>	2	MDL
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MDL
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Formulary	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	MDL
<b>Osmotic Diuretics</b>		
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	
<i>urea topical cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	2	
<i>urea topical lotion 40 %</i>	2	
<b>Phosphate-Removing Agents</b>		
AURYXIA ORAL TABLET 210 MG IRON	4	PA; QL (6 tablets per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	

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<i>ferric citrate oral tablet 210 mg iron</i>	Non-Formulary	ALT (Covered Alternatives: Auryxia); QL (6 Tablets per 1 Day)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Non-Formulary	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	2	QL (5 tablets per 1 day)
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Non-Formulary	QL (3.5 packets per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	2	QL (3.5 packets per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>	2	QL (10 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: Sevelamer Carbonate)
<i>sevelamer hcl oral tablet 800 mg</i>	Non-Formulary	ALT (Covered Alternatives: Sevelamer Carbonate); QL (7 tablets per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CALCIUM ACETATE, SEVELAMER HCL, RENAGEL, LANTHANUM CARBONATE)
<b>Potassium-Removing Agents</b>		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	PA; QL (2 packets per 1 day)
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM	Non-Formulary	ALT (Covered Alternatives: Veltassa 8.4gm powder packet, Veltassa 16.8gm powder packet, Veltassa 25.2gm powder packet); QL (1 Packet per 1 Day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	4	PA; QL (1 packet per 1 day)

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<b>Potassium-Sparing Diuretics</b>		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<i>amiloride oral tablet 5 mg</i>	2	MDL
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: Spironolactone tablets); QL (15 ML per 1 day)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non-Formulary	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MDL
INSPIRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
<i>spironolactone oral suspension 25 mg/5 ml</i>	Non-Formulary	QL (15 ML per 1 day)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	MDL
<i>triamterene oral capsule 100 mg, 50 mg</i>	2	MDL; QL (4 capsules per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MDL
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	MDL
<b>Replacement Preparations</b>		
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	2	
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	MDL
<i>klor-con 8 oral tablet extended release 8 meq</i>	2	MDL
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	MDL
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	2	MDL
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	MDL
KLOR-CON ORAL PACKET 20 MEQ	2	MDL; QL (1 packet per 1 day)

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KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	2	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG	Non-Formulary	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+)	Non-Formulary	
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml</i>	7	
<i>potassium chloride intravenous solution 2 meq/ml</i>	Non-Formulary	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	MDL
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	MDL; QL (1 packet per 1 day)
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MDL
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i>	2	
<i>potassium chloride oral tablet, er particles/crystals 15 meq, 20 meq</i>	2	MDL
<i>potassium gluconate oral tablet 500 mg (83 mg), 550 mg (90 mg), 595 mg (99 mg)</i>	Non-Formulary	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	2	MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL

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PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	4	MDL
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	7	
<i>sodium chloride intravenous solution 4 meq/ml</i>	7	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	4	MDL
<b>Thiazide Diuretics</b>		
ACCURETIC ORAL TABLET 20-25 MG	Non-Formulary	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Non-Formulary	QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non-Formulary	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	MDL
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL

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<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Non-Formulary	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Non-Formulary	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MDL
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG	Non-Formulary	
EXFORGE HCT ORAL TABLET 5-160-25 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	MDL
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MDL
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MDL
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non-Formulary	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	MDL
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MDL
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MDL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	MDL
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)

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<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	MDL
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MDL
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	MDL
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	MDL
VASERETIC ORAL TABLET 10-25 MG	Non-Formulary	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
<b>Thiazide-Like Diuretics</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	MDL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MDL
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CHLORTHALIDONE, LOSARTAN POTASSIUM, IRBESARTAN, VALSARTAN, OLMESARTAN MEDOXOMIL, CANDESARTAN CILEXETIL, TELMISARTAN)

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HEMICLOR ORAL TABLET 12.5 MG	Non-Formulary	ALT (Covered Alternatives: CHLORTHALIDONE 25MG, CHLORTHALIDONE 50MG); QL (1 Tablet per 1 Day)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MDL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
<b>Uricosuric Agents</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Non-Formulary	ALT (Covered Alternatives: ALLOPURINOL, COLCHICINE, PROBENECID)
<i>probenecid oral tablet 500 mg</i>	2	MDL
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	MDL
<b>Vasopressin Antagonists</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (2 tablets per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (2 tablets per 1 day)
SAMSCA ORAL TABLET 15 MG, 30 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 Day)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 Day)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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<b>ENZYMES</b>		
<b>Enzyme Cofactors/Chaperones</b>		
GALAFOLD ORAL CAPSULE 123 MG	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (15 capsules per 30 days)
HARLIKU ORAL TABLET 2 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: NITISINONE); QL (2 Tablets per 1 Day)
JAVYGTOR ORAL POWDER IN PACKET 100 MG	Non-Formulary	ALT (Covered Alternatives: SAPROPTERIN Tablets, SAPROPTERIN Powder)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118, Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 packet per 1 day)
KUVAN ORAL TABLET,SOLUBLE 100 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118, Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Capsules per 1 Day)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: NITISINONE); QL (2 capsules per 1 day)

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ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 packet per 1 day)
<i>sapropterin oral tablet, soluble 100 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Packet per 1 day)
<b>Enzyme Inhibitors</b>		
CERDELGA ORAL CAPSULE 84 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OPFOLDA ORAL CAPSULE 65 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Capsules per 1 day)
VIJOICE ORAL GRANULES IN PACKET 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Piqray); QL (1 Packet per 1 Day)
VIJOICE ORAL TABLET 125 MG, 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Enzymes</b>		
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 28 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ampules per 1 day)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	6	PA; SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); QL (1.5 ML per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (30GM per fill, 2 fills per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Non-Formulary	SP (Dispensed by US Bioservices: (888) 518-7246; up to a 30 day supply per fill)
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>Alpha-Adrenergic Agonists (Eent)</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MDL; QL (15 ML per 1 Fill)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	Non-Formulary	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	2	MDL; QL (15 ML per 1 Fill)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	2	MDL; QL (15 ML per 30 days)
<i>brimonidine topical gel with pump 0.33 %</i>	2	PA; QL (1 GM per 1 day)
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	MDL; QL (1 ML per 30 days)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Non-Formulary	QL (10 ML per 30 days)
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Non-Formulary	QL (1 GM per 1 day)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BRIMONIDINE TARTRATE, AZOPT, DORZOLAMIDE-TIMOLOL); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<b>Antiallergic Agents</b>		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	2	MDL
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2	QL (0.2 ML per 1 day)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Non-Formulary	QL (0.2 ML per 1 day)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	MDL

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DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	Non-Formulary	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	2	QL (5 ML per 1 fill)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	QL (5 ML per 1 fill)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	2	QL (2.5 ML per 1 fill)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 %, 0.7 %	Non-Formulary	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Antibacterials (52:04)</b>		
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN)
<i>avidoxy oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	QL (2.5 ML per 7 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
BENZAMYCIN TOPICAL GEL 3-5 %	Non-Formulary	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	4	QL (5 ML per 30 days)
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	4	QL (14 applicators per 7 days)

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CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Non-Formulary	
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Formulary	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	QL (14 applicators per 7 days)
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 1 fill)
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	ALT (Covered Alternatives: Doxycycline Hyclate, Doxycycline Monohydrate); QL (1 tablet per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	2	MDL
<i>doxycycline hyclate oral capsule 50 mg</i>	2	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE); QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE)
<i>doxycycline hyclate oral tablet 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	QL (2 capsules per 1 day)

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<i>doxycycline monohydrate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE); QL (1 Capsule per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
E.E.S. 400 ORAL TABLET 400 MG	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
<i>ery pads topical swab 2 %</i>	2	
ERYGEL TOPICAL GEL 2 %	Non-Formulary	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Non-Formulary	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	

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<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	7	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	7	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Non-Formulary	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Non-Formulary	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	MDL
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	

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<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
<i>morgidox oral capsule 50 mg</i>	2	QL (90 capsules per 30 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	QL (3 ML per 1 fill)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	QL (3 ML per 1 fill)
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Non-Formulary	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	

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ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	4	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	QL (1 tube per 1 fill)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
<b>Antiglaucoma Agents, Miscellaneous</b>		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVATAN Z)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST)

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DRUG NAME	DRUG TIER	NOTES
<b>Anti-Infectives, Miscellaneous (52:04)</b>		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
XDEMVI OPTHALMIC (EYE) DROPS 0.25 %	6	PA; SP (Dispensed by AllianceRX (888) 347-3416; up to a 30 day supply per fill); QL (10 ML per 30 days)
<b>Anti-Inflammatory Agents (Eent)</b>		
CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %	Non-Formulary	QL (Quantity Limits Apply)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	MDL
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	MDL; QL (2 Units per 1 day)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	MDL
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	MDL
<i>gengraf oral solution 100 mg/ml</i>	2	
MIEBO (PF) OPTHALMIC (EYE) DROPS 100 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine ); QL (0.2 ML per 1 day)
NEORAL ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
NEORAL ORAL SOLUTION 100 MG/ML	Non-Formulary	
OXERVATE OPTHALMIC (EYE) DROPS 0.002 %	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 vial per 1 day)
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine 0.05%); QL (5.5 ML per 24 days)
RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine 0.05%); QL (2 drops per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL

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TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine DROPPERETTE, SINGLE-USE DROP DISPENSER)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA; QL (60 units per 30 days)
<b>Antivirals (Eent)</b>		
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	7	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	QL (5 GM per 30 days)
<b>Astringents (52:04)</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	MDL
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	Non-Formulary	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	MDL
<b>Beta-Adrenergic Blocking Agents (Eent)</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	MDL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	MDL
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	ALT (Covered Alternatives: TIMOLOL MALEATE); MDL
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	QL (10 ML per 1 fill)
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	MDL; QL (1 ML per 30 days)
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	MDL; QL (1 ML per 1 day)

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COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Non-Formulary	QL (10 ML per 30 days)
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DORZOLAMIDE-TIMOLOL)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	MDL
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MDL; QL (1 ML per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	Non-Formulary	QL (2 Dropperettes per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %</i>	1	MDL
<i>timolol maleate ophthalmic (eye) drops 0.5 %</i>	2	MDL
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Non-Formulary	ALT (Covered Alternatives: Timolol Maleate)
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	MDL
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	4	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-Formulary	ALT (Covered Alternatives: TIMOLOL MALEATE)
<b>Carbonic Anhydrase Inhibitors (Eent)</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MDL
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	QL (10 ML per 1 fill)
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	QL (10 ML per 1 fill)
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DORZOLAMIDE-TIMOLOL)

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COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	MDL
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	MDL
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	MDL
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BRIMONIDINE TARTRATE, AZOPT, DORZOLAMIDE-TIMOLOL); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<b>Corticosteroids (Eent)</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	MDL; QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g), Levalbuterol HFA); QL (10.7 GM per 30 Days)
ALA-CORT TOPICAL CREAM 1 %	2	
ALA-SCALP TOPICAL LOTION 2 %	Non-Formulary	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non-Formulary	

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ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Non-Formulary	ALT (Covered Alternatives: Loteprednol Etabonate); QL (0.4 ML per 1 day)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	4	QL (6.1 GM per 28 days)
<i>anti-itch (hc) topical ointment 1 %</i>	2	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Non-Formulary	QL (30 Blisters per 28 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	QL (13 GM per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	4	MDL; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (10.3 GM per 1 Fill)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	MDL; QL (10.3 GM per 1 Fill)
CAPEX TOPICAL SHAMPOO 0.01 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CLOBETASOL PROPIONATE, FLUOCINOLONE ACETONIDE, FLUOCINOLONE ACETONIDE)
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	

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<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 1 fill)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
CORTIZONE-10 TOPICAL OINTMENT 1 %	Non-Formulary	
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	Non-Formulary	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Non-Formulary	QL (20 ML per 30 days)
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	QL (30 ML per 1 fill)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	7	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	2	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	3	ALT (Covered Alternatives: BREO ELLIPTA, ADVAIR HFA); MDL; QL (13 GM per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	MDL; QL (13 GM per 28 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: ALREX, LOTEPREDNOL ETABONATE)

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FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	Non-Formulary	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MDL
<i>fluocinolone acetamide oil otic (ear) drops 0.01 %</i>	2	QL (20 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
<i>fluticasone furoate inhalation blister with device 100 mcg/actuation, 200 mcg/actuation, 50 mcg/actuation</i>	Non-Formulary	QL (1 Box per 30 Days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>	3	ALT (Covered Alternatives: Pulmicort Flexhaler, QVAR, Alvesco, Asmanex); QL (1 Inhaler per 30 days); AG (Max 4 Years)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	MDL
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	MDL; QL (60 GM per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Non-Formulary	

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<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE 2.5% CREAM, HYDROCORTISONE 2.5% OINTMENT, HYDROCORTISONE 1% CREAM, HYDROCORTISONE 1% OINTMENT); QL (1 Tube per 30 Days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Non-Formulary	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	1	MDL
<i>hydrocortisone oral tablet 20 mg</i>	2	MDL
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	7	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical solution 2.5 %</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE 2.5% CREAM, HYDROCORTISONE 2.5% LOTION, HYDROCORTISONE 2.5% OINTMENT); QL (1 ML per 1 day)
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Non-Formulary	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Non-Formulary	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LOTEMAX)
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
KHINDIVI ORAL SOLUTION 1 MG/ML	Non-Formulary	ALT (Covered Alternatives: Hydrocortisone 5mg tablet)

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LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LOTE MAX)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LOTE MAX)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Non-Formulary	QL (Quantity Limits Apply)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2	QL (0.17 ml per 1 day)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	2	QL (0.4 ML per 1 day)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	QL (0.5 ml per 1 day)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Non-Formulary	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Non-Formulary	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE TOPICAL CREAM, HYDROCORTISONE TOPICAL OINMENT); QL (1 Tube per 30 Days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL (17 GM per 30 days)
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	

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<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QL (1.4 GM per 1 day)
<i>oralone dental paste 0.1 %</i>	2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Non-Formulary	QL (48 tablets per 30 days)
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	Non-Formulary	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	4	QL (5 ML per 1 fill)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	MDL
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	QL (16 ML per 1 day)
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	2	QL (48 tablets per 1 fill)
PROCTOCORT TOPICAL CREAM 1 %	Non-Formulary	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	

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QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-Formulary	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	7	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Non-Formulary	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE/FORMOTEROL FUMARATE); QL (10.3 GM per 1 Fill)
SYNALAR TOPICAL CREAM 0.025 %	Non-Formulary	
SYNALAR TOPICAL OINTMENT 0.025 %	Non-Formulary	
SYNALAR TOPICAL SOLUTION 0.01 %	Non-Formulary	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	4	
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)

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TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 DEVICE per 30 days)
<i>triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	7	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-Formulary	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	MDL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE)
TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, FLUCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE)
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	MDL; QL (60 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
<b>Eent Drugs, Miscellaneous</b>		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	MDL

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<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	MDL
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Cyclosporine, Xiidra (PA required))
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 56 tablets per fill, 6 fills per year.)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	2	QL (1 pack per 365 days)
<b>Eent Nonsteroidal Anti-Inflam. Agents</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Non-Formulary	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	2	QL (10 ML per 365 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	QL (3.4 ML per 30 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Non-Formulary	ALT (Covered Alternatives: Bromfenac 0.075%); QL (10 ML per 365 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	MDL
<i>flurbiprofen oral tablet 100 mg</i>	2	MDL
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	MDL
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	QL (3 ML per 1 fill)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	QL (5 ML per 30 days)
<i>ketorolac injection solution 30 mg/ml</i>	2	QL (10 ML per 30 days)
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	2	QL (5 syringes per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (4 ML per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (5 syringes per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	

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<i>ketorolac oral tablet 10 mg</i>	2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Non-Formulary	ALT (Covered Alternatives: PREDNISOLONE ACETATE, KETOROLAC TROMETHAMINE, DICLOFENAC SODIUM)
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Local Anesthetics (Eent)</b>		
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	2	
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	2	
<b>Macular Degeneration Agents</b>		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	6	PA; SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); QL (5 ML per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	6	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill); QL (15 ML per 30 days)
<b>Miotics</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MDL
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	2	PA; QL (2.5 ML per 30 Days)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	MDL

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SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	Non-Formulary	
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	Non-Formulary	ALT (Covered Alternatives: PILOCARPINE 1.25%); QL (10 ML per 30 Days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Non-Formulary	ALT (Covered Alternatives: PILOCARPINE 1.25%); QL (2.5 ML per 30 Days)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: Atropine 1% eye drops); QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Non-Formulary	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Non-Formulary	QL (0.05 ML per 1 Day)
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Non-Formulary	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
<b>Osmotic Agents</b>		
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	
<i>urea topical cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	2	
<i>urea topical lotion 40 %</i>	2	
<b>Prostaglandin Analogs</b>		
<i>bimatoprost base of the eyelashes drops with applicator 0.03 %</i>	Non-Formulary	

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<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (7.5 ML per 30 days)
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Non-Formulary	ALT (Covered Alternatives: Latanoprost, Travoprost); QL (1 Dropperette per 1 Day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	MDL
LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR 0.03 %	Non-Formulary	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MDL; ST (Step Therapy Required-Tried and failed latanoprost in the last 120 days); QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Non-Formulary	ALT (Covered Alternatives: Latanoprost, Travoprost, Bimatoprost); QL (1 dropperette per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	MDL; QL (5 ML per 30 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVATAN Z)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	Non-Formulary	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Non-Formulary	ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST); QL (1 Dropperette per 1 day)
<b>Rho Kinase Inhibitors</b>		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVATAN Z)

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ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST)
<b>Vasoconstrictors</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Non-Formulary	
<b>GASTROINTESTINAL DRUGS</b>		
<b>5-Ht3 Receptor Antagonists</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Non-Formulary	ALT (Covered Alternatives: ONDANSETRON HCL, GRANISETRON HCL)
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (10 tablets per 30 days)
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	7	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	QL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	
<i>ondansetron oral tablet, disintegrating 16 mg</i>	Non-Formulary	ALT (Covered Alternatives: ONDANSETRON ODT 4 MG TABLET, ONDANSETRON ODT 8 MG TABLET)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: GRANISETRON HCL, ONDANSETRON HCL, OLANZAPINE, DEXAMETHASONE, APREPITANT)
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Non-Formulary	
<i>loperamide oral capsule 2 mg</i>	2	MDL

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MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	4	PA; QL (2 Tablets per 1 Day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply)
XERMELO ORAL TABLET 250 MG	6	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<b>Antiemetics, Miscellaneous</b>		
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	2	QL (6 Fills per 365 Days); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (120 tablets per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (2 tablets per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	ALT (Covered Alternatives: olanzapine, fluoxetine); QL (1 capsule per 1 day)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	QL (4 patches per 1 fill)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Non-Formulary	
ZYPREXA ORAL TABLET 20 MG	Non-Formulary	QL (1 tablet per 1 day)
<b>Antihistamines (Gi Drugs)</b>		
<i>compro rectal suppository 25 mg</i>	2	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	2	QL (6 Fills per 365 Days); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (120 tablets per 30 days)

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<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MDL
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>trimethobenzamide oral capsule 300 mg</i>	2	QL (2 capsules per 1 day)
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (1 tablet per 1 day)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Non-Formulary	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
AZULFIDINE ORAL TABLET 500 MG	Non-Formulary	
<i>balsalazide oral capsule 750 mg</i>	2	MDL
CANASA RECTAL SUPPOSITORY 1,000 MG	Non-Formulary	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE 750 MG	Non-Formulary	
DIPENTUM ORAL CAPSULE 250 MG	Non-Formulary	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	Non-Formulary	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Non-Formulary	QL (60 tablets per 30 days)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	QL (12 capsules per 1 day)
<i>mesalamine oral capsule, extended release 500 mg</i>	2	MDL; QL (8 capsules per 1 day)
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	2	MDL; QL (4 capsules per 1 day)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	2	MDL; QL (4 tablets per 1 day)
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	2	MDL; QL (6 tablets per 1 day)
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	MDL; QL (60 ML per 1 day)
<i>mesalamine rectal suppository 1,000 mg</i>	2	QL (1 suppository per 1 day)
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	QL (4 kits per 28 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MDL; QL (8 capsules per 1 day)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	Non-Formulary	QL (8 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	Non-Formulary	
<i>sulfasalazine oral tablet 500 mg</i>	2	MDL
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	MDL
<b>Antiulcer Agents And Acid Suppress.,Misc</b>		
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	Non-Formulary	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Non-Formulary	
AUGMENTIN ORAL TABLET 500-125 MG	Non-Formulary	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 125 mg</i>	Non-Formulary	ALT (Covered Alternatives: Metronidazole 250mg Tablets); QL (1 Tablets per 1 Day)
<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i>	2	
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
NORITATE TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (24 capsules per 1 day)
ROSADAN TOPICAL CREAM 0.75 %	Non-Formulary	ALT (Covered Alternatives: Metronidazole)
ROSADAN TOPICAL GEL 0.75 %	Non-Formulary	ALT (Covered Alternatives: Metronidazole)
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<b>Cathartics And Laxatives</b>		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72-5.84 GRAM	2	

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<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 45-75 years.); QL (2 fills per 1 year)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Non-Formulary	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 45-75 years.); QL (2 fills per 1 year)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 45-75 years.); QL (2 fills per 1 year)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 45-75 years.); QL (2 fills per 1 year)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Non-Formulary	QL (Quantity Limits Apply)
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 45-75 years.); QL (2 fills per 1 year)
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	2	QL (Quantity Limits Apply); MDL
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	2	

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DRUG NAME	DRUG TIER	NOTES
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Non-Formulary	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PEG 3350-ELECTROLYTE)
<b>Chloride Channel Activators</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Non-Formulary	ALT (Covered Alternatives: Lubiprostone); QL (60 capsules per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (2 tablets per 1 day)
<b>Cholelitholytic Agents</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523, PantheRx: (855) 726-8479, Optum Specialty: (877) 977-9118; up to a 30 day supply per fill)
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523, PantheRx: (855) 726-8479, Optum Specialty: (877) 977-9118; up to a 30 day supply per fill)
CHENODAL ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
CTEXLI ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Tablet per 1 day)
IQIRVO ORAL TABLET 80 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
LIVDELZI ORAL CAPSULE 10 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Capsule per 1 Day)

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LIVMARLI ORAL SOLUTION 19 MG/ML	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); QL (3 ML per 1 day)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OCALIVA ORAL TABLET 10 MG, 5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
URSO FORTE ORAL TABLET 500 MG	Non-Formulary	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	MDL
<b>Digestants</b>		
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	QL (8 capsules per 1 day)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ml per 1 day)
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ml per 1 day)

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PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200-24,600 UNIT	Non-Formulary	ALT (Covered Alternatives: CREON, ZENPEP); QL (8 capsules per 1 day)
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	Non-Formulary	ALT (Covered Alternatives: CREON, ZENPEP)
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Non-Formulary	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Non-Formulary	QL (Quantity Limits Apply)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	QL (8 capsules per 1 day)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	3	QL (8 Capsules per 1 day)
<b>Dopamine Receptor Antagonists</b>		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<b>Gi Drugs, Miscellaneous</b>		
ALLI ORAL CAPSULE 60 MG	2	QL (6 Capsules per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	QL (2 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
IBSRELA ORAL TABLET 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: polyethylene glycol 3350 powder, lactulose, lubiprostone, Linzess); QL (2 Tablets per 1 Day)
<i>orlistat oral capsule 120 mg</i>	4	PA
SYNDROS ORAL SOLUTION 5 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
XENICAL ORAL CAPSULE 120 MG	Non-Formulary	QL (3 capsules per 1 day)
<b>Guanylate Cyclase C (Gcc) Recept Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	PA; ALT (Covered Alternatives: Lubiprostone); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 capsule per 1 day)
TRULANCE ORAL TABLET 3 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Histamine H2-Antagonists</b>		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	QL (5 ML per 1 day)
<i>famotidine oral tablet 20 mg</i>	1	MDL; QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	MDL; QL (3 tablets per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
PEPCID ORAL TABLET 20 MG	Non-Formulary	QL (4 tablets per 1 day)
PEPCID ORAL TABLET 40 MG	Non-Formulary	QL (3 tablets per 1 day)
<b>Immunomodulatory Agents (56:44)</b>		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 28 days)

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DRUG NAME	DRUG TIER	NOTES
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 28 days)
VELSIPITY ORAL TABLET 2 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Sulfasalazine, Mesalamine, Balsalazide Disodium); QL (1 Tablet per 1 day)
<b>Lipotropic Agents</b>		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	QL (4 patches per 1 fill)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Non-Formulary	
<b>Neurokinin-1 Receptor Antagonists</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Non-Formulary	ALT (Covered Alternatives: ONDANSETRON HCL, GRANISETRON HCL)
<i>aprepitant oral capsule 125 mg</i>	2	QL (1 Capsules per 1 Fill)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	2	QL (2 Capsules per 1 Fill)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	2	QL (1 Capsule per 1 day)
EMEND ORAL CAPSULE 80 MG	Non-Formulary	
VARUBI ORAL TABLET 90 MG	Non-Formulary	QL (4 tablets per 28 days)
<b>Opioid Antagonists (56:18)</b>		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (1 tablet per 1 day)
RELISTOR ORAL TABLET 150 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SYMPROIC ORAL TABLET 0.2 MG	4	PA
<b>Potassium-Competitive Acid Blockers</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	Non-Formulary	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Non-Formulary	
AUGMENTIN ORAL TABLET 500-125 MG	Non-Formulary	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	

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VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Non-Formulary	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Non-Formulary	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
<b>Prokinetic Agents</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	MDL; QL (4 tablets per 1 day)
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Non-Formulary	ALT (Covered Alternatives: LUBIPROSTONE, LACTULOSE); QL (1 Tablet per 1 Day)
REGLAN ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (3 tablets per 1 day)
<b>Prostaglandins</b>		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Non-Formulary	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<b>Protectants</b>		
CARAFATE ORAL TABLET 1 GRAM	Non-Formulary	QL (4 tablets per 1 day)
<i>sucralfate oral suspension 100 mg/ml</i>	2	
<i>sucralfate oral tablet 1 gram</i>	2	MDL; QL (4 tablets per 1 day)
<b>Proton-Pump Inhibitors</b>		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LANSOPRAZOLE, PANTOPRAZOLE SODIUM, RABEPRAZOLE SODIUM, ESOMEPRAZOLE MAGNESIUM)

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DRUG NAME	DRUG TIER	NOTES
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Non-Formulary	ALT (Covered Alternatives: Lansoprazole, Pantoprazole, Rabeprazole, Esomeprazole, Omeprazole); QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MDL; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MDL; QL (2 capsules per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: FIRST- OMEPRAZOLE 2 MG/ML SUSP, FIRST-LANSOPRAZOLE 3 MG/ML); QL (1 Packet per 1 Day)
KONVOMEPRAL ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Non-Formulary	ALT (Covered Alternatives: Omeprazole, Esomeprazole, Lansoprazole, Pantoprazole); QL (10 ML per 1 Day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	2	MDL; QL (2 capsules per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	Non-Formulary	ALT (Covered Alternatives: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE SODIUM)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	Non-Formulary	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Non-Formulary	QL (Quantity Limits Apply)
<i>omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	QL (2 capsules per 1 day)
<i>omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL (1 tablet per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	2	MDL; QL (2 capsules per 1 day)
<i>omeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MDL; QL (42 tablets per 90 days)

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DRUG NAME	DRUG TIER	NOTES
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	MDL; QL (4 tablets per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	2	MDL; QL (2 tablets per 1 day)
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	Non-Formulary	QL (2 capsules per 1 day)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	Non-Formulary	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Non-Formulary	ALT (Covered Alternatives: OMEPRAZOLE, PANTOPRAZOLE SODIUM)
PRILOSEC OTC ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	2	MDL; QL (1 tablet per 1 day)
PROTONIX INTRAVENOUS RECON SOLN 40 MG	Non-Formulary	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Non-Formulary	QL (Quantity Limits Apply)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	Non-Formulary	QL (4 tablets per 1 day)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	MDL; QL (2 tablets per 1 day)
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 500-20 MG	Non-Formulary	ALT (Covered Alternatives: ESOMEPRAZOLE MAGNESIUM, NAPROXEN)
<b>GOLD COMPOUNDS</b>		
<b>Gold Compounds</b>		
RIDAURA ORAL CAPSULE 3 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
<b>HEAVY METAL ANTAGONISTS</b>		
<b>Heavy Metal Antagonists</b>		
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	ALT (Covered Alternatives: DEPEN)

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DRUG NAME	DRUG TIER	NOTES
CUVRIOR ORAL TABLET 300 MG	Non-Formulary	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Deferiprone)
FERRIPROX ORAL SOLUTION 100 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Deferiprone)
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Deferiprone)
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Non-Formulary	SP (Dispensed by Optime Care Specialty Pharmacy: (833) 442-5946; up to a 30 day supply per fill); QL (3 Capsules per 1 day)
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]; OR Accredo: (800) 803-2523; up to a 30 day supply per fill)

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JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]; OR Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>penicillamine oral capsule 250 mg</i>	Non-Formulary	ALT (Covered Alternatives: Penicillamine Tablets)
<i>penicillamine oral tablet 250 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
SYPRINE ORAL CAPSULE 250 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>trientine oral capsule 250 mg</i>	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
<i>trientine oral capsule 500 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: trientine 250mg capsule)

## HORMONES AND SYNTHETIC SUBSTITUTES

### Adrenals

ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	MDL; QL (12 GM per 30 days)
AGAMREE ORAL SUSPENSION 40 MG/ML	Non-Formulary	SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); QL (7.5 ML per 1 day)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)

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AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g), Levalbuterol HFA); QL (10.7 GM per 30 Days)
ALA-CORT TOPICAL CREAM 1 %	2	
ALA-SCALP TOPICAL LOTION 2 %	Non-Formulary	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non-Formulary	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	4	QL (6.1 GM per 28 days)
<i>anti-itch (hc) topical ointment 1 %</i>	2	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Non-Formulary	QL (30 Blisters per 28 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	QL (13 GM per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	4	MDL; QL (1 inhaler per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	QL (60 GM per 1 fill)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	QL (60 ML per 1 fill)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	QL (2 GM per 1 day)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone valerate topical foam 0.12 %</i>	Non-Formulary	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	QL (60 ML per 1 fill)
<i>betamethasone valerate topical ointment 0.1 %</i>	2	QL (60 GM per 1 fill)

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<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	QL (60 ML per 1 fill)
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	QL (60 GM per 1 fill)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (10.3 GM per 1 Fill)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	MDL; QL (2 inhalations per 1 day)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	MDL; QL (3 capsules per 1 day)
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	2	QL (1 Tablet per Day. 8 Weeks of Treatment per 180 Days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	MDL; QL (10.3 GM per 1 Fill)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
CORTIZONE-10 TOPICAL OINTMENT 1 %	Non-Formulary	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Non-Formulary	SP (Dispensed by Perigon Pharmacy: (844) 698-2533; up to a 30 day supply per fill)
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	QL (30 ML per 1 fill)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	7	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	

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DRUG NAME	DRUG TIER	NOTES
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Non-Formulary	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	3	ALT (Covered Alternatives: BREO ELLIPTA, ADVAIR HFA); MDL; QL (13 GM per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	MDL; QL (13 GM per 28 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); ALT (Covered Alternatives: PREDNISONE, METHYLPREDNISOLONE)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); ALT (Covered Alternatives: Deflazacort Tablets); QL (2 Tablets per 1 day)
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: BUDESONIDE AMPUL FOR NEBULIZATION (ML)); QL (20 ML per 1 Day)
FLONASE SENSIMIST NASAL SPRAY, SUSPENSION 27.5 MCG/ACTUATION	Non-Formulary	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	MDL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MDL
<i>fluticasone furoate inhalation blister with device 100 mcg/actuation, 200 mcg/actuation, 50 mcg/actuation</i>	Non-Formulary	QL (1 Box per 30 Days)

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DRUG NAME	DRUG TIER	NOTES
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>	3	ALT (Covered Alternatives: Pulmicort Flexhaler, QVAR, Alvesco, Asmanex); QL (1 Inhaler per 30 days); AG (Max 4 Years)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	MDL
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	MDL; QL (60 GM per 30 days)
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE 2.5% CREAM, HYDROCORTISONE 2.5% OINTMENT, HYDROCORTISONE 1% CREAM, HYDROCORTISONE 1% OINTMENT); QL (1 Tube per 30 Days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Non-Formulary	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	1	MDL
<i>hydrocortisone oral tablet 20 mg</i>	2	MDL
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	7	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>hydrocortisone topical solution 2.5 %</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE 2.5% CREAM, HYDROCORTISONE 2.5% LOTION, HYDROCORTISONE 2.5% OINTMENT); QL (1 ML per 1 day)
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Non-Formulary	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Non-Formulary	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	2	
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA; QL (1 applicator per 1 day)
ISTURISA ORAL TABLET 1 MG, 5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
KHINDIVI ORAL SOLUTION 1 MG/ML	Non-Formulary	ALT (Covered Alternatives: Hydrocortisone 5mg tablet)
LUXIQ TOPICAL FOAM 0.12 %	Non-Formulary	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	Non-Formulary	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	Non-Formulary	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	7	

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MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE TOPICAL CREAM, HYDROCORTISONE TOPICAL OINMENT); QL (1 Tube per 30 Days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL (17 GM per 30 days)
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QL (1.4 GM per 1 day)
<i>oralone dental paste 0.1 %</i>	2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Non-Formulary	QL (48 tablets per 30 days)
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Non-Formulary	QL (Quantity Limits Apply)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	Non-Formulary	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	4	QL (5 ML per 1 fill)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	MDL
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	QL (16 ML per 1 day)
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	2	QL (48 tablets per 1 fill)
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	MDL; QL (1 ML per 1 day)

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<i>prednisone oral solution 5 mg/5 ml</i>	2	MDL
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	MDL
<i>prednisone oral tablets,dose pack 10 mg</i>	1	MDL
<i>prednisone oral tablets,dose pack 5 mg</i>	2	MDL
PROCTOCORT TOPICAL CREAM 1 %	Non-Formulary	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	Non-Formulary	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (10.6 GM per 28 days)
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PREDNISONE, CORTISONE ACETATE, DEXAMETHASONE, METHYLPREDNISOLONE, FLUDROCORTISONE ACETATE, PREDNISOLONE)
RECORLEV ORAL TABLET 150 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)

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RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-Formulary	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE)
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	7	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Non-Formulary	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	7	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML	7	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE/FORMOTEROL FUMARATE); QL (10.3 GM per 1 Fill)
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	Non-Formulary	SP (Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)

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TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 DEVICE per 30 days)
<i>triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	7	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-Formulary	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	MDL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE)
TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, FLUCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE)
UCERIS RECTAL FOAM 2 MG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	MDL; QL (60 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	MDL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	

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PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<b>Androgens</b>		
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Non-Formulary	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	2	
<i>covaryx oral tablet 1.25-2.5 mg</i>	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Non-Formulary	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	2	
<i>eemt oral tablet 1.25-2.5 mg</i>	2	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Non-Formulary	QL (1 Tablet per 1 Day)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	2	MDL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Non-Formulary	QL (Quantity Limits Apply)
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Non-Formulary	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	QL (2.5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA; QL (5 GM per 1 day)

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<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; QL (60 packets per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	QL (30 packets per 30 days)
UNDECATREX ORAL CAPSULE 200 MG	Non-Formulary	ALT (Covered Alternatives: Testosterone Cypionate Vial); QL (2 Capsules per 1 Day)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Non-Formulary	
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	Non-Formulary	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Non-Formulary	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Non-Formulary	QL (Quantity Limits Apply)
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>colesevelam oral powder in packet 3.75 gram</i>	2	MDL; QL (1 packet per 1 day)
<i>colesevelam oral tablet 625 mg</i>	2	MDL; QL (6 tablets per 1 day)
KORLYM ORAL TABLET 300 MG	Non-Formulary	SP (Dispensed by Optime Care Pharmacy: (855) 456-7596; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
<i>mifepristone oral tablet 300 mg</i>	Non-Formulary	SP (Dispensed by Optime Care Pharmacy: (855) 456-7596; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Non-Formulary	
WELCHOL ORAL TABLET 625 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Antiestrogens</b>		
<i>anastrozole oral tablet 1 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
ARIMIDEX ORAL TABLET 1 MG	Non-Formulary	

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AROMASIN ORAL TABLET 25 MG	Non-Formulary	
<i>exemestane oral tablet 25 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
FEMARA ORAL TABLET 2.5 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	2	MDL; QL (1 tablet per 1 day)
<b>Antigonadotropins</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Non-Formulary	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AYUNA ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>brillyn oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>camila oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>cetrotrelis subcutaneous kit 0.25 mg</i>	5	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Ganirelix); QL (1 kit per 1 day)
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>deblitane oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Non-Formulary	
DOLISHALE ORAL TABLET 90-20 MCG (28)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
EMZAHH ORAL TABLET 0.35 MG	2	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>errin oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Ganirelix); QL (7 Syringes per 28 days)
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 Syringes per 28 days)

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HAILEY ORAL TABLET 1.5-30 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	
HEATHER ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
INCASSIA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 Tablets per 1 Day)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>jencycla oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>june1 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Non-Formulary	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (30 tablets per 30 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lutea (28) oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LYLEQ ORAL TABLET 0.35 MG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>lyza oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MELEYA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MYFEMBREE ORAL TABLET 40-1-0.5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nora-be oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	MDL
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	ALT (Covered Alternatives: ETONOGESTREL-ETHINYL ESTRADIOL, ELURYNG); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ORGOVYX ORAL TABLET 120 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)
ORLISSA ORAL TABLET 150 MG, 200 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORQUIDEA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 Tablet per 1 day)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Non-Formulary	ALT (Covered Alternatives: NORTREL, CYCLAFEM, DASETTA, NECON)
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>sharobel oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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SLYND ORAL TABLET 4 MG (28)	4	QL (Quantity Limits Apply); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	QL (2.5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; QL (60 packets per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	QL (30 packets per 30 days)
TULANA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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TYBLUME ORAL TABLET,CHEWABLE 0.1 MG-20 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
UNDECATREX ORAL CAPSULE 200 MG	Non-Formulary	ALT (Covered Alternatives: Testosterone Cypionate Vial); QL (2 Capsules per 1 Day)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Non-Formulary	
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	Non-Formulary	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Non-Formulary	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (3 patches per 28 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Non-Formulary	QL (Quantity Limits Apply)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<b>Antihypoglycemic Agents, Miscellaneous</b>		
<i>diazoxide oral suspension 50 mg/ml</i>	Non-Formulary	
<b>Antiparathyroid Agents</b>		
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	2	QL (4 tablets per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Non-Formulary	
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MDL
<i>propylthiouracil oral tablet 50 mg</i>	2	MDL
STRONG IODINE ORAL SOLUTION 5 %	1	
<b>Biguanides</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non-Formulary	QL (4 tablets per 1 day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Xigduo XR); QL (1 Tablet per 1 Day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Xigduo XR); QL (2 Tablets per 1 Day)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	MDL; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	MDL
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	MDL; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MDL; QL (1 tablet per 1 day)

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JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MDL; QL (2 tablet per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JANUVIA, JANUMET, JANUMET XR)
<i>metformin oral solution 500 mg/5 ml</i>	Non-Formulary	ALT (Covered Alternatives: Metformin Tablets); QL (20 ML per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	MDL
<i>metformin oral tablet 750 mg</i>	Non-Formulary	ALT (Covered Alternatives: Metformin 500mg, Metformin 1000mg); QL (4 Tablets per 1 Day)
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	Generic for Glumetza /Fortamet not covered; MDL; QL (120 tablets per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: METFORMIN HCL ER, GLUCOPHAGE XR)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: METFORMIN HCL ER, GLUCOPHAGE XR)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	MDL; QL (4 tablets per 1 day)
RIOMET ORAL SOLUTION 500 MG/5 ML	Non-Formulary	
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (2 Tablets per 1 day)

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<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Tablet per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>sitagliptin-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i>	Non-Formulary	QL (1 Tablet per 1 Day)
<i>sitagliptin-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i>	Non-Formulary	QL (2 Tablets per 1 Day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (2 tablets per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-500 MG	3	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, JANUVIA, METFORMIN HCL); QL (1 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, JANUVIA, METFORMIN HCL); QL (2 tablets per 1 day)
<b>Contraceptives</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AFTER PILL ORAL TABLET 1.5 MG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (2 Tablets per 1 Fill)

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<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: ETONOGESTREL-ETHINYL ESTRADIOL, ELURYNG); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>apri oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AYUNA ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Non-Formulary	QL (Quantity Limits Apply); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DROSPIRENONE-ETH ESTRA-LEVOMEF, RAJANI); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>camila oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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CYRED EQ ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>cyred oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>deblitane oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
DOLISHALE ORAL TABLET 90-20 MCG (28)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ECONTRA EZ ORAL TABLET 1.5 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ELLA ORAL TABLET 30 MG	4	QL (1 tablet per fill, 3 fills per 365 days); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
EMZAHH ORAL TABLET 0.35 MG	2	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>errin oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>estarylla oral tablet 0.25-0.035 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR (Must meet ACA criteria and plan limits for zero cost share.); QL (1 Tablet per 1 day)
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HAILEY ORAL TABLET 1.5-30 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	
HEATHER ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
INCASSIA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 Tablets per 1 Day)

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ISIBLOOM ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
JASMIEL (28) ORAL TABLET 3-0.02 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>jencycla oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>juleber oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
KALLIGA ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>levonorgestrel oral tablet 1.5 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (30 tablets per 30 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JUNEL FE, LARIN FE, TARINA FE, MICROGESTIN FE); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Non-Formulary	ALT (Covered Alternatives: JUNEL FE, LARIN FE, MICROGESTIN FE, BLISOVI FE); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Non-Formulary	ALT (Covered Alternatives: NORETHINDRONE-E. ESTRADIOL-IRON, JUNEL FE, LARIN FE, TARINA FE); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>lutea (28) oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LYLEQ ORAL TABLET 0.35 MG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lyza oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MELEYA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	2	MDL
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MILI ORAL TABLET 0.25-0.035 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>mono-linyah oral tablet 0.25-0.035 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MY CHOICE ORAL TABLET 1.5 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
MY WAY ORAL TABLET 1.5 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Non-Formulary	QL (Quantity Limits Apply); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
NEW DAY ORAL TABLET 1.5 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Non-Formulary	ALT (Covered Alternatives: DROSPIRENONE-ETHINYL ESTRADIOL, NIKKI, ZARAH, LORYNA, SYEDA); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nora-be oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	MDL
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	MDL
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	ALT (Covered Alternatives: ETONOGESTREL-ETHINYL ESTRADIOL, ELURYNG); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>ocella oral tablet 3-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
OPCICON ONE-STEP ORAL TABLET 1.5 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
OPTION-2 ORAL TABLET 1.5 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ORQUIDEA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 Tablet per 1 day)
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Non-Formulary	ALT (Covered Alternatives: NORGESTIMATE-ETHINYL ESTRADIOL, TRI-SPRINTEC, TRI-ESTARYLLA, TRINESSA)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Non-Formulary	ALT (Covered Alternatives: NORTREL, CYCLAFEM, DASETTA, NECON)
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 Tablet per 1 Day)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DROSPIRENONE-ETH ESTRA-LEVOMEF, TYDEMY); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>sharobel oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
SLYND ORAL TABLET 4 MG (28)	4	QL (Quantity Limits Apply); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>syeda oral tablet 3-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Non-Formulary	QL (Quantity Limits Apply); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TULANA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG-20 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VESTURA (28) ORAL TABLET 3-0.02 MG	2	MDL
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VYLIBRA ORAL TABLET 0.25-0.035 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 tablet per 1 day)
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 Tablet per 1 day)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (3 patches per 28 days)

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YASMIN (28) ORAL TABLET 3-0.03 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DROSPIRENONE-ETHINYL ESTRADIOL, OCELLA, ZARAH, SYEDA); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
YAZ (28) ORAL TABLET 3-0.02 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: GIANVI, DROSPIRENONE-ETHINYL ESTRADIOL, LORYNA, VESTURA); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>zarah oral tablet 3-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	2	MDL
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<b>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JARDIANCE, JANUVIA); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	MDL; QL (2 tablets per 1 day)

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JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MDL; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MDL; QL (2 tablet per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	MDL; QL (1 tablet per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JANUVIA, JANUMET, JANUMET XR)
NESINA ORAL TABLET 12.5 MG, 25 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JANUMET, JANUMET XR)
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Tablet per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (2 Tablets per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Tablet per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: Januvia); QL (1 Tablet per 1 day)
<i>sitagliptin-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i>	Non-Formulary	QL (1 Tablet per 1 Day)

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<i>sitagliptin-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i>	Non-Formulary	QL (2 Tablets per 1 Day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non-Formulary	QL (Quantity Limits Apply)
TRADJENTA ORAL TABLET 5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JANUMET, JANUMET XR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: Januvia); QL (1 Tablet per 1 Day)
<b>Estrogen Agonist-Antagonists</b>		
CLOMID ORAL TABLET 50 MG	3	QL (30 tablets per 30 days)
<i>clomiphene citrate oral tablet 50 mg</i>	2	QL (30 tablets per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: ESTRADIOL, RALOXIFENE HCL, ALENDRONATE SODIUM, IBANDRONATE SODIUM, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL)
EVISTA ORAL TABLET 60 MG	Non-Formulary	QL (1 tablet per 1 day)
FARESTON ORAL TABLET 60 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OSPHENA ORAL TABLET 60 MG	4	PA; QL (1 tablet per 1 day)
<i>raloxifene oral tablet 60 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older.); MDL; QL (1 tablet per 1 day)

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<i>tamoxifen oral tablet 10 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL
<i>tamoxifen oral tablet 20 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
<i>toremifene oral tablet 60 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Estrogens</b>		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ACTIVELLA ORAL TABLET 1-0.5 MG	Non-Formulary	
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	QL (30 tablets per 30 days)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AYUNA ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BIJUVA ORAL CAPSULE 0.5-100 MG	Non-Formulary	QL (1 Capsule per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Non-Formulary	QL (Quantity Limits Apply); QL (1 Capsule per 1 day)

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<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	QL (4 patches per 30 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-Formulary	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	MDL; QL (8 patches per 30 days)
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	2	
<i>covaryx oral tablet 1.25-2.5 mg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	Non-Formulary	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Non-Formulary	

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DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Non-Formulary	QL (1 Packet per 1 day)
DOLISHALE ORAL TABLET 90-20 MCG (28)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
DUAVEE ORAL TABLET 0.45-20 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: ESTRADIOL, RALOXIFENE HCL, ALENDRONATE SODIUM, IBANDRONATE SODIUM, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL)
<i>eemt hs oral tablet 0.625-1.25 mg</i>	2	
<i>eemt oral tablet 1.25-2.5 mg</i>	2	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	4	QL (52 GM per 30 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	

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ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Non-Formulary	QL (42.5 GM per 1 fill)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	2	QL (50 GM per 30 Days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	2	QL (30 packets per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	2	QL (30 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	MDL; QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	MDL; QL (4 patches per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	QL (42.5 GM per 1 fill)
<i>estradiol vaginal tablet 10 mcg</i>	2	MDL; QL (0.29 Tablets per 1 day)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	2	QL (5 ML per 28 days)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	MDL
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Non-Formulary	QL (1 Tablet per 1 Day)
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	MDL; QL (1 ring per 90 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Non-Formulary	ALT (Covered Alternatives: ESTRADIOL 0.06% 1.25G GEL PUMP); QL (50 GM per 30 days)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	2	MDL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)

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EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	4	QL (8.1 ML per 1 fill)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	MDL; QL (1 ring per 1 fill)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MDL
HAILEY ORAL TABLET 1.5-30 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	
ICLEVIA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (91)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Femring)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Femring)
INTROVALE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (91)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 Tablets per 1 Day)
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	MDL

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<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (30 tablets per 30 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	MDL
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	QL (4 patches per 28 days)
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>mimvey oral tablet 1-0.5 mg</i>	2	MDL
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-Formulary	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg</i>	2	MDL

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<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	ALT (Covered Alternatives: ETONOGESTREL-ETHINYL ESTRADIOL, ELURYNG); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)

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ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Non-Formulary	ALT (Covered Alternatives: NORTREL, CYCLAFEM, DASETTA, NECON)
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MDL; QL (1 tablet per 1 day)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	MDL; QL (30 GM per 30 days)
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	MDL
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	MDL
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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VAGIFEM VAGINAL TABLET 10 MCG	Non-Formulary	ALT (Covered Alternatives: Estradiol 10mcg Vaginal Insert Tablets); QL (0.29 Tablets per 1 Day)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-Formulary	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (3 patches per 28 days)
<i>yuvafem vaginal tablet 10 mcg</i>	2	MDL
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<b>Glycogenolytic Agents</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	QL (1 kit per 1 fill)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	4	QL (Quantity Limits Apply)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	4	

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GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Non-Formulary	ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	4	QL (1.2 ML per 1 fill)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	4	QL (1.2 ML per 1 fill)
<b>Gonadotropins</b>		
<i>chorionic gonadotropin, human injection recon soln 6,000 unit</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Vials per 28 days)
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Vials per 28 days)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Non-Formulary	PA
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 Cartridges per 28 days)

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GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 Syringes per 28 days)
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 Vials per 28 days)
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Vials per 28 days)
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 Vials per 28 days)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 28 days)
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (25 Vials per 28 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Vials per 28 days)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Syringes per 28 days)
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Vials per 28 days)

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<b>Incretin Mimetics</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, LIRAGLUTIDE, OZEMPIC); QL (0.13 ml per 1 day)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Non-Formulary	QL (1 Fill per 30 Days); ALT (Covered Alternatives: LIRAGLUTIDE); QL (0.04 ML per 1 day)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; QL (0.3 ML per 1 day)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.08 ML per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (1 tablet per 1 day)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL)

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SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); QL (0.5 ml per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.08 ml per 1 day)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Non-Formulary	ALT (Covered Alternatives: Liraglutide); QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Non-Formulary	ALT (Covered Alternatives: Liraglutide); QL (9 ML per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Non-Formulary	QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Non-Formulary	QL (3 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, LIRAGLUTIDE, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Non-Formulary	QL (0.08 ML per 1 day)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Non-Formulary	QL (0.08 ML per 1 Day)
<b>Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Non-Formulary	QL (3 cartridges per 1 day)

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APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); QL (1 ml per 1 day)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); MDL; QL (1 ML per 1 day)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog); MDL; QL (1 ML per 1 day)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.5 ML per 1 day)

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HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (0.5 ML per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ML per 1 day)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.5 ML per 1 day)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.5 ML per 1 day)
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)

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HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN 70-30, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (15 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN N, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (15 ML per 30 days)

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HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN N, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Non-Formulary	MDL; QL (1 ML per 1 day)

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<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (1 ml per 1 day)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (1 ml per 1 day)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml), 300 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); QL (0.3 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MDL; QL (1 ML per 1 day)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)

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NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MDL; QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	MDL; QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)

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SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); QL (0.5 ml per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	MDL; QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	MDL; QL (9 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, LIRAGLUTIDE, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)

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<b>Intermediate-Acting Insulins</b>		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ML per 1 day)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.5 ML per 1 day)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.5 ML per 1 day)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN 70-30, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (15 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN N, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (15 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN N, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70- 30)	2	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MDL; QL (1 ML per 1 day)
<b>Leptins</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	6	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)

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DRUG NAME	DRUG TIER	NOTES
<b>Long-Acting Insulins</b>		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); QL (1 ml per 1 day)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (1 ml per 1 day)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (1 ml per 1 day)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml), 300 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); QL (0.3 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MDL; QL (1 ML per 1 day)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)

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SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Lantus Solostar, Toujeo Solostar Lantus Vial, Toujeo Solostar Max); QL (0.5 ml per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	MDL; QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	MDL; QL (9 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)

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XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, LIRAGLUTIDE, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
<b>Meglitinides</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL; QL (240 tablets per 30 days)
<b>Melanocortin Receptor Antagonists</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (2 ML per 1 day)
<b>Parathyroid Agents</b>		
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TERIPARATIDE); QL (0.09 ML per 1 Day)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TERIPARATIDE); QL (0.08 ML per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.09 ML per 1 day)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TERIPARATIDE); QL (1 pen per 30 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Non-Formulary	SP (Dispensed by PantheRx: (855) 726-8479, Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.1 ML per 1 Day)

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<b>Pituitary</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Non-Formulary	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Non-Formulary	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	QL (0.17 ML per 1 day)
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	QL (0.17 ML per 1 day)
<i>desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)</i>	Non-Formulary	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	MDL
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.4 ML per 1 day)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 20 MG/2 ML (10 MG/ML)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.3 ML per 1 day)
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Nutropin AQ); QL (0.22 ML per 1 day)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Progestins</b>		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ACTIVELLA ORAL TABLET 1-0.5 MG	Non-Formulary	
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	QL (30 tablets per 30 days)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AYUNA ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BIJUVA ORAL CAPSULE 0.5-100 MG	Non-Formulary	QL (1 Capsule per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Non-Formulary	QL (Quantity Limits Apply); QL (1 Capsule per 1 day)

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<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>camila oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	MDL; QL (8 patches per 30 days)
CRINONE VAGINAL GEL 4 %, 8 %	3	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); Covered for 3 months per year; QL (60 applicators per 30 days)
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>deblitane oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Non-Formulary	ALT (Covered Alternatives: MEDROXYPROGESTERONE ACETATE); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DOLISHALE ORAL TABLET 90-20 MCG (28)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
EMZAHH ORAL TABLET 0.35 MG	2	
ENDOMETRIN VAGINAL INSERT 100 MG	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); Covered for 3 months per year; QL (90 inserts per 30 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>errin oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	MDL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MDL
HAILEY ORAL TABLET 1.5-30 MG-MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	
HEATHER ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
INCASSIA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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DRUG NAME	DRUG TIER	NOTES
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 Tablets per 1 Day)
<i>jencycla oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	MDL
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (30 tablets per 30 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>luteal (28) oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LYLEQ ORAL TABLET 0.35 MG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lyza oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	2	QL (175 ML per 30 days)
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	

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MELEYA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>mimvey oral tablet 1-0.5 mg</i>	2	MDL
MYFEMBREE ORAL TABLET 40-1-0.5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nora-be oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg</i>	2	MDL

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<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	ALT (Covered Alternatives: ETONOGESTREL-ETHINYL ESTRADIOL, ELURYNG); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
ORQUIDEA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 Tablet per 1 day)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Non-Formulary	ALT (Covered Alternatives: NORTREL, CYCLAFEM, DASETTA, NECON)
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>progesterone intramuscular oil 50 mg/ml</i>	7	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	MDL
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Non-Formulary	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
<i>sharobel oral tablet 0.35 mg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
SLYND ORAL TABLET 4 MG (28)	4	QL (Quantity Limits Apply); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TULANA ORAL TABLET 0.35 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG-20 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (3 patches per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<b>Rapid-Acting Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Non-Formulary	QL (3 cartridges per 1 day)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLOG, NOVOLOG FLEXPEN, NOVOLOG, NOVOLOG MIX 70-30); MDL; QL (1 ML per 1 day)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLOG, NOVOLOG FLEXPEN, NOVOLOG, NOVOLOG MIX 70-30); QL (1 ML per 1 day)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLOG, NOVOLOG FLEXPEN, NOVOLOG, NOVOLOG MIX 70-30); MDL; QL (1 ML per 1 day)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.5 ML per 1 day)

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HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (0.5 ML per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ML per 1 day)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.5 ML per 1 day)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.5 ML per 1 day)
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)

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HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)

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DRUG NAME	DRUG TIER	NOTES
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MDL; QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	MDL; QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
<b>Short-Acting Insulins</b>		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN 70-30, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (15 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)

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HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
<b>Sodium-Gluc Cotransport 2 (Sgt2) Inhib</b>		
BRENZAVVY ORAL TABLET 20 MG	Non-Formulary	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, FARXIGA, XIGDUO XR, SYNJARDY XR); QL (1 Tablet per 1 Day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Xigduo XR); QL (1 Tablet per 1 Day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Xigduo XR); QL (2 Tablets per 1 Day)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Farxiga); QL (1 Tablet per 1 Day)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	ALT (Covered Alternatives: JARDIANCE); QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JARDIANCE, JANUVIA); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
INPEFA ORAL TABLET 200 MG	Non-Formulary	ALT (Covered Alternatives: Farxiga, Jardiance, Synjardy, Xigduo XR, Synjardy XR); QL (1 Tablet per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
INVOKANA ORAL TABLET 100 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JARDIANCE); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
INVOKANA ORAL TABLET 300 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JARDIANCE); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	MDL; QL (1 tablet per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Non-Formulary	QL (Quantity Limits Apply)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JARDIANCE)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non-Formulary	QL (Quantity Limits Apply)

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SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (2 tablets per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-500 MG	3	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, JANUVIA, METFORMIN HCL); QL (1 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, JANUVIA, METFORMIN HCL); QL (2 tablets per 1 day)
<b>Somatostatin Agonists</b>		
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: SANDOSTATIN LAR DEPOT)
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	QL (0.01 ML per 1 day)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Non-Formulary	ALT (Covered Alternatives: OCTREOTIDE ACETATE, OCTREOTIDE ACETATE)
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	QL (2 ML per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Non-Formulary	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML)	5	PA; SP (Dispensed by AnovoRX: (901)201-5470; up to a 30 day supply per fill)

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SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML (1 ML)	5	PA; SP (Dispensed by AnovoRX: (901)201-5470; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
<b>Somatotropin Agonists</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 28 Days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	6	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
<b>Somatotropin Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); ALT (Covered Alternatives: OCTREOTIDE ACETATE)
SOMAVERT SUBCUTANEOUS RECON SOLN 30 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); ALT (Covered Alternatives: OCTREOTIDE ACETATE); QL (0.01 ML per 1 day)
<b>Sulfonylureas</b>		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MDL
<i>glimepiride oral tablet 3 mg</i>	Non-Formulary	ALT (Covered Alternatives: GLIMEPIRIDE 1 MG, GLIMEPIRIDE 2 MG, GLIMEPIRIDE 4 MG)
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MDL

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<i>glipizide oral tablet 2.5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Glipizide 5mg, Glipizide 10mg)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	MDL; QL (8 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	MDL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	MDL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QL (1 tablet per 1 day)
<b>Thiazolidinediones</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non-Formulary	QL (4 tablets per 1 day)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Non-Formulary	QL (1 tablet per 1 day)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Non-Formulary	QL (1 tablet per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QL (1 tablet per 1 day)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	MDL; QL (4 tablets per 1 day)
<b>Thyroid Agents</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	MDL; QL (2 tablets per 1 day)
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Non-Formulary	
ERMEZA ORAL SOLUTION 30 MCG/ML	Non-Formulary	ALT (Covered Alternatives: Levothyroxine); QL (2.6 ml per 1 day)
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Non-Formulary	

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LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	MDL
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MDL; QL (2 tablets per 1 day)
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MDL
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	MDL
NP THYROID ORAL TABLET 120 MG	2	MDL; QL (2 tablets per 1 day)
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	2	MDL; QL (2 tablets per 1 day)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	6	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	MDL; QL (2 tablets per 1 day)
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	4	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	4	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MDL
UNITHROID ORAL TABLET 25 MCG	3	MDL

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DRUG NAME	DRUG TIER	NOTES
<b>IMMUNOMODULATORY AGENTS (90:00)</b>		
<b>Amino Acid Polymers</b>		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (12 ML per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (12 ML per 30 days)
<b>Antimetabolites</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Antimetabolites, Immunosupp Therapy Misc</b>		
AZASAN ORAL TABLET 100 MG, 75 MG	Non-Formulary	
<i>azathioprine oral tablet 100 mg</i>	Non-Formulary	
<i>azathioprine oral tablet 50 mg</i>	2	MDL

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DRUG NAME	DRUG TIER	NOTES
CELLCEPT ORAL CAPSULE 250 MG	Non-Formulary	QL (8 capsules per 1 day)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Non-Formulary	
CELLCEPT ORAL TABLET 500 MG	Non-Formulary	QL (8 tablets per 1 day)
IMURAN ORAL TABLET 50 MG	Non-Formulary	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	MDL; QL (8 capsules per 1 day)
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	MDL; QL (8 tablets per 1 day)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	MDL
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Non-Formulary	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Non-Formulary	QL (15 ML per 1 Day)
<b>Bone-Modifying Agents</b>		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 ML per 180 days)
<b>Calcineurin Inhibitors, Misc (90:28)</b>		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Non-Formulary	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Non-Formulary	QL (Quantity Limits Apply)
<i>cyclosporine (bulk) powder</i>	4	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	MDL
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	MDL; QL (2 Units per 1 day)

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<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	MDL
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Non-Formulary	
<i>engraf oral capsule 100 mg, 25 mg</i>	2	MDL
<i>engraf oral solution 100 mg/ml</i>	2	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
NEORAL ORAL SOLUTION 100 MG/ML	Non-Formulary	
PROGRAF ORAL CAPSULE 0.5 MG	Non-Formulary	MDL
PROGRAF ORAL CAPSULE 1 MG, 5 MG	Non-Formulary	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine 0.05%); QL (5.5 ML per 24 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine 0.05%); QL (2 drops per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	MDL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine DROPPERETTE, SINGLE-USE DROP DISPENSER)
<b>Complement Inhibitor Agents (90:20)</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); ALT (Covered Alternatives: Tavneos)
FABHALTA ORAL CAPSULE 200 MG	Non-Formulary	SP (Dispensed by Onco360: (877) 622-6633 or Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (2 Capsules per 1 Day)
TAVNEOS ORAL CAPSULE 10 MG	6	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (6 Capsules per 1 Day)

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DRUG NAME	DRUG TIER	NOTES
<b>Complement Inhibitors (90:08)</b>		
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML	6	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (0.416 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML	6	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (0.574 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SYRINGE 32.4 MG/0.81 ML	6	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (0.81 ML per 1 day)
<b>Disease-Modifying Antirheumat Drugs Misc</b>		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (1 ml per 60 days)
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ML per 1 day)

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ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ML per 1 day)
<b>Disease-Modifying Antirheumatic Drugs</b>		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
AZULFIDINE ORAL TABLET 500 MG	Non-Formulary	
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg)
<i>hydroxychloroquine oral tablet 200 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; MDL; QL (6 tablets per 1 day)
<i>hydroxychloroquine oral tablet 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg); QL (1 Tablets per 1 day)
JYLAMVO ORAL SOLUTION 2 MG/ML	Non-Formulary	QL (20 ML per 30 days)
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Non-Formulary	ALT (Covered Alternatives: LEFLUNOMIDE TABLET, Diclofenac Gel ); QL (1 kit per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	MDL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHOTREXATE)
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	Covered for Malaria Treatment, not prophylaxis.; QL (6 tablets per 1 day)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHOTREXATE)

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RIDAURA ORAL CAPSULE 3 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
SOVUNA ORAL TABLET 200 MG	Non-Formulary	ALT (Covered Alternatives: Hydroxychloroquine); QL (6 Tablets per 1 Day)
SOVUNA ORAL TABLET 300 MG	Non-Formulary	ALT (Covered Alternatives: HYDROXYCHLOROQUINE); QL (1 Tablets per 1 Day)
<i>sulfasalazine oral tablet 500 mg</i>	2	MDL
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	MDL
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 day)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	ALT (Covered Alternatives: METHOTREXATE)
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: METHOTREXATE)
<b>Fumarates</b>		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: GILENYA, TECFIDERA)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: DIMETHYL FUMARATE); QL (2 capsules per 1 day)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Igg1 Monoclonal Antibodies</b>		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)

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BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
<b>Immunomodulatory Agents (90:00)</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	QL (10 Tablets per 1 day)
<i>mercaptopurine oral suspension 20 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: MERCAPTOPYRINE 50MG TABLET); QL (3 ML per 1 day)
<i>mercaptopurine oral tablet 50 mg</i>	2	MDL
PURIXAN ORAL SUSPENSION 20 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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DRUG NAME	DRUG TIER	NOTES
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Everolimus); QL (1 Tablet per 1 Day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Non-Formulary	
<b>Interferons</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 pens per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 pens per 30 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 syringes per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 syringes per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 30 days)

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PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.04 ML per 1 day)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 ML per 30 days)
<b>Interleukin Inhibitor Agents, Misc</b>		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 1 Fill)

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DRUG NAME	DRUG TIER	NOTES
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 Fill)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 1 Fill)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 Fill)
<b>Interleukin-Mediated Agents, Misc</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.13 ML per 1 day)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 syringes per 30 days)

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COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 pens per 30 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	6	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26 ML	Non-Formulary	SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 pens per 30 days)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

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DRUG NAME	DRUG TIER	NOTES
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 syringes per 30 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. Or Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (19 ML per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 Day)
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 90 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 Day)
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26 ML	Non-Formulary	SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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DRUG NAME	DRUG TIER	NOTES
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	Non-Formulary	SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

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DRUG NAME	DRUG TIER	NOTES
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Non-Formulary	QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Non-Formulary	PA; QL (Maintenance dosing-0.01ml/day; Loading/Induction dose PLA required (0.02ml/day x 8 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	PA; QL (Maintenance dosing-0.01ml/day; Loading/Induction dose PLA required (0.02ml/day x 8 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	PA; QL (Maintenance dosing-0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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DRUG NAME	DRUG TIER	NOTES
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

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DRUG NAME	DRUG TIER	NOTES
<i>ustekinumab subcutaneous solution 45 mg/0.5 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
<i>ustekinumab subcutaneous syringe 45 mg/0.5 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
<i>ustekinumab subcutaneous syringe 90 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)
<i>ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
<i>ustekinumab-aekn subcutaneous syringe 90 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)
<i>ustekinumab-ttwe subcutaneous syringe 45 mg/0.5 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
<i>ustekinumab-ttwe subcutaneous syringe 90 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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DRUG NAME	DRUG TIER	NOTES
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.01 ML per 1 day)
WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Yesintek); QL (0.02 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA (Prior Authorization Required); QL (0.018 ML per 1 day)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA (Prior Authorization Required); QL (0.018 ML per 1 day)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA (Prior Authorization Required); QL (0.036 ML per 1 day)
<b>Janus Kinase Inhibitors, Miscellaneous</b>		
CIBINQO ORAL TABLET 100 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
CIBINQO ORAL TABLET 200 MG, 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Dupixent, Rinvoq)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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DRUG NAME	DRUG TIER	NOTES
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
XELJANZ ORAL SOLUTION 1 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<b>Monocarboxylic Acid Amide Agents</b>		
ARAVA ORAL TABLET 10 MG, 20 MG	Non-Formulary	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	MDL
<b>Monoclonal Antibodies (90:04)</b>		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	Non-Formulary	SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

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DRUG NAME	DRUG TIER	NOTES
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Glatiramer, Dimethyl Fumarate, Teriflunomide, Fingolimod); QL (1 pen per 30 days)
<b>Monoclonal Antibodies (90:12)</b>		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
<b>Mtor Inhibitors, Miscellaneous</b>		
HYFTOR TOPICAL GEL 0.2 %	Non-Formulary	
<i>sirolimus oral solution 1 mg/ml</i>	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<b>Neonatal Fc Receptor Blockers</b>		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

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DRUG NAME	DRUG TIER	NOTES
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
<b>Phosphodiesterase-4 Inhibitors, Misc</b>		
OTEZLA ORAL TABLET 20 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
OTEZLA ORAL TABLET 30 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG(19)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 1 Year)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 365 days)
<b>Sphingosine 1-Phosphate (S1p) Agents</b>		
<i>fingolimod oral capsule 0.5 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Fingolimod); QL (1 Capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)

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Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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DRUG NAME	DRUG TIER	NOTES
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Non-Formulary	QL (1 tablets per day; 1 starter pack per year.); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PONVORY ORAL TABLET 20 MG	Non-Formulary	QL (1 tablets per day; 1 starter pack per year.); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Non-Formulary	ALT (Covered Alternatives: Fingolimod); QL (1 tablet per 1 day)
ZEPOSIA ORAL CAPSULE 0.92 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Fingolimod, Dimethyl Fumarate, Sulfasalazine, Mesalamine, Basalazide)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Fingolimod, Dimethyl Fumarate, Sulfasalazine, Mesalamine, Basalazide)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Fingolimod, Dimethyl Fumarate, Sulfasalazine, Mesalamine, Basalazide)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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DRUG NAME	DRUG TIER	NOTES
<b>T-Cell Blockers (90:24)</b>		
LUPKYNIS ORAL CAPSULE 7.9 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
<b>Tumor Necrosis Factor Inhibitors, Misc</b>		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-aacf subcutaneous syringe 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (1 Kit per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (1 Kit per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (1 Kit per 28 days)

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Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

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<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes/Pens per 28 days)
<i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)

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<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adbm subcutaneous syringe kit 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

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<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Humira); QL (2 Syringes per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Humira); QL (2 Syringes per 28 days)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	Non-Formulary	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

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CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 syringes per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 syringes per 30 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (6 Kits per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (4 Kits per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)

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CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 syringes per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA (Prior Authorization Required); QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA (Prior Authorization Required); QL (4.8 ML per 28 days)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

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HADLIMA(CF) PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA (Prior Authorization Required); QL (2.4 ML per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA (Prior Authorization Required); QL (2.4 ML per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)

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HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima)
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringe/Pen per 28 days)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringe/Pen per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringe/Pen per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringe/Pen per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringe/Pen per 28 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	Non-Formulary	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

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SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (0.15 ML per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

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YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

## LOCAL ANESTHETICS

### Local Anesthetics

<i>dermacinrx prizopak topical kit 2.5-2.5 %</i>	2	
DULOXICAINE KIT 30 MG- 4%	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	2	QL (1.06 GM per 1 day)
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	2	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %</i>	Non-Formulary	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-2.5 % (7 gram)</i>	Non-Formulary	ALT (Covered Alternatives: lidocaine-HC rectal cream 3-05%); QL (1 Tube per 30 Days)
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 Patches per 1 day)
<i>lidocaine topical ointment 5 %</i>	2	QL (39 gm per 1 fill)
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)

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LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	Non-Formulary	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-Alpha-Reductase Inhibitors (92:04)</b>		
AVODART ORAL CAPSULE 0.5 MG	Non-Formulary	QL (1 capsule per 1 day)
<i>dutasteride oral capsule 0.5 mg</i>	2	MDL; QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Non-Formulary	ALT (Covered Alternatives: DUTASTERIDE, TAMSULOSIN HCL)
<i>finasteride oral tablet 5 mg</i>	2	MDL; QL (2 tablets per 1 day)
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	Non-Formulary	
PROSCAR ORAL TABLET 5 MG	Non-Formulary	QL (2 tablets per 1 day)
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	MDL
<i>allopurinol oral tablet 200 mg</i>	Non-Formulary	ALT (Covered Alternatives: Allopurinol 100mg, Allopurinol 300mg)
ANAPROX DS ORAL TABLET 550 MG	Non-Formulary	
<i>colchicine oral capsule 0.6 mg</i>	Non-Formulary	ALT (Covered Alternatives: Colchicine Tablets); QL (4 Capsules per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	2	MDL; QL (4 tablets per 1 day)

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COLCRYS ORAL TABLET 0.6 MG	Non-Formulary	ALT (Covered Alternatives: COLCHICINE, PROBENECID W/COLCHICINE, ALLOPURINOL); QL (4 tablets per 1 day)
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Non-Formulary	ALT (Covered Alternatives: ALLOPURINOL, COLCHICINE, PROBENECID)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Non-Formulary	
<i>febuxostat oral tablet 40 mg</i>	2	QL (3 Tablets per 1 day)
<i>febuxostat oral tablet 80 mg</i>	2	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
INDOCIN ORAL SUSPENSION 25 MG/5 ML	4	
INDOCIN RECTAL SUPPOSITORY 50 MG	4	PA; QL (1 suppository per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	MDL
<i>indomethacin oral capsule, extended release 75 mg</i>	2	MDL
<i>indomethacin rectal suppository 100 mg</i>	Non-Formulary	ALT (Covered Alternatives: Indomethacin Capsules, Indomethacin ER Capsules, Colchicine, Febuxostat, Probenacid); QL (1 suppository per 1 day)
LODOCO ORAL TABLET 0.5 MG	Non-Formulary	QL (1 Tablet per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG	Non-Formulary	QL (Quantity Limits Apply)
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	Non-Formulary	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Non-Formulary	QL (Quantity Limits Apply)
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	Non-Formulary	
NAPROSYN ORAL TABLET 500 MG	Non-Formulary	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	MDL
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	MDL

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<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	MDL
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MDL
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i>	Non-Formulary	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	Non-Formulary	ALT (Covered Alternatives: Naproxen Tablets, Naproxen Caplets)
<i>probenecid oral tablet 500 mg</i>	2	MDL
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	MDL
ULORIC ORAL TABLET 40 MG, 80 MG	Non-Formulary	
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG	Non-Formulary	ALT (Covered Alternatives: ESOMEPRAZOLE MAGNESIUM, NAPROXEN)
ZYLOPRIM ORAL TABLET 100 MG	Non-Formulary	
<b>Antisense Oligonucleotides</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); ALT (Covered Alternatives: SPINRAZA); QL (1 ML per 1 day)
EVRYSDI ORAL TABLET 5 MG	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Packet per 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i>	2	PA; SP (Dispensed by Accredo: (800) 803-2523 or Express Scripts SDS (314) 587-4050; up to a 30 day supply per fill); QL (18 ML per 1 day)
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.8 ML per 30 days)

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XYREM ORAL SOLUTION 500 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523 or Express Scripts SDS (314) 587-4050; up to a 30 day supply per fill); ALT (Covered Alternatives: Sodium Oxybate); QL (18 ML per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (18 ML per 1 day)
<b>Bone Anabolic Agents</b>		
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TERIPARATIDE); QL (0.09 ML per 1 Day)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TERIPARATIDE); QL (0.08 ML per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.09 ML per 1 day)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: TERIPARATIDE); QL (1 pen per 30 days)
<b>Bone Resorption Inhibitors</b>		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ACTIVELLA ORAL TABLET 1-0.5 MG	Non-Formulary	
ACTONEL ORAL TABLET 150 MG	Non-Formulary	QL (1 tablet per 30 days)

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ACTONEL ORAL TABLET 35 MG	Non-Formulary	QL (4 tablets per 30 days)
<i>alendronate oral solution 70 mg/75 ml</i>	2	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	2	MDL
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	QL (30 tablets per 30 days)
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	Non-Formulary	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	QL (4 patches per 30 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-Formulary	
COMBIPATCH TRANSDERMAL PATCH SEMI-WEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	MDL; QL (8 patches per 30 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	Non-Formulary	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Non-Formulary	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Non-Formulary	QL (1 Packet per 1 day)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	4	QL (52 GM per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Non-Formulary	QL (42.5 GM per 1 fill)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MDL
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	2	QL (50 GM per 30 Days)

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<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	2	QL (30 packets per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	2	QL (30 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	MDL; QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	MDL; QL (4 patches per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	QL (42.5 GM per 1 fill)
<i>estradiol vaginal tablet 10 mcg</i>	2	MDL; QL (0.29 Tablets per 1 day)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	2	QL (5 ML per 28 days)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	MDL
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	MDL; QL (1 ring per 90 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Non-Formulary	ALT (Covered Alternatives: ESTRADIOL 0.06% 1.25G GEL PUMP); QL (50 GM per 30 days)
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	4	QL (8.1 ML per 1 fill)
EVISTA ORAL TABLET 60 MG	Non-Formulary	QL (1 tablet per 1 day)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	MDL; QL (1 ring per 1 fill)
FOSAMAX ORAL TABLET 70 MG	Non-Formulary	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST (Step Therapy Required- Tried and failed 90 days treatment of alendronate or ibandronate); QL (4 tablet per 30 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MDL
<i>ibandronate oral tablet 150 mg</i>	2	MDL; QL (1 tablet per 30 days)
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	MDL

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MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	QL (4 patches per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	2	MDL
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-Formulary	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MDL
<i>raloxifene oral tablet 60 mg</i>	2	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
<i>risedronate oral tablet 150 mg</i>	2	MDL; QL (1 tablet per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>risedronate oral tablet 35 mg</i>	2	MDL
VAGIFEM VAGINAL TABLET 10 MCG	Non-Formulary	ALT (Covered Alternatives: Estradiol 10mcg Vaginal Insert Tablets); QL (0.29 Tablets per 1 Day)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-Formulary	
<i>yuvafem vaginal tablet 10 mcg</i>	2	MDL
<b>Bradykinin Receptor Antagonists</b>		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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<b>Carbonic Anhydrase Inhibitors (Misc.)</b>		
KEVEYIS ORAL TABLET 50 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
<b>Cariostatic Agents</b>		
<i>clinpro 5000 dental paste 1.1 %</i>	2	QL (100 GM per 30 days)
DENTA 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Non-Formulary	ALT (Covered Alternatives: DENTA 5000 PLUS CREAM, DENTAGEL GEL); QL (100 ml per 30 Days)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 1 MG (2.2 MG SOD. FLUORIDE)	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG, 1 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Non-Formulary	QL (100 GM per 30 days)
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	Non-Formulary	

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PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Non-Formulary	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT DENTAL GEL 1.1 %	Non-Formulary	
<i>prevident dental solution 0.2 %</i>	Non-Formulary	
SF 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
SF DENTAL GEL 1.1 %	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<b>Complement Inhibitors</b>		
VOYDEYA ORAL TABLET 100 MG	Non-Formulary	SP (Dispensed by Onco360: (877) 622-6633; up to a 30 day supply per fill); QL (6 Tablets per 1 day)
VOYDEYA ORAL TABLET 150 MG (50 MG X 1-100 MG X 1)	Non-Formulary	SP (Dispensed by Onco360: (877) 622-6633; up to a 30 day supply per fill)
<b>Complement Inhibitors (92:32)</b>		
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	6	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	6	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
<b>Iga Nephropathy</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
VANRAFIA ORAL TABLET 0.75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)

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DRUG NAME	DRUG TIER	NOTES
<b>Immunomodulatory Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1.5 ML per 1 Fill)
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg)
<i>hydroxychloroquine oral tablet 200 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; MDL; QL (6 tablets per 1 day)
<i>hydroxychloroquine oral tablet 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg); QL (1 Tablets per 1 day)
JOENJA ORAL TABLET 70 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Non-Formulary	ALT (Covered Alternatives: LEFLUNOMIDE TABLET, Diclofenac Gel ); QL (1 kit per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; SP (Dispensed by HF Store 570: (313) 916-1666; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	Covered for Malaria Treatment, not prophylaxis.; QL (6 tablets per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	6	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
RIDAURA ORAL CAPSULE 3 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)

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SOVUNA ORAL TABLET 200 MG	Non-Formulary	ALT (Covered Alternatives: Hydroxychloroquine); QL (6 Tablets per 1 Day)
SOVUNA ORAL TABLET 300 MG	Non-Formulary	ALT (Covered Alternatives: HYDROXYCHLOROQUINE); QL (1 Tablets per 1 Day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
VELSIPITY ORAL TABLET 2 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Sulfasalazine, Mesalamine, Balsalazide Disodium); QL (1 Tablet per 1 day)
<b>Other Miscellaneous Therapeutic Agents</b>		
<i>betaine oral powder 1 gram/scoop</i>	2	SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill)
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Non-Formulary	
CARNITOR ORAL SOLUTION 100 MG/ML	Non-Formulary	
CARNITOR ORAL TABLET 330 MG	Non-Formulary	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	Non-Formulary	SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; SP (Dispensed by CVS Specialty Pharmacy: (800) 237-2767; up to a 30 day supply per fill); QL (1 capsule per 1 day)
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	6	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (6 ML per 1 day)
ENDARI ORAL POWDER IN PACKET 5 GRAM	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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EVOTAZ ORAL TABLET 300-150 MG	6	QL (1 tablet per 1 day)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); ALT (Covered Alternatives: SPINRAZA); QL (1 ML per 1 day)
EVRYSDI ORAL TABLET 5 MG	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PREZCOBIX ORAL TABLET 800-150 MG-MG	6	QL (2 tablets per 1 day)
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
REZUROCK ORAL TABLET 200 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Non-Formulary	
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Non-Formulary	
SKYCLARYS ORAL CAPSULE 50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 capsules per 1 day)

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SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Non-Formulary	SP (Dispensed by CVS Specialty Pharmacy: (800) 237-2767; up to a 30 day supply per fill); QL (2 Capsules per 1 day)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); ALT (Covered Alternatives: Tiopronin 100mg Tablets); QL (10 Tablets per 1 day)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); ALT (Covered Alternatives: Tiopronin 100mg); QL (4 Tablets per 1 day)
THIOLA ORAL TABLET 100 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); ALT (Covered Alternatives: tiopronin)
<i>tiopronin oral tablet 100 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (20 TABLET per 1 day)
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg</i>	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); ALT (Covered Alternatives: Tiopronin 100mg Tablets); QL (10 Tablets per 1 Day)
<i>tiopronin oral tablet, delayed release (dr/ec) 300 mg</i>	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); ALT (Covered Alternatives: Tiopronin 100mg); QL (4 Tablets per 1 Day)
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 Tablets per 1 Day)

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VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Tablets per 1 Day)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
XPHOZAH ORAL TABLET 20 MG, 30 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 Day)
<b>Protective Agents</b>		
<i>adapalene topical cream 0.1 %</i>	2	PA; QL (45 GM per 30 days)
<i>adapalene topical gel 0.1 %, 0.3 %</i>	2	PA; MDL; QL (45 GM per 30 days)
<i>adapalene topical gel with pump 0.3 %</i>	2	PA; QL (45 GM per 30 days)
<i>adapalene topical lotion 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
<i>adapalene topical solution 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
<i>adapalene topical swab 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118, Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
DIFFERIN TOPICAL CREAM 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	Non-Formulary	
DIFFERIN TOPICAL LOTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)

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<b>NONHORMONAL CONTRACEPTIVES</b>		
<b>Nonhormonal Contraceptives</b>		
AIMSCO LATEX CONDOM DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
DUREX AIR CONDOM DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DUREX AVANTI BARE REAL FEEL	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (10 condoms per 30 days)
DUREX EXTRA SENSITIVE CONDOM DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DUREX TROPICAL CONDOM DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FANTASY CONDOM DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
FC2 FEMALE CONDOM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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KIMONO LUBRICATED CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
KIMONO MICROTHIN AQUA LUBE CON DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
KIMONO MICROTHIN CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
KIMONO MICROTHIN LARGE CONDOMS DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
KIMONO TEXTURED CONDOMS DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
KIMONO THIN LUBRICATED CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
PHEXXI VAGINAL GEL 1.8-1-0.4 %	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN BARESKIN DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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TROJAN EXTENDED PLEASURE DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN MAGNUM CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN PLEASURE PACK DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN ULTRA RIBBED CONDOM DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN ULTRA THIN DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN ULTRA THIN SPERMICIDAL DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN VERY THIN LUB CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN-ENZ (NON-LUB) CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN-ENZ LUBRICATED CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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TROJAN-ENZ/SPERMICIDAL CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUE COVER CONDOM DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUSTEX LATEX CONDOM DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
TRUSTEX LUBRICATED CONDOMS DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
TRUSTEX NON-LUB CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	4	QL (9 Film per 30 days)

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VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<b>OXYTOCICS</b>		
<b>Oxytocics</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	2	QL (28 tablets per 365 days)
<b>PHARMACEUTICAL AIDS</b>		
<b>Pharmaceutical Aids</b>		
DILUENT FOR RABAVERT INTRAMUSCULAR SYRINGE	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>diluent for treprostinil (gly) intravenous solution</i>	7	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
STRATACTX TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
STRATAGRT TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
STRATAXRT TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
TEGADERM FRAME STYLE TOPICAL BANDAGE 2 3/8 X 2 3/4 "	7	ST (Step Therapy Required- Use of Freestyle Libre in the last 180 days); QL (20 patches per 30 days)
TEGADERM TRANSPARENT DRESSING TOPICAL BANDAGE 2 3/8 X 2 3/4 "	7	ST (Step Therapy Required- Use of Freestyle Libre in the last 180 days); QL (20 patches per 30 days)
<i>varденаfil hcl (bulk) powder 100 %</i>	Non-Formulary	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>Alpha And Beta Adrenergic Agonist(Respr)</b>		
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	2	QL (2 tablets per 1 day)
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL

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ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Non-Formulary	ALT (Covered Alternatives: EPINEPHRINE 0.15 MG AUTO-INJECT, EPINEPHRINE 0.3 MG AUTO-INJECT); QL (4 Injectors per 1 Fill)
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	2	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Non-Formulary	QL (2 tablets per 1 day)
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Non-Formulary	QL (4 pens per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Non-Formulary	QL (4 pens per 30 days)
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	2	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	2	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL

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DRUG NAME	DRUG TIER	NOTES
PRIMATENE MIST INHALATION HFA AEROSOL INHALER 0.125 MG/ACTUATION	Non-Formulary	QL (11.7 GM per 28 days)
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
<b>Anticholinergic Agents (Respir. Tract)</b>		
ANASPAZ ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (60 Blisters per 28 days)
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: Atropine 1% eye drops); QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (2 inhalers per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	MDL; QL (2 inhalers per 30 days)

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DRUG NAME	DRUG TIER	NOTES
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (1 Inhaler per 28 days)
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	MDL
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	2	MDL
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	2	
<i>hyosyne oral drops 0.125 mg/ml</i>	2	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	2	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Breo Ellipta, Combivent, Tiotropium, Wixela, Budesonide/Formoterol, Stiolto); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (30 Blisters per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	MDL
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Non-Formulary	
LEVSIN ORAL TABLET 0.125 MG	Non-Formulary	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	Non-Formulary	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	MDL; QL (1 inhaler per 30 days)

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DRUG NAME	DRUG TIER	NOTES
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Non-Formulary	ALT (Covered Alternatives: Tiotropium Bromide); QL (1 capsule per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	MDL; QL (1 inhaler per 30 days)
<i>symax-sl sublingual tablet 0.125 mg</i>	2	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	2	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	2	MDL; QL (1 Capsule per 1 day)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 DEVICE per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BREO ELLIPTA, SPIRIVA, ARCAPTA NEOHALER, ADVAIR DISKUS, SYMBICORT, COMBIVENT RESPIMAT, PERFOROMIST); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Inhaler per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 vials per 1 day)
<b>Antifibrotic Agents</b>		
ESBRIET ORAL CAPSULE 267 MG	Non-Formulary	ALT (Covered Alternatives: Pirfenidone 267mg, Pirfenidone 801mg)
ESBRIET ORAL TABLET 267 MG, 801 MG	Non-Formulary	ALT (Covered Alternatives: Pirfenidone 267mg, Pirfenidone 801mg)

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OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (60 capsules per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: PIRFENIDONE 267 TABLETS); QL (6 Capsules per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 Tablets per 1 day)
<i>pirfenidone oral tablet 534 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Pirfenidone 267mg, Pirfenidone 801mg); QL (3 Tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Tablets per 1 day)
<b>Antitussives</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (50 ML per 1 Day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	2	QL (13 tablets per 1 day)
<i>benzonatate oral capsule 100 mg</i>	2	QL (6 capsules per 1 day)
<i>benzonatate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: BENZONATATE, BENZONATATE)
<i>benzonatate oral capsule 200 mg</i>	2	QL (3 capsules per 1 day)
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	

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<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	2	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (6 tablets per 1 day)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	2	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5 ml</i>	2	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	3	
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 capsules per 30 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	2	
<b>Corticosteroids (Respiratory Tract)</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	MDL; QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)

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AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g), Levalbuterol HFA); QL (10.7 GM per 30 Days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	4	QL (6.1 GM per 28 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Non-Formulary	QL (30 Blisters per 28 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	QL (13 GM per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	4	MDL; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (10.3 GM per 1 Fill)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	MDL; QL (10.3 GM per 1 Fill)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	3	ALT (Covered Alternatives: BREO ELLIPTA, ADVAIR HFA); MDL; QL (13 GM per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	MDL; QL (13 GM per 28 days)

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DRUG NAME	DRUG TIER	NOTES
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
FLONASE SENSIMIST NASAL SPRAY, SUSPENSION 27.5 MCG/ACTUATION	Non-Formulary	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MDL
<i>fluticasone furoate inhalation blister with device 100 mcg/actuation, 200 mcg/actuation, 50 mcg/actuation</i>	Non-Formulary	QL (1 Box per 30 Days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>	3	ALT (Covered Alternatives: Pulmicort Flexhaler, QVAR, Alvesco, Asmanex); QL (1 Inhaler per 30 days); AG (Max 4 Years)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	2	MDL
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	MDL; QL (60 GM per 30 days)
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QL (1.4 GM per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>oralone dental paste 0.1 %</i>	2	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE/FORMOTEROL FUMARATE); QL (10.3 GM per 1 Fill)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 DEVICE per 30 days)
<i>triamcinolone acetate-0.9% nacl injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetate dental paste 0.1 %</i>	2	
<i>triamcinolone acetate injection suspension 40 mg/ml</i>	7	
<i>triamcinolone acetate topical aerosol 0.147 mg/gram</i>	Non-Formulary	
<i>triamcinolone acetate topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	MDL
<i>triamcinolone acetate topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetate topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetate topical ointment 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE)

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TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	MDL; QL (60 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
<b>Cystic Fibrosis (Cftr) Correctors</b>		
ALYFTREK ORAL TABLET 10-50-125 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Tablets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 packets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); ALT (Covered Alternatives: Orkambi Tablets); QL (4 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 Tablets per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)

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TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Packets per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
<b>Cystic Fibrosis (Cftr) Potentiators</b>		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Packets per 1 day)
KALYDECO ORAL TABLET 150 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 packets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); ALT (Covered Alternatives: Orkambi Tablets); QL (4 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 Tablets per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Packets per 1 day)

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TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
<b>Dual Phosphodiesterase Inhibitor (48:34)</b>		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Non-Formulary	SP (Dispensed by CVS Caremark: (877) 408-9742, DirectRx: (855) 362-3397, CenterWell: (800) 486-2668, PromptCare: (866) 386-8347; up to a 30 day supply per fill); QL (5 ML per 1 Day)
<b>Expectorants</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	2	
STRONG IODINE ORAL SOLUTION 5 %	1	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	2	
<b>First Generation Antihist.(Respir Tract)</b>		
<i>allergy relief(diphenhydramin) oral capsule 25 mg</i>	2	
<i>banophen oral capsule 25 mg</i>	2	
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-Formulary	
BENADRYL ORAL CAPSULE 25 MG	Non-Formulary	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Non-Formulary	QL (40 ML per 1 Day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
CARBZAH ORAL LIQUID 4 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: CARBINOXAMINE MALEATE ORAL LIQUID 4MG/5ML); QL (30 ML per 1 Day)
<i>clemastine oral tablet 2.68 mg</i>	2	

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<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	MDL
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	7	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	2	QL (6 Fills per 365 Days); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (120 tablets per 30 days)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
<b>Interleukin Antagonists</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	7	PA; QL (Quantity Limits Apply); SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.); QL (0.01 ML per 1 day)

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FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Icatibant, Nucala, Takhzyro, Fasenra, Haegarda); QL (0.07 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	Non-Formulary	PA; SP (If criteria met and requested for home administration by a professional, medication is dispensed by HF Home Infusion for Members in Tri-County area - Wayne, Oakland and Macomb: HFHI (248)827-3370; up to a 30 day supply per fill.)
<b>Leukotriene Modifiers</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Non-Formulary	
<i>montelukast oral granules in packet 4 mg</i>	2	MDL; QL (1 packet per 1 day)
<i>montelukast oral tablet 10 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	2	MDL; QL (1 tablet per 1 day)
SINGULAIR ORAL GRANULES IN PACKET 4 MG	Non-Formulary	QL (1 packet per 1 day)
SINGULAIR ORAL TABLET 10 MG	Non-Formulary	QL (1 tablet per 1 day)
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)

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<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	MDL
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	2	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET 600 MG	4	PA; QL (4 tablets per 1 day)
<b>Mast-Cell Stabilizers</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	MDL
<i>cromolyn oral concentrate 100 mg/5 ml</i>	2	MDL
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Non-Formulary	
<b>Mucolytic Agents</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	QL (12 ML per 1 day)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ampules per 1 day)
<b>Phosphodiesterase Type 4 Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non-Formulary	QL (1 tablet per 1 day)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	QL (1 tablet per 1 day)
ZORYVE TOPICAL CREAM 0.15 %	Non-Formulary	ALT (Covered Alternatives: TAZAROTENE, CALCIPOTRIENE); QL (2 GM per 1 Day)
ZORYVE TOPICAL CREAM 0.3 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene, Calcipotriene); QL (2 GM per 1 day)
ZORYVE TOPICAL FOAM 0.3 %	Non-Formulary	ALT (Covered Alternatives: TAZAROTENE, CALCIPOTRIENE); QL (2 GM per 1 day)

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<b>Phosphodiesterase-5 Inhibitors (Respir)</b>		
ADCIRCA ORAL TABLET 20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (2 Tablets per 1 day)
ALYQ ORAL TABLET 20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (6 tablets per 30 days)
CIALIS ORAL TABLET 20 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE)
REVATIO ORAL TABLET 20 MG	Non-Formulary	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	MDL; QL (30 tablets per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (12 Tablets per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
<i>tadalafil oral tablet 10 mg, 5 mg</i>	2	QL (12 Tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	Non-Formulary	ALT (Covered Alternatives: TERAZOSIN HCL, TAMSULOSIN HCL, ALFUZOSIN HCL ER, SILODOSIN); QL (12 Tablets per 30 days)
<i>tadalafil oral tablet 20 mg</i>	Non-Formulary	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE)

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<b>Prostacyclin &amp; Prostacyclin Derivatives</b>		
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (270 ampules per 30 days)
<b>Respiratory Tract Agents, Miscellaneous</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Non-Formulary	ALT (Covered Alternatives: PULMOZYME)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); ALT (Covered Alternatives: Sildenafil); QL (2 vials per 21 days)
<b>Second Generation Antihist(Respir Tract)</b>		
24HOUR ALLERGY ORAL TABLET 10 MG	2	MDL
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	2	QL (2 tablets per 1 day)
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	2	MDL
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERCLEAR ORAL TABLET 10 MG	2	MDL
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG	2	MDL
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	2	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)

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ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLER-TEC ORAL TABLET 10 MG	2	MDL
<i>cetirizine oral solution 1 mg/ml, 5 mg/5 ml</i>	2	MDL
<i>cetirizine oral tablet 10 mg, 5 mg</i>	2	MDL; QL (30 tablets per 30 days)
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML	Non-Formulary	QL (300 ML per 30 days)
CLARINEX ORAL TABLET 5 MG	Non-Formulary	
CLARITIN ORAL TABLET 10 MG	Non-Formulary	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 10 MG	Non-Formulary	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Non-Formulary	QL (2 tablets per 1 day)
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>desloratadine oral tablet 5 mg</i>	2	MDL
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	MDL
LORADAMED ORAL TABLET 10 MG	2	MDL
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
<i>loratadine oral solution 5 mg/5 ml</i>	2	QL (300 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	2	MDL
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	2	QL (2 tablets per 1 day)

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LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	2	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
WAL-ITIN ORAL TABLET 10 MG	2	MDL
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	2	MDL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
ZYRTEC ORAL TABLET 10 MG	Non-Formulary	
<b>Select.Beta-2-Adrenergic Agonist(Respir)</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	MDL; QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g), Levalbuterol HFA); QL (10.7 GM per 30 Days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MDL; QL (2 Inhalers per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	2	MDL
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MDL
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	MDL
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	

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ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (60 Blisters per 28 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	2	QL (120 ML per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	2	QL (10.3 GM per 1 Fill)
BREYNA INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	2	MDL; QL (10.3 GM per 1 Fill)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (10.7 GM per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Non-Formulary	
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	MDL; QL (10.3 GM per 1 Fill)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	MDL; QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (1 Inhaler per 28 days)

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DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	3	ALT (Covered Alternatives: BREO ELLIPTA, ADVAIR HFA); MDL; QL (13 GM per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	MDL; QL (13 GM per 28 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	MDL; QL (60 GM per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	2	QL (4 vials per 1 day)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	MDL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	2	MDL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Non-Formulary	QL (4 vials per 1 day)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g)); QL (1 Inhaler per 28 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g)); QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	MDL; QL (1 diskus per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	MDL; QL (1 inhaler per 30 days)

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STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Non-Formulary	QL (4 GM per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE/FORMOTEROL FUMARATE); QL (10.3 GM per 1 Fill)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	MDL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	4	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 DEVICE per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g)); QL (2 inhalers per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	MDL; QL (60 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Non-Formulary	
<b>Vasodilating Agents (Respiratory Tract)</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	6	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (3 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	2	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 tablets per 30 days)

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LETAIRIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Tadalafil, Opsumit); QL (1 Tablet per 1 Day)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML	Non-Formulary	
REMODULIN INJECTION SOLUTION 5 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 tablets per 30 days)

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TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	7	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 Day)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 day)
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2.9 ML per 1 day)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Xanthine Derivatives</b>		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	MDL
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	

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<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MDL
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	MDL
SKIN AND MUCOUS MEMBRANE AGENTS		
Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MDL; QL (15 ML per 1 Fill)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	Non-Formulary	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	2	MDL; QL (15 ML per 1 Fill)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	2	MDL; QL (15 ML per 30 days)
<i>brimonidine topical gel with pump 0.33 %</i>	2	PA; QL (1 GM per 1 day)
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Non-Formulary	QL (1 GM per 1 day)
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Non-Formulary	
Allylamines (Skin And Mucous Membrane)		
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i>	2	QL (1.5 GM per 1 day)
<i>naftifine topical gel 2 %</i>	2	QL (1.5 GM per 1 day)
NAFTIN TOPICAL GEL 2 %	Non-Formulary	ALT (Covered Alternatives: Naftifine); QL (45 GM per 1 Fill)
<i>terbinafine hcl oral tablet 250 mg</i>	2	MDL
<i>terbinafine hcl topical cream 1 %</i>	Non-Formulary	
Antibacterials (84:04)		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
ACZONE TOPICAL GEL 5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)

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ACZONE TOPICAL GEL WITH PUMP 7.5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
ALTABAX TOPICAL OINTMENT 1 %	4	QL (15 GM per 12 days)
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN)
<i>avidoxy oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>azelaic acid topical gel 15 %</i>	2	
AZELEX TOPICAL CREAM 20 %	4	PA; QL (1 GM per 1 day)
BENZAMYCIN TOPICAL GEL 3-5 %	Non-Formulary	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Non-Formulary	ALT (Covered Alternatives: CLINDAMYCIN-BENZOYL PEROXIDE, ADAPALENE/BENZOYL PEROXIDE, ADAPALENE); QL (50 GM per 30 Days)
CENTANY TOPICAL OINTMENT 2 %	Non-Formulary	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	Non-Formulary	
CLEOCIN INJECTION SOLUTION 150 MG/ML	Non-Formulary	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Non-Formulary	
CLEOCIN T TOPICAL LOTION 1 %	Non-Formulary	
CLEOCIN VAGINAL CREAM 2 %	Non-Formulary	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindacin etz topical swab 1 %</i>	2	QL (4 swabs per 1 day)
<i>clindacin p topical swab 1 %</i>	2	MDL; QL (4 swabs per 1 day)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	Non-Formulary	QL (Quantity Limits Apply)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	7	
<i>clindamycin phosphate topical foam 1 %</i>	2	

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<i>clindamycin phosphate topical gel 1 %</i>	2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Non-Formulary	
<i>clindamycin phosphate topical lotion 1 %</i>	2	
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (4 ML per 1 day)
<i>clindamycin phosphate topical swab 1 %</i>	2	MDL; QL (2 swabs per 1 day)
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	2	QL (Quantity Limits Apply); MDL
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Non-Formulary	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	MDL
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Non-Formulary	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	Non-Formulary	QL (Quantity Limits Apply)
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>dapsone topical gel 5 %</i>	2	QL (2 GM per 1 day)
<i>dapsone topical gel 7.5 %</i>	Non-Formulary	ALT (Covered Alternatives: DAPSONE 5% GEL, DAPSONE 7.5% GEL WITH PUMP); QL (1 GM per 1 Day)
<i>dapsone topical gel with pump 7.5 %</i>	2	QL (2 GM per 1 day)
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	ALT (Covered Alternatives: Doxycycline Hyclate, Doxycycline Monohydrate); QL (1 tablet per 1 day)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	2	MDL
<i>doxycycline hyclate oral capsule 50 mg</i>	2	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	MDL; QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE); QL (3 tablets per 1 day)

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<i>doxycycline hyclate oral tablet 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE)
<i>doxycycline hyclate oral tablet 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE); QL (1 Capsule per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
E.E.S. 400 ORAL TABLET 400 MG	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
<i>ery pads topical swab 2 %</i>	2	
ERYGEL TOPICAL GEL 2 %	Non-Formulary	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	

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ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Non-Formulary	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	
EVOCLIN TOPICAL FOAM 1 %	Non-Formulary	
FINACEA TOPICAL FOAM 15 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELAIC ACID)
<i>gentamicin injection solution 40 mg/ml</i>	7	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	7	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	

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<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Non-Formulary	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Non-Formulary	
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 125 mg</i>	Non-Formulary	ALT (Covered Alternatives: Metronidazole 250mg Tablets); QL (1 Tablets per 1 Day)
<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i>	2	
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	MDL
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
<i>morgidox oral capsule 50 mg</i>	2	QL (90 capsules per 30 days)
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>mupirocin calcium topical cream 2 %</i>	Non-Formulary	ALT (Covered Alternatives: Mupirocin Ointment); QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	2	QL (44 GM per 30 days)

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<i>neomycin oral tablet 500 mg</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	2	QL (Quantity Limits Apply)
NORITATE TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Non-Formulary	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (24 capsules per 1 day)
ROSADAN TOPICAL CREAM 0.75 %	Non-Formulary	ALT (Covered Alternatives: Metronidazole)

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ROSADAN TOPICAL GEL 0.75 %	Non-Formulary	ALT (Covered Alternatives: Metronidazole)
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
SULFAMYLON TOPICAL PACKET 50 GRAM	Non-Formulary	ALT (Covered Alternatives: SILVER SULFADIAZINE)
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: Tetracycline Capsules); QL (2 Tablets per 1 day)
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
VELTIN TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply)
XEPI TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
ZIANA TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, CLINDAMYCIN HCL)
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Anti-Inflammatory Agents, Misc (Skin)</b>		
WINLEVI TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Antiproliferants</b>		
<i>bexarotene oral capsule 75 mg</i>	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 capsule per 1 day)
<i>bexarotene topical gel 1 %</i>	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 GM per 1 day)
CARAC TOPICAL CREAM 0.5 %	Non-Formulary	
EFUDEX TOPICAL CREAM 5 %	Non-Formulary	
<i>fluorouracil topical cream 0.5 %</i>	Non-Formulary	ALT (Covered Alternatives: FLUOROURACIL, FLUOROURACIL)
<i>fluorouracil topical cream 5 %</i>	2	

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<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 3.75 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (1 box per 30 days)
PANRETIN TOPICAL GEL 0.1 %	4	
TARGRETIN ORAL CAPSULE 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TARGRETIN TOPICAL GEL 1 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VALCHLOR TOPICAL GEL 0.016 %	5	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 GM per 1 fill)
<b>Antipruritics And Local Anesthetics</b>		
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	Non-Formulary	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Non-Formulary	ALT (Covered Alternatives: PRAMOSONE)
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	3	
<i>dermacinrx prizopak topical kit 2.5-2.5 %</i>	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MDL
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>doxepin topical cream 5 %</i>	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE, TACROLIMUS)
DULOXICAINE KIT 30 MG- 4%	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
DYCLOPRO TOPICAL SOLUTION 0.5 %	Non-Formulary	QL (30 ML per 30 Days)
<i>ethyl chloride topical aerosol,spray 100 %</i>	2	

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<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	2	QL (1.06 GM per 1 day)
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	2	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %</i>	Non-Formulary	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-2.5 % (7 gram)</i>	Non-Formulary	ALT (Covered Alternatives: lidocaine-HC rectal cream 3-05%); QL (1 Tube per 30 Days)
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 Patches per 1 day)
<i>lidocaine topical ointment 5 %</i>	2	QL (39 gm per 1 fill)
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	Non-Formulary	
<i>phenazopyridine oral tablet 100 mg</i>	1	
<i>phenazopyridine oral tablet 200 mg</i>	2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Non-Formulary	QL (Quantity Limits Apply)
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	4	

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PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
PRUDOXIN TOPICAL CREAM 5 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE, TACROLIMUS)
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	Non-Formulary	
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>acyclovir oral capsule 200 mg</i>	2	MDL
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MDL
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	7	
<i>acyclovir topical ointment 5 %</i>	2	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	Non-Formulary	ALT (Covered Alternatives: Penciclovir); QL (5 gm per 28 days)
<i>penciclovir topical cream 1 %</i>	2	PA; QL (5 gm per 28 days)
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	ALT (Covered Alternatives: ACYCLOVIR, HYDROCORTISONE)
ZELSUVMI TOPICAL GEL 10.3 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (31 GM per 30 Days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	Non-Formulary	
ZOVIRAX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
ZOVIRAX TOPICAL OINTMENT 5 %	Non-Formulary	
<b>Astringents (84:12)</b>		
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)

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CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Non-Formulary	PA; QL (5 ML per 1 day)
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Non-Formulary	PA; ALT (Covered Alternatives: CUVPOSA); QL (0.01 ML per 1 day)
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	5	PA; QL (5 ML per 1 day)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MDL
QBREXZA TOPICAL TOWELETTE 2.4 %	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 packet per 1 day)
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Astringents, Anti-Infective</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	MDL
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	Non-Formulary	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	MDL
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	2	
SILVADENE TOPICAL CREAM 1 %	Non-Formulary	
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	2	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
<b>Azoles (Skin And Mucous Membrane)</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i>	2	QL (60 GM per 30 days)
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	

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<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
<i>econazole nitrate topical cream 1 %</i>	2	
ERTACZO TOPICAL CREAM 2 %	Non-Formulary	QL (Quantity Limits Apply)
EXELDERM TOPICAL SOLUTION 1 %	4	QL (30 ML per 1 fill)
EXTINA TOPICAL FOAM 2 %	Non-Formulary	
<i>fungi cure topical spray,non-aerosol 1 %</i>	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: MICONAZOLE 3, TERCONAZOLE)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: ITRACONAZOLE, TERBINAFINE, CICLOPIROX)
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical foam 2 %</i>	Non-Formulary	ALT (Covered Alternatives: KETOCONAZOLE)
<i>ketoconazole topical shampoo 2 %</i>	2	MDL
LUZU TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	2	
<i>oxiconazole topical cream 1 %</i>	2	PA; ALT (Covered Alternatives: CLOTRIMAZOLE); QL (2 GM per 1 day)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	4	QL (50 GM per 30 days)
<b>Basic Lotions And Liniments</b>		
<i>ammonium lactate topical lotion 12 %</i>	2	MDL
<i>lac-hydrin five topical lotion 5 %</i>	1	
<b>Basic Ointments And Protectants</b>		
<i>ammonium lactate topical cream 12 %</i>	2	

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<i>calcipotriene scalp solution 0.005 %</i>	2	QL (60 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	MDL; QL (60 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (60 GM per 30 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2	QL (60 GM per 30 days)
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Non-Formulary	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CALCIPOTRIENE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, DESONIDE, ALCLOMETASONE DIPROPIONATE, HALOBETASOL PROPIONATE, FLUOCINOLONE ACETONIDE)
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	MDL
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	QL (30 GM per 84 Days)
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Non-Formulary	ALT (Covered Alternatives: Nitroglycerin Ointment); QL (30 GM per 90 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (30GM per fill, 2 fills per 30 days)
SORILUX TOPICAL FOAM 0.005 %	Non-Formulary	QL (Quantity Limits Apply)
STRATAMARK TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
STRATATRIZ TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Non-Formulary	ALT (Covered Alternatives: CALCIPOTRIENE-BETAMETHASONE DP)
VTAMA TOPICAL CREAM 1 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene, Calcipotriene)

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<b>Cell Stimulants And Proliferants</b>		
ALTRENO TOPICAL LOTION 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
ATRALIN TOPICAL GEL 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
<i>avita topical cream 0.025 %</i>	2	PA; QL (45 GM per 30 days)
<i>avita topical gel 0.025 %</i>	2	PA; QL (45 GM per 30 days)
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Non-Formulary	
<i>finasteride oral tablet 5 mg</i>	2	MDL; QL (2 tablets per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	MDL
PROSCAR ORAL TABLET 5 MG	Non-Formulary	QL (2 tablets per 1 day)
REGRANEX TOPICAL GEL 0.01 %	4	PA; QL (15 GM per 30 days)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); AG (Max 30 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); AG (Max 30 Years)
RETIN-A TOPICAL CREAM 0.025 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (45 GM per 30 days); AG (Max 30 Years)

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RETIN-A TOPICAL CREAM 0.05 %, 0.1 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); AG (Max 30 Years)
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (45 GM per 30 days); AG (Max 30 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.1 %</i>	2	PA; QL (45 GM per 30 days)
<i>tretinoin topical cream 0.05 %</i>	2	PA; QL (45 GM per 1 Fill)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA; QL (45 GM per 30 days)
VELTIN TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply)
ZIANA TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, CLINDAMYCIN HCL)
<b>Corticosteroids (Skin, Mucous Membrane)</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	MDL; QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Albuterol HFA (package size 8.5g & 6.7g), Levalbuterol HFA); QL (10.7 GM per 30 Days)
ALA-CORT TOPICAL CREAM 1 %	2	

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ALA-SCALP TOPICAL LOTION 2 %	Non-Formulary	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non-Formulary	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	Non-Formulary	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Non-Formulary	ALT (Covered Alternatives: PRAMOSONE)
<i>anti-itch (hc) topical ointment 1 %</i>	2	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	
APEXICON E TOPICAL CREAM 0.05 %	Non-Formulary	ALT (Covered Alternatives: Diflorasone); QL (1 gram per 1 day)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	QL (13 GM per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	4	MDL; QL (1 inhaler per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	QL (60 GM per 1 fill)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	QL (60 ML per 1 fill)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	QL (2 GM per 1 day)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone valerate topical foam 0.12 %</i>	Non-Formulary	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	QL (60 ML per 1 fill)
<i>betamethasone valerate topical ointment 0.1 %</i>	2	QL (60 GM per 1 fill)
<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	QL (60 ML per 1 fill)
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	QL (60 GM per 1 fill)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (1 inhaler per 30 days)

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BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (10.3 GM per 1 Fill)
BRYHALI TOPICAL LOTION 0.01 %	Non-Formulary	QL (Quantity Limits Apply)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	MDL; QL (10.3 GM per 1 Fill)
CAPEX TOPICAL SHAMPOO 0.01 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CLOBETASOL PROPIONATE, FLUOCINOLONE ACETONIDE, FLUOCINOLONE ACETONIDE)
<i>clobetasol scalp solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>clobetasol topical cream 0.025 %</i>	Non-Formulary	ALT (Covered Alternatives: CLOBETASOL 0.05% OINTMENT, CLOBETASOL 0.05% CREAM, CLOBETASOL 0.05% SOLUTION); QL (2 GM per 1 day)
<i>clobetasol topical cream 0.05 %</i>	2	QL (2.1 GM per 1 day)
<i>clobetasol topical foam 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	Non-Formulary	
<i>clobetasol topical lotion 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i>	2	QL (118 ML per 30 days)
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	2	ALT (Covered Alternatives: FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE FUROATE); QL (4.2 ML per 1 day)
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
CLOBEX TOPICAL LOTION 0.05 %	Non-Formulary	

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CLOBEX TOPICAL SHAMPOO 0.05 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE FUROATE)
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	Non-Formulary	
<i>clocortolone pivalate topical cream 0.1 %</i>	Non-Formulary	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Non-Formulary	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	Non-Formulary	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: HYDROCORTISONE, HYDROCORTISONE ACETATE)
CORTIZONE-10 TOPICAL OINTMENT 1 %	Non-Formulary	
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 %	Non-Formulary	
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 %	Non-Formulary	
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	QL (2 GM per 1 day)
DESOWEN TOPICAL CREAM 0.05 %	Non-Formulary	

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<i>desoximetasone topical cream 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)
<i>desoximetasone topical cream 0.25 %</i>	2	QL (15 GM per 30 days)
<i>desoximetasone topical ointment 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)
<i>desoximetasone topical ointment 0.25 %</i>	Non-Formulary	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Non-Formulary	
<i>diflorasone topical cream 0.05 %</i>	2	PA; QL (30 GM per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	2	QL (15 GM per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Non-Formulary	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	3	ALT (Covered Alternatives: BREO ELLIPTA, ADVAIR HFA); MDL; QL (13 GM per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	MDL; QL (13 GM per 28 days)
DUOBRII TOPICAL LOTION 0.01-0.045 %	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	

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<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	2	QL (90 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	2	QL (60 GM per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>flurandrenolide topical cream 0.05 %</i>	Non-Formulary	
<i>flurandrenolide topical lotion 0.05 %</i>	Non-Formulary	
<i>flurandrenolide topical ointment 0.05 %</i>	Non-Formulary	
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical lotion 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	MDL; QL (60 GM per 30 days)
<i>halcinonide topical cream 0.1 %</i>	Non-Formulary	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical foam 0.05 %</i>	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: HALOBETASOL PROPIONATE Ointment, HALOBETASOL PROPIONATE Cream); QL (50 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	2	

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HALOG TOPICAL CREAM 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)
HALOG TOPICAL OINTMENT 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
HALOG TOPICAL SOLUTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
<i>hemmorex-hc rectal suppository 25 mg</i>	2	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	2	
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE 2.5% CREAM, HYDROCORTISONE 2.5% OINTMENT, HYDROCORTISONE 1% CREAM, HYDROCORTISONE 1% OINTMENT); QL (1 Tube per 30 Days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Non-Formulary	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	1	MDL
<i>hydrocortisone oral tablet 20 mg</i>	2	MDL
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	7	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	

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<i>hydrocortisone topical solution 2.5 %</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE 2.5% CREAM, HYDROCORTISONE 2.5% LOTION, HYDROCORTISONE 2.5% OINTMENT); QL (1 ML per 1 day)
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Non-Formulary	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Non-Formulary	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
KHINDIVI ORAL SOLUTION 1 MG/ML	Non-Formulary	ALT (Covered Alternatives: Hydrocortisone 5mg tablet)
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	2	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %</i>	Non-Formulary	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-2.5 % (7 gram)</i>	Non-Formulary	ALT (Covered Alternatives: lidocaine-HC rectal cream 3-05%); QL (1 Tube per 30 Days)
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	2	
LUXIQ TOPICAL FOAM 0.12 %	Non-Formulary	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE TOPICAL CREAM, HYDROCORTISONE TOPICAL OINTMENT); QL (1 Tube per 30 Days)

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<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL (17 GM per 30 days)
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QL (1.4 GM per 1 day)
OLUX TOPICAL FOAM 0.05 %	Non-Formulary	
OLUX-E TOPICAL FOAM 0.05 %	Non-Formulary	
<i>oralone dental paste 0.1 %</i>	2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Non-Formulary	QL (Quantity Limits Apply)
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	4	
<i>prednicarbate topical cream 0.1 %</i>	2	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Non-Formulary	
PROCTOCORT TOPICAL CREAM 1 %	Non-Formulary	
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE)
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	7	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Non-Formulary	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE/FORMOTEROL FUMARATE); QL (10.3 GM per 1 Fill)
SYNALAR TOPICAL CREAM 0.025 %	Non-Formulary	
SYNALAR TOPICAL OINTMENT 0.025 %	Non-Formulary	
SYNALAR TOPICAL SOLUTION 0.01 %	Non-Formulary	
TOPICORT TOPICAL CREAM 0.05 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)
TOPICORT TOPICAL CREAM 0.25 %	Non-Formulary	
TOPICORT TOPICAL GEL 0.05 %	Non-Formulary	
TOPICORT TOPICAL OINTMENT 0.05 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)
TOPICORT TOPICAL OINTMENT 0.25 %	Non-Formulary	

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TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	Non-Formulary	
<i>triamcinolone acetonide injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	7	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-Formulary	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	MDL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE)
TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, FLUCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE)
ULTRAVATE TOPICAL LOTION 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
VERDESO TOPICAL FOAM 0.05 %	4	PA; QL (3.4 GM per 1 day)
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	MDL; QL (60 GM per 30 days)
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	ALT (Covered Alternatives: ACYCLOVIR, HYDROCORTISONE)
<b>Depigmenting Agents</b>		
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %	Non-Formulary	QL (Quantity Limits Apply)

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<b>Emollients, Demulcents, And Protectants</b>		
CELACYN TOPICAL GEL WITH PUMP	Non-Formulary	Cosmetic products are not covered
<b>Hydroxypyridones (Skin, Mucous Membrane)</b>		
CICLODAN KIT TOPICAL SOLUTION 8 %	Non-Formulary	
CICLODAN TOPICAL CREAM 0.77 %	Non-Formulary	
<i>ciclodan topical solution 8 %</i>	2	
<i>ciclopirox topical cream 0.77 %</i>	2	
<i>ciclopirox topical gel 0.77 %</i>	2	
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i>	2	MDL
<i>ciclopirox topical suspension 0.77 %</i>	2	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	Non-Formulary	
<b>Immunomodulatory Agents (84:06)</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 ML per 30 Days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 ML per 30 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Non-Formulary	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 56 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 56 days)

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EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Betamethasone Ointment, Clobetasol Ointment); QL (0.072 ML per 1 Day)
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Non-Formulary	
HYFTOR TOPICAL GEL 0.2 %	Non-Formulary	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 90 days)
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Non-Formulary	SP (Dispensed by Amber Specialty Pharmacy: (888) 370-1724; up to a 30 day supply per fill); ALT (Covered Alternative: Betamethasone, Clobetasol, Halobetasol, Methotrexate, Cyclosporine); QL (1 pen per 28 days)
<i>pimecrolimus topical cream 1 %</i>	2	QL (30 GM per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG	Non-Formulary	MDL
PROGRAF ORAL CAPSULE 1 MG, 5 MG	Non-Formulary	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	6	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sirolimus oral solution 1 mg/ml</i>	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (Maintenance dosing - 0.02 mL/day; Loading/induction dose PLA required (0.04 mL/day x 4 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)

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SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (Maintenance dosing - 0.02 mL/day; Loading/induction dose PLA required (0.04 mL/day x 4 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.012 ML per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Cyclosporine, Methotrexate, Tacrolimus, Infliximab, Hadlima); QL (2 ML per 28 days)
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Cyclosporine, Methotrexate, Tacrolimus, Infliximab, Hadlima); QL (2 ML per 28 days)
SPEVIGO SUBCUTANEOUS SYRINGE 300 MG/2 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Cyclosporine, Methotrexate, Tacrolimus, Infliximab, Hadlima); QL (2 ML per 28 Days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	MDL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)

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TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 day)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 day)
<b>Janus Kinase Inhibitors (84:06)</b>		
ANZUPGO TOPICAL CREAM 2 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: BETAMETHASONE, CLOBETASOL, TACROLIMUS OINTMENT); QL (1 Tube per 30 Days)
CIBINQO ORAL TABLET 100 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
CIBINQO ORAL TABLET 200 MG, 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Dupixent, Rinvoq)

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JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 tablets per 30 days)
LITFULO ORAL CAPSULE 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Betamethasone, Clobetasol, Triamcinolone); QL (1 Capsule per 1 day)
OPZELURA TOPICAL CREAM 1.5 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Betamethasone, Clobetasol, Tacrolimus); QL (2 GRAM per 1 day)
SOTYKTU ORAL TABLET 6 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); ALT (Covered Alternatives: Acitretin, Methoxsalen, Skyrizi)
<b>Keratolytic Agents</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Non-Formulary	QL (Quantity Limits Apply)
ABSORICA ORAL CAPSULE 25 MG, 35 MG	Non-Formulary	QL (Quantity Limits Apply)
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	QL (2 capsules per 1 day)
<i>adapalene topical cream 0.1 %</i>	2	PA; QL (45 GM per 30 days)
<i>adapalene topical gel 0.1 %, 0.3 %</i>	2	PA; MDL; QL (45 GM per 30 days)
<i>adapalene topical gel with pump 0.3 %</i>	2	PA; QL (45 GM per 30 days)
<i>adapalene topical lotion 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)

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<i>adapalene topical solution 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
<i>adapalene topical swab 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
AKLIEF TOPICAL CREAM 0.005 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Tretinoin 0.025% Cream, Tretinoin 0.05% Cream, Tretinoin 0.1% Cream, Tretinoin 0.01% Gel, Tretinoin 0.025% Gel)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	QL (2 capsules per 1 day)
ARAZLO TOPICAL LOTION 0.045 %	Non-Formulary	QL (Quantity Limits Apply)
AVAR LS TOPICAL CLEANSER 10-2 %	Non-Formulary	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	2	
<i>avar-e topical cream 10-5 % (w/w)</i>	2	
<i>benzepro topical towelette 6 %</i>	2	
<i>benzoyl peroxide topical gel 10 %</i>	2	
<i>bp 10-1 topical cleanser 10-1 %</i>	2	
CICLODAN KIT TOPICAL SOLUTION 8 %	Non-Formulary	
<i>claravis oral capsule 10 mg</i>	2	QL (2 capsules per 1 day)
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	2	QL (2 capsules per 1 day)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	2	QL (Quantity Limits Apply); MDL
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Non-Formulary	
CONDYLOX TOPICAL GEL 0.5 %	Non-Formulary	QL (3.5 GM per 30 days)
DIFFERIN TOPICAL CREAM 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	Non-Formulary	
DIFFERIN TOPICAL LOTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)

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DUOBRII TOPICAL LOTION 0.01-0.045 %	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
FABIOR TOPICAL FOAM 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TAZAROTENE, ADAPALENE, SODIUM SULFACETAMIDE/SULFUR, CLINDAMYCIN PHOSPHATE)
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (2 capsules per 1 day)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Non-Formulary	ALT (Covered Alternatives: Isotretinoin 10mg, Isotretinoin 20mg, Isotretinoin 30mg, Isotretinoin 40mg)
KERALYT RX TOPICAL GEL 6 %	Non-Formulary	
METDRAY TOPICAL GEL 17-2 %	Non-Formulary	ALT (Covered Alternatives: SALICYLIC ACID CREAM, SALICYLIC ACID FOAM, SALICYLIC ACID gel, SALICYLIC ACID lotion ); QL (1 Pump per 30 days)
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	2	QL (Quantity Limits Apply)
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Non-Formulary	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
PLEXION TOPICAL CLEANSER 9.8-4.8 %	Non-Formulary	
PLEXION TOPICAL CREAM 9.8-4.8 %	Non-Formulary	
PLEXION TOPICAL LOTION 9.8-4.8 %	Non-Formulary	
PODOCON TOPICAL LIQUID 25 %	2	
<i>podofilox topical gel 0.5 %</i>	Non-Formulary	QL (3.5 GM per 30 Days)

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<i>podofilox topical solution 0.5 %</i>	2	
SALICATE TOPICAL LIQUID 10 %	Non-Formulary	QL (30 ML per 30 days)
<i>salicylic acid topical cream 6 %</i>	2	
<i>salicylic acid topical cream,extended release 6 %</i>	2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	2	
<i>salicylic acid topical foam 6 %</i>	Non-Formulary	
<i>salicylic acid topical gel 6 %</i>	Non-Formulary	
<i>salicylic acid topical lotion 6 %</i>	2	
<i>salicylic acid topical lotion,extended release 6 %</i>	2	
<i>salicylic acid topical ointment 3 %</i>	Non-Formulary	ALT (Covered Alternatives: Salicylic Acid 6%)
<i>salicylic acid topical shampoo 6 %</i>	2	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Non-Formulary	ALT (Covered Alternatives: SALICYLIC ACID, SALICYLIC ACID, SALICYLIC ACID, SALICYLIC ACID, SALICYLIC ACID)
SALVAX TOPICAL FOAM 6 %	Non-Formulary	
SALYCIM TOPICAL CREAM 6 %	Non-Formulary	ALT (Covered Alternatives: SALICYLIC ACID CREAM, SALICYLIC ACID LOTION, SALICYLIC ACID GEL); QL (454 GM per 30 Days)
<i>silver nitrate topical solution 10 %</i>	2	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %</i>	Non-Formulary	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Non-Formulary	ALT (Covered Alternatives: SOD SULFACET-SULFUR 10-5% CLSR, SOD SULFACE-SULFUR 9-4.5% WASH); QL (454 GM per 30 Days)

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<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	2	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Non-Formulary	
SUMADAN TOPICAL CLEANSER 9-4.5 %	Non-Formulary	
SUMADAN TOPICAL KIT 9-4.5 %	Non-Formulary	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Non-Formulary	
SUMAXIN TOPICAL CLEANSER 9-4 %	Non-Formulary	ALT (Covered Alternatives: SOD SULFACET-SULFUR 10-5% CLSR, SOD SULFACE-SULFUR 9-4.5% WASH); QL (454 GM per 30 days)
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	Non-Formulary	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	Non-Formulary	
<i>tazarotene topical cream 0.05 %</i>	2	PA; ALT (Covered Alternatives: Tazarotene 0.1% cream); QL (1 GM per 1 day)
<i>tazarotene topical cream 0.1 %</i>	2	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 GM per 1 day)
<i>tazarotene topical foam 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Tazarotene 0.1% cream)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	2	PA; ALT (Covered Alternatives: Tazarotene 0.1% cream); QL (1 GM per 1 day)
TAZORAC TOPICAL CREAM 0.05 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene 0.1% cream); QL (30 GM per 30 days)
TAZORAC TOPICAL CREAM 0.1 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene 0.1% cream)

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TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene 0.1% cream); QL (1 GM per 1 day)
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	
<i>urea topical cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	2	
<i>urea topical lotion 40 %</i>	2	
VEREGEN TOPICAL OINTMENT 15 %	4	PA; QL (60 GM per 365 days)
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	Non-Formulary	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (2 capsules per 1 day)
<b>Keratoplastic Agents</b>		
DRITHOCREME HP TOPICAL CREAM 1 %	2	
<b>Local Anti-Infectives, Miscellaneous</b>		
AVAR LS TOPICAL CLEANSER 10-2 %	Non-Formulary	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	2	
<i>avar-e topical cream 10-5 % (w/w)</i>	2	
<i>bp 10-1 topical cleanser 10-1 %</i>	2	
FEM PH VAGINAL GEL 0.9-0.025 %	2	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	2	
KLARON TOPICAL SUSPENSION 10 %	Non-Formulary	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)

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OVACE PLUS TOPICAL CLEANSER 10 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
OVACE PLUS TOPICAL CREAM 10 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
OVACE PLUS TOPICAL LOTION 9.8 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
OVACE TOPICAL CLEANSER 10 %	Non-Formulary	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	Non-Formulary	
PLEXION TOPICAL CREAM 9.8-4.8 %	Non-Formulary	
PLEXION TOPICAL LOTION 9.8-4.8 %	Non-Formulary	
RELAGARD VAGINAL GEL 0.9-0.025 %	Non-Formulary	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	2	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
<i>sulfacetamide sodium topical cleanser 10 %</i>	2	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %</i>	Non-Formulary	

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<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Non-Formulary	ALT (Covered Alternatives: SOD SULFACET-SULFUR 10-5% CLSR, SOD SULFACE-SULFUR 9-4.5% WASH); QL (454 GM per 30 Days)
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	2	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Non-Formulary	
SUMADAN TOPICAL CLEANSER 9-4.5 %	Non-Formulary	
SUMADAN TOPICAL KIT 9-4.5 %	Non-Formulary	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Non-Formulary	
SUMAXIN TOPICAL CLEANSER 9-4 %	Non-Formulary	ALT (Covered Alternatives: SOD SULFACET-SULFUR 10-5% CLSR, SOD SULFACE-SULFUR 9-4.5% WASH); QL (454 GM per 30 days)
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	Non-Formulary	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	Non-Formulary	
ULESFIA TOPICAL LOTION 5 %	4	QL (227 GM per 7 days)
<b>Nonsteroidal Anti-Inflammat.Agents(Skin)</b>		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Non-Formulary	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	Non-Formulary	
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	

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<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MDL
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	MDL
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	MDL
<i>diclofenac sodium topical drops 1.5 %</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	2	QL (10 GM per 1 day)
<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 GM per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	MDL
DICLOSAICIN TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	ALT (Covered Alternatives: Diclofenac Sodium 1% gel, Diclofenac 1.5% topical solution); QL (12.9 grams per 1 day)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PIROXICAM, DICLOFENAC SODIUM, DICLOFENAC SODIUM, MELOXICAM, NABUMETONE, NAPROXEN, CELECOXIB)
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DICLOFENAC SODIUM, DICLOFENAC SODIUM, CELECOXIB, IBUPROFEN, MELOXICAM, NAPROXEN, NABUMETONE)
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Oxaboroles</b>		
<i>tavaborole topical solution with applicator 5 %</i>	2	QL (10 ML per 30 days)
<b>Phosphodiesterase-4 Inhibitors (84:06)</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non-Formulary	QL (1 tablet per 1 day)

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EUCRISA TOPICAL OINTMENT 2 %	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 GM per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	QL (1 tablet per 1 day)
ZORYVE TOPICAL CREAM 0.15 %	Non-Formulary	ALT (Covered Alternatives: TAZAROTENE, CALCIPOTRIENE); QL (2 GM per 1 Day)
ZORYVE TOPICAL CREAM 0.3 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene, Calcipotriene); QL (2 GM per 1 day)
ZORYVE TOPICAL FOAM 0.3 %	Non-Formulary	ALT (Covered Alternatives: TAZAROTENE, CALCIPOTRIENE); QL (2 GM per 1 day)
<b>Pigmenting Agents</b>		
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	2	PA; QL (1 CAPSULE per 1 day)
<b>Polyenes (Skin And Mucous Membrane)</b>		
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	2	
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
<b>Scabicides And Pediculicides</b>		
CROTAN TOPICAL LOTION 10 %	Non-Formulary	QL (454 GM per 1 Fill)
ELIMITE TOPICAL CREAM 5 %	Non-Formulary	
EURAX TOPICAL CREAM 10 %	Non-Formulary	ALT (Covered Alternatives: Pruradik 10% Lotion); QL (2 GRAM per 1 day)

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EURAX TOPICAL LOTION 10 %	Non-Formulary	ALT (Covered Alternatives: Pruradik 10% Lotion); QL (454 GM per 30 days)
<i>ivermectin topical lotion 0.5 %</i>	2	
<i>malathion topical lotion 0.5 %</i>	2	
OVIDE TOPICAL LOTION 0.5 %	Non-Formulary	
<i>permethrin topical cream 5 %</i>	2	QL (60 GM per 7 days)
PRURADIK TOPICAL LOTION 10 %	4	PA; QL (237 GM per 30 Days)
<i>spinosad topical suspension 0.9 %</i>	2	
ULESFIA TOPICAL LOTION 5 %	4	QL (227 GM per 7 days)
<b>Skin And Mucous Membrane Agents, Misc.</b>		
ACZONE TOPICAL GEL 5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	PA; QL (45 GM per 30 days)
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Non-Formulary	ALT (Covered Alternatives: CLINDAMYCIN-BENZOYL PEROXIDE, ADAPALENE/BENZOYL PEROXIDE, ADAPALENE); QL (50 GM per 30 Days)
<i>calcitriol topical ointment 3 mcg/gram</i>	Non-Formulary	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>dapsone topical gel 5 %</i>	2	QL (2 GM per 1 day)
<i>dapsone topical gel 7.5 %</i>	Non-Formulary	ALT (Covered Alternatives: DAPSONE 5% GEL, DAPSONE 7.5% GEL WITH PUMP); QL (1 GM per 1 Day)
<i>dapsone topical gel with pump 7.5 %</i>	2	QL (2 GM per 1 day)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.09 ML per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	6	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ml per 1 day)
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
FILSUVEZ TOPICAL GEL 10 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.8 GM per 1 Day)
<i>ivermectin topical cream 1 %</i>	Non-Formulary	QL (2 Fills per Year); ALT (Covered Alternatives: Ivermectin 3mg Tablet)
<i>minoxidil topical solution 2 %, 5 %</i>	Non-Formulary	
MOUTHKOTE MUCOUS MEMBRANE SPRAY WITH PUMP	Non-Formulary	
SOOLANTRA TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	Non-Formulary	QL (Quantity Limits Apply)
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Non-Formulary	
<b>Sunscreen Agents</b>		
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Non-Formulary	

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<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>Antimuscarinics</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	QL (1 tablet per 1 day)
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Non-Formulary	ALT (Covered Alternatives: Mybetriq); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>flavoxate oral tablet 100 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MDL; QL (2 tablets per 1 day)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	MDL; QL (90 tablets per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	MDL; QL (1 tablet per 1 day)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	MDL; QL (1 capsule per 1 day)
<i>tolterodine oral tablet 1 mg</i>	2	MDL
<i>tolterodine oral tablet 2 mg</i>	2	MDL; QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Fesoterodine); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	2	QL (1 capsule per 1 day)
<i>trospium oral tablet 20 mg</i>	2	
VESICARE ORAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Solifenacin Succinate)
<b>Respiratory Smooth Muscle Relaxants</b>		
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	MDL
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	

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<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MDL
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	MDL
<b>Selective Beta-3-Adrenergic Agonists</b>		
GEMTESA ORAL TABLET 75 MG	Non-Formulary	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	2	MDL; ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 Tablet per 1 Day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	4	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	Non-Formulary	ALT (Covered Alternatives: Mirabegron); ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 Tablet per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	Non-Formulary	ALT (Covered Alternatives: Mirabegron); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 Tablet per 1 day)
<b>VITAMINS</b>		
<b>Multivitamin Preparations</b>		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Non-Formulary	QL (Quantity Limits Apply)

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C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	2	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
MATERNACEL ORAL TABLET 20 MG IRON-1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG, 1 MG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.)
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
NEOMATERNA ORAL TABLET 20 MG IRON-1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	Non-Formulary	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG	Non-Formulary	
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	2	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	2	MDL; QL (1 capsule per 1 day)
PNV-SELECT ORAL TABLET 27-1 MG	1	MDL

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DRUG NAME	DRUG TIER	NOTES
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	2	MDL
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron-800 mcg</i>	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	4	MDL
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Non-Formulary	QL (Quantity Limits Apply)

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PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRIMACARE ORAL CAPSULE 30-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	MDL
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	2	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	4	MDL
V-C FORTE ORAL CAPSULE 1 MG	2	MDL
VITALARA ORAL TABLET 20 MG IRON- 1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON- 1 MG -300 MG	2	MDL; QL (1 capsule per 1 day)
<b>Vitamin B Complex</b>		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Non-Formulary	QL (Quantity Limits Apply)
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	2	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	2	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	2	PA; QL (0.14 ml per 1 day)
DIALYVITE ORAL TABLET 100-1 MG	4	

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DRUG NAME	DRUG TIER	NOTES
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	2	QL (6 Fills per 365 Days); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (120 tablets per 30 days)
FOLBEE ORAL TABLET 2.5-25-1 MG	2	MDL
FOLBEE PLUS ORAL TABLET 5 MG	2	
FOLBIC ORAL TABLET 2.5-25-2 MG	2	MDL
<i>folic acid injection solution 5 mg/ml</i>	0	
<i>folic acid oral capsule 0.8 mg</i>	4	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
FOLPLEX 2.2 ORAL TABLET 2.2-25-0.5 MG	4	MDL
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	2	
MATERNACEL ORAL TABLET 20 MG IRON-1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	2	
MYNEPHROCAPS ORAL CAPSULE 1 MG	2	
MYNEPHRON ORAL CAPSULE 1 MG	2	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	Non-Formulary	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
NEOMATERNA ORAL TABLET 20 MG IRON-1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	Non-Formulary	

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<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet extended release 1,000 mg, 250 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	MDL
NIACOR ORAL TABLET 500 MG	2	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	Non-Formulary	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG	Non-Formulary	
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	2	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG	2	MDL; QL (1 capsule per 1 day)
PNV-SELECT ORAL TABLET 27-1 MG	1	MDL
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	2	MDL

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PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	2	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	4	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron-800 mcg</i>	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	4	MDL
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
PRIMACARE ORAL CAPSULE 30-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
RENAL CAPS ORAL CAPSULE 1 MG	2	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	4	
RENO CAPS ORAL CAPSULE 1 MG	2	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	MDL
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	2	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	4	MDL
TRIPHROCAPS ORAL CAPSULE 1 MG	2	
V-C FORTE ORAL CAPSULE 1 MG	2	MDL
VITALARA ORAL TABLET 20 MG IRON- 1,670 MCG DFE	Non-Formulary	QL (1 Tablet per 1 Day)
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON- 1 MG -300 MG	2	MDL; QL (1 capsule per 1 day)
<b>Vitamin C</b>		
DIALYVITE ORAL TABLET 100-1 MG	4	
FOLBEE PLUS ORAL TABLET 5 MG	2	
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	2	
MYNEPHROCAPS ORAL CAPSULE 1 MG	2	
MYNEPHRON ORAL CAPSULE 1 MG	2	
RENAL CAPS ORAL CAPSULE 1 MG	2	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	4	
RENO CAPS ORAL CAPSULE 1 MG	2	
TRIPHROCAPS ORAL CAPSULE 1 MG	2	
<b>Vitamin D</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	MDL
<i>calcitriol oral solution 1 mcg/ml</i>	2	MDL

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<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	2	OTC products not covered
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)</i>	2	OTC products not covered
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit), 75 mcg (3,000 unit)</i>	2	OTC products not covered
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	OTC products not covered; MDL
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	1	OTC products not covered
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit), 50 mcg (2,000 unit)</i>	Non-Formulary	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST (Step Therapy Required- Tried and failed 90 days treatment of alendronate or ibandronate); QL (4 tablet per 30 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	QL (2 capsules per 1 day)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CALCITRIOL, VITAMIN D2, VITAMIN D3, DOXERCALCIFEROL, PARICALCITOL)
REPLESTA ORAL WAFER 1,250 MCG (50,000 UNIT)	2	
ROCALTROL ORAL SOLUTION 1 MCG/ML	Non-Formulary	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	1	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2,000 UNIT)	2	OTC products not covered

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VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	2	OTC products not covered
VITAMIN D3 ORAL TABLET,CHEWABLE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT)	2	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	Non-Formulary	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Non-Formulary	QL (2 capsules per 1 day)
<b>Vitamin K Activity</b>		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Non-Formulary	

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