Commercial Health Plans
2023 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 December 1, 2023. 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** 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**

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

A: If you are using a computer, click on the Search QHP 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.

Q. 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.**

- 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:
    - **Tier 1: Preferred Generic** – Non-brand name drugs with the lowest copay.
    - **Tier 1A**: **Non-preferred generic** – Non-brand name drugs with a higher copay.
    - **Tier 2: Preferred brand** – Brand name drugs with the lowest copay.
    - **Tier 3: Non-preferred brand** – Brand name drugs with a higher copay.
    - **Tier 4: Preferred specialty** – Biologics or prescription drugs, including biosimilar and generic drugs designated by us to be a specialty drug with the lowest specialty copay.
    - **Tier 4A: Non-preferred specialty** – Specialty drugs with higher out-of-pocket costs.
    - **ACA Preventive**: Generic preventive prescription drugs — used to prevent illnesses, diseases or other health problems — that the Affordable Care Act requires us to cover without charging you a copay or other out-of-pocket costs.
    - **Medical drugs**: Drugs infused or administered in a doctor's office or facility that are covered under your medical benefit. Some medical drugs are classified as specialty drugs, and we may require you to get them from a specialty pharmacy.

- 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

Tiers at a glance:

The following table will translate how the six Tiers shown on the formulary are applicable to your health plan's prescription drug benefit.

Description of Tier	Six-Tier Plan	Five-Tier Plan	Four-Tier Plan	Three-Tier Plan
Preferred generic-	Tier 1	Tier 1	Tier 1	Tier 1
Non-preferred generic	Tier 1A			
Preferred brand	Tier 2	Tier 2	Tier 2	Tier 2
Non-preferred brand	Tier 3	Tier 3	Tier 3	Tier 3
Preferred specialty	Tier 4	Tier 4	Tier 4	
Non-preferred specialty	Tier 4A	Tier 4A		
ACA Preventive	No copay or other out-of-pocket costs	No copay or other out-of-pocket costs	No copay or other out-of-pocket costs	No copay or other out-of-pocket costs
Medical drugs	Covered under your plan's medical benefit	Covered under your plan's medical benefit	Covered under your plan's medical benefit	Covered under your plan's medical benefit

Note: The out-of-pocket costs for each tier class depends on your prescription drug benefit. Refer to your Summary of Benefits and Coverage for more details about your drug costs.

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**, and mail or fax it to us at:

Mail: HAP
Attn: Pharmacy Care
Management 2850 W. Grand
Blvd.
Detroit, MI 48202
Fax: (313) 664-8045

You also can call Customer Service at the number on your ID card or log in to **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.

COMM Formulary

Table of Contents

DRUG NAME	DRUG TIER	NOTES
ANTIHISTAMINE DRUGS		
Ethanolamine Derivatives		
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-Formulary	
BENADRYL ORAL CAPSULE 25 MG	Non-Formulary	
carbinoxamine maleate oral liquid 4 mg/5 ml	1A	
carbinoxamine maleate oral tablet 4 mg	1A	
carbinoxamine maleate oral tablet 6 mg	Non-Formulary	
clemastine oral tablet 2.68 mg	1A	
diphenhydramine hcl injection solution 50 mg/ml	7	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1A	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	1	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine oral syrup 2 mg/5 ml	1A	
cyproheptadine oral tablet 4 mg	1A	MDL
First Generation Antihistamines		
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-Formulary	
BENADRYL ORAL CAPSULE 25 MG	Non-Formulary	
carbinoxamine maleate oral liquid 4 mg/5 ml	1A	
carbinoxamine maleate oral tablet 4 mg	1A	
carbinoxamine maleate oral tablet 6 mg	Non-Formulary	
clemastine oral tablet 2.68 mg	1A	
cyproheptadine oral syrup 2 mg/5 ml	1A	
cyproheptadine oral tablet 4 mg	1A	MDL
diphenhydramine hcl injection solution 50 mg/ml	7	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1A	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	1	

Tier 1= Preferred Generic, Tier 1A= Generic, Tier 2= Preferred Brand,
Tier 3= Non-Preferred Brand, Tier 4= Specialty Preferred, Tier 4A= Specialty Non-Preferred
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.
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DRUG NAME	DRUG TIER	NOTES
Phenothiazine Derivatives		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
promethazine oral syrup 6.25 mg/5 ml	1A	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1A	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	1A	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1A	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1A	
Piperazine Derivatives		
hydroxyzine hcl oral solution 10 mg/5 ml	1A	
hydroxyzine hcl oral tablet 10 mg, 50 mg	1A	QL (Quantity Limits Apply); MDL
hydroxyzine hcl oral tablet 25 mg	1A	MDL; QL (4 tablets per 1 day)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
meclizine oral tablet 12.5 mg, 25 mg	1A	MDL
VISTARIL ORAL CAPSULE 25 MG	Non-Formulary	
Propylamine Derivatives		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1A	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
Second Generation Antihistamines		
24HOUR ALLERGY ORAL TABLET 10 MG	1A	MDL
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	1A	MDL
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL

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ALLERCLEAR ORAL TABLET 10 MG	1A	MDL
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG	1A	MDL
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	1A	MDL
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	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	1A	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	1A	MDL
cetirizine oral solution 1 mg/ml, 5 mg/5 ml	1A	MDL
cetirizine oral tablet 10 mg, 5 mg	1A	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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CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
desloratadine oral tablet 5 mg	1A	MDL
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1A	
levocetirizine oral solution 2.5 mg/5 ml	1A	
levocetirizine oral tablet 5 mg	1A	MDL
LORADAMED ORAL TABLET 10 MG	1A	MDL
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
loratadine oral solution 5 mg/5 ml	1A	QL (300 ML per 30 days)
loratadine oral tablet 10 mg	1A	MDL
loratadine-d oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	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	1A	MDL
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	1A	MDL
ZYRTEC ORAL TABLET 10 MG	Non-Formulary	
ANTI-INFECTIVE AGENTS		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule 500 mg	1A	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1A	

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

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5Th Generation Cephalosporin Antibiotics		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	7	
Adamantane Antivirals		
amantadine hcl oral capsule 100 mg	1A	MDL
amantadine hcl oral solution 50 mg/5 ml	1A	MDL
amantadine hcl oral tablet 100 mg	1A	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)
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)
rimantadine oral tablet 100 mg	1A	
Allylamine Antifungals		
terbinafine hcl oral tablet 250 mg	1A	MDL
Amebicides		
FLAGYL ORAL CAPSULE 375 MG	Non-Formulary	
HUMATIN ORAL CAPSULE 250 MG	3	SP (5 ml per day. 14 days of treatment in 365 days)
metronidazole oral capsule 375 mg	Non-Formulary	
metronidazole oral tablet 250 mg	1	
metronidazole oral tablet 500 mg	1A	
paromomycin oral capsule 250 mg	1A	
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
Aminoglycoside Antibiotics		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	7	

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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)
gentamicin injection solution 40 mg/ml	7	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	7	
HUMATIN ORAL CAPSULE 250 MG	3	SP (5 ml 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)
neomycin oral tablet 500 mg	1A	
paromomycin oral capsule 250 mg	1A	
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)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (280 ampules per 30 days)
tobramycin 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); QL (280 ampules per 30 days)
tobramycin sulfate injection solution 40 mg/ml	7	

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tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (280 ampules per 30 days)
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	BB	
Aminomethylcyclines		
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)
Aminopenicillin Antibiotics		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1A	
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
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	1A	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1A	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1A	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1A	
ampicillin oral capsule 500 mg	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	7	

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ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	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	2	
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	
Anthelmintics		
albendazole oral tablet 200 mg	1A	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	3	PA; QL (6 tablets per 30 days)
ivermectin oral tablet 3 mg	1A	QL (8 tablets per 30 days, 2 fills per year)
praziquantel oral tablet 600 mg	1A	
STROMECTOL ORAL TABLET 3 MG	Non-Formulary	
Antifungals, Miscellaneous		
BREXAFEMME ORAL TABLET 150 MG	Non-Formulary	
griseofulvin microsize oral suspension 125 mg/5 ml	1A	
griseofulvin microsize oral tablet 500 mg	1A	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1A	

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STRONG IODINE ORAL SOLUTION 5 %	1	
Antimalarials		
ARAKODA ORAL TABLET 100 MG	Non-Formulary	QL (Quantity Limits Apply)
atovaquone-proguanil oral tablet 250-100 mg	1A	QL (12 tablets per 30 days, 1 fill in 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	1A	QL (9 tablets per 30 days, 1 fill in 180 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	1A	QL (8 tablets per 28 days)
COARTEM ORAL TABLET 20-120 MG	3	QL (24 tablets per 30 days, 1 fill in 180 days)
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)
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	Non-Formulary	
hydroxychloroquine oral tablet 200 mg	1A	MDL; QL (6 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)
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	Non-Formulary	QL (9 tablets per 30 days, 1 fill in 180 days)
mefloquine oral tablet 250 mg	1A	QL (5 tablets per 30 days, 1 fill in 180 days)
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	QL (6 tablets per 1 day)
primaquine oral tablet 26.3 mg	1A	
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
pyrimethamine oral tablet 25 mg	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	
quinidine gluconate oral tablet extended release 324 mg	1A	

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DRUG NAME	DRUG TIER	NOTES
quinidine sulfate oral tablet 200 mg, 300 mg	1A	
quinine sulfate oral capsule 324 mg	1A	QL (42 capsules per 30 days)
Antimycobacterials, Miscellaneous		
dapsone oral tablet 100 mg, 25 mg	1A	
Antiprotozoals, Miscellaneous		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA; QL (60 ML per 3 days)
ALINIA ORAL TABLET 500 MG	Non-Formulary	
atovaquone oral suspension 750 mg/5 ml	1A	QL (10 ML per Day. 21 Days of Treatment per 180 Days)
dapsone oral tablet 100 mg, 25 mg	1A	
FLAGYL ORAL CAPSULE 375 MG	Non-Formulary	
LAMPIT ORAL TABLET 120 MG, 30 MG	Non-Formulary	
MEPRON ORAL SUSPENSION 750 MG/5 ML	Non-Formulary	
metronidazole oral capsule 375 mg	Non-Formulary	
metronidazole oral tablet 250 mg	1	
metronidazole oral tablet 500 mg	1A	
nitazoxanide oral tablet 500 mg	1A	PA; QL (6 tablets per day, 14 days of therapy per 180 days)
PENTAM INJECTION RECON SOLN 300 MG	Non-Formulary	
pentamidine inhalation recon soln 300 mg	7	QL (1 vial per 30 days, 21 days of therapy per 180 days)
pentamidine injection recon soln 300 mg	7	QL (1 vial per 30 days, 21 days of therapy per 180 days)
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Non-Formulary	QL (Quantity Limits Apply)
tinidazole oral tablet 250 mg, 500 mg	1A	QL (20 tablets per 5 days)
Antiretrovirals		
SUNLENCA ORAL TABLET 300 MG	BB	PA

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DRUG NAME	DRUG TIER	NOTES
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	BB	PA
Antituberculosis Agents		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	7	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Non-Formulary	
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Formulary	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1A	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	1A	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1A	
clarithromycin oral tablet 250 mg, 500 mg	1A	
clarithromycin oral tablet extended release 24 hr 500 mg	1A	
cycloserine oral capsule 250 mg	1A	
ethambutol oral tablet 100 mg, 400 mg	1A	
isoniazid oral solution 50 mg/5 ml	1A	
isoniazid oral tablet 100 mg	1A	MDL
isoniazid oral tablet 300 mg	1	MDL
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	Non-Formulary	
levofloxacin oral solution 250 mg/10 ml	1A	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1A	
moxifloxacin oral tablet 400 mg	1A	
MYCOBUTIN ORAL CAPSULE 150 MG	Non-Formulary	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	
PRIFTIN ORAL TABLET 150 MG	2	
pyrazinamide oral tablet 500 mg	1A	QL (4 tablets per 1 day)

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rifabutin oral capsule 150 mg	1A	
rifampin oral capsule 150 mg, 300 mg	1A	MDL
SIRTURO ORAL TABLET 100 MG	4	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	4	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)
TRECATOR ORAL TABLET 250 MG	2	
Antivirals, Miscellaneous		
foscarnet intravenous solution 24 mg/ml	BB	PA
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Non-Formulary	
LIVTENCITY ORAL TABLET 200 MG	4	PA; QL (4 Tablets per 1 Day)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	PA; QL (5 days of treatment per 30 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	Non-Formulary	QL (24 ML per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Non-Formulary	QL (1 Tablet per 1 day)
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	3	QL (2 tablets per fill, 2 fills per 365 days)
Azole Antifungals		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	7	QL (0.01mL per day, 90 days supply of therapy per 180 days); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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CRESEMBA ORAL CAPSULE 186 MG	3	QL (70 capsules per 30 days, 3 fills per year)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	Non-Formulary	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	Non-Formulary	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	7	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1A	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1A	
itraconazole oral capsule 100 mg	1A	
itraconazole oral solution 10 mg/ml	1A	QL (300 ML per 16 days)
ketoconazole oral tablet 200 mg	1A	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Non-Formulary	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Non-Formulary	
posaconazole intravenous solution 300 mg/16.7 ml	7	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	1A	QL (105 EA per 1 Fill)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Non-Formulary	
SPORANOX ORAL CAPSULE 100 MG	Non-Formulary	
SPORANOX ORAL SOLUTION 10 MG/ML	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	
VFEND ORAL TABLET 200 MG, 50 MG	Non-Formulary	
VIVJOA ORAL CAPSULE 150 MG	Non-Formulary	

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voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1A	PA; QL (10 ml per 1 day)
voriconazole oral tablet 200 mg, 50 mg	1A	QL (60 tablets per 30 days)
Carbapenem Antibiotics		
ertapenem injection recon soln 1 gram	7	
imipenem-cilastatin intravenous recon soln 500 mg	7	
meropenem intravenous recon soln 1 gram, 500 mg	7	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
Cyclic Lipopeptide Antibiotics		
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
daptomycin in 0.9 % sod chlor intravenous piggyback 350 mg/50 ml, 500 mg/50 ml	7	
daptomycin intravenous recon soln 350 mg	7	QL (10 ml per 7 days)
daptomycin intravenous recon soln 500 mg	7	QL (10 ML per 7 days)
Echinocandin Antifungals		
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	Non-Formulary	PA; QL (0.01 Vial per 1 day)
caspofungin intravenous recon soln 50 mg	7	QL (3 Vials per Day. 84 Days of Treatment in 180 Days)
caspofungin intravenous recon soln 70 mg	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	
micafungin intravenous recon soln 100 mg, 50 mg	7	QL (1 vial per 1 day)
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	Non-Formulary	
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG	1A	

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E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	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	1A	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	1A	QL (100 ML per 30 days)
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	1A	
erythromycin ethylsuccinate oral tablet 400 mg	1A	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1A	
erythromycin oral tablet 250 mg, 500 mg	1A	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1A	
Extended-Spectrum Penicillins		
piperacillin-tazobactam intravenous recon soln 2.25 gram, 4.5 gram	7	
Glycopeptide Antibiotics		
DALVANCE INTRAVENOUS SOLUTION 500 MG	Non-Formulary	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	2	QL (450mL per fill, 3 fills per year)
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	Non-Formulary	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	Non-Formulary	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	7	

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vancomycin intravenous recon soln 1.25 gram	Non-Formulary	
vancomycin oral capsule 125 mg, 250 mg	1A	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	7	QL (0.01 Vial per 1 day)
Glycylcycline Antibiotics		
tigecycline intravenous recon soln 50 mg	7	QL (0.01 Vial per 1 day)
TYGACIL INTRAVENOUS RECON SOLN 50 MG	Non-Formulary	
Hcv Polymerase Inhibitor Antivirals		
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)
HARVONI ORAL TABLET 45-200 MG	Non-Formulary	QL (Quantity Limits Apply)
HARVONI ORAL TABLET 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)
ledipasvir-sofosbuvir oral tablet 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)
sofosbuvir-velpatasvir oral tablet 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)

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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)
Hcv Protease Inhibitor Antivirals		
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	4	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)
ZEPATIER ORAL TABLET 50-100 MG	4	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)
Hcv Replication Complex Inhibitors		
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)
HARVONI ORAL TABLET 45-200 MG	Non-Formulary	QL (Quantity Limits Apply)

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HARVONI ORAL TABLET 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)
ledipasvir-sofosbuvir oral tablet 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)
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	4	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)
sofosbuvir-velpatasvir oral tablet 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)
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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4A	PA; QL (0.01 EA per 1 day)
maraviroc oral tablet 300 mg	1A	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 150 MG, 300 MG	Non-Formulary	QL (2 tablets per 1 day)

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TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	BB	PA
Hiv Integrase Inhibitor Antiretrovirals		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	BB	PA
BIKTARVY ORAL TABLET 30-120-15 MG	4	
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (1 tablet per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	BB	PA
DOVATO ORAL TABLET 50-300 MG	4	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (1 tablet per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET 400 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	QL (2 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	4A	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	4A	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	QL (2 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	4A	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
ATRIPLA ORAL TABLET 600-200-300 MG	Non-Formulary	QL (1 Tablet per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-Formulary	
EDURANT ORAL TABLET 25 MG	4	QL (2 tablets per 1 day)
efavirenz oral tablet 600 mg	1A	QL (1 tablet per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	QL (1 tablet per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Non-Formulary	
etravirine oral tablet 100 mg, 200 mg	1A	
INTELENCE ORAL TABLET 100 MG, 200 MG	Non-Formulary	QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG	4A	QL (4 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	4A	QL (1 tablet per 1 day)
nevirapine oral suspension 50 mg/5 ml	1A	QL (2 ML per 1 day)
nevirapine oral tablet 200 mg	1A	QL (2 tablets per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	1A	QL (30 tablets per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (1 tablet per 1 day)
PIFELTRO ORAL TABLET 100 MG	4	
SYMFI LO ORAL TABLET 400-300-300 MG	Non-Formulary	
SYMFI ORAL TABLET 600-300-300 MG	Non-Formulary	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir oral solution 20 mg/ml	1A	QL (16 ML per 1 day)
abacavir oral tablet 300 mg	1A	QL (2 tablets per 1 day)
abacavir-lamivudine oral tablet 600-300 mg	1A	QL (1 tablet per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG	Non-Formulary	QL (1 Tablet per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	4	
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG	4	
COMBIVIR ORAL TABLET 150-300 MG	Non-Formulary	QL (60 tablets per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-Formulary	

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DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	PA; QL (1 tablet per 1 day)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1A	QL (2 capsules per 1 day)
DOVATO ORAL TABLET 50-300 MG	4	QL (1 tablet per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	QL (1 tablet per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Non-Formulary	
emtricitabine oral capsule 200 mg	Non-Formulary	QL (2 capsules per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	4	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	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)
EPZICOM ORAL TABLET 600-300 MG	Non-Formulary	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (1 tablet per 1 day)
lamivudine oral solution 10 mg/ml	1A	QL (2 ML per 1 day)
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1A	QL (2 tablets per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	1A	QL (60 tablets per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	4	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)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1A	QL (2 capsules per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	4A	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	Non-Formulary	
SYMFI ORAL TABLET 600-300-300 MG	Non-Formulary	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
tenofovir disoproxil fumarate oral tablet 300 mg	1A	QL (1 tabelt per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	4A	QL (1 tablet per 1 day)

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TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG	Non-Formulary	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Non-Formulary	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (Quantity Limits Apply)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	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)
ZIAGEN ORAL TABLET 300 MG	Non-Formulary	QL (2 tablets per 1 day)
zidovudine oral capsule 100 mg	1A	QL (3 capsules per 1 day)
zidovudine oral syrup 10 mg/ml	1A	QL (16 ML per 1 day)
zidovudine oral tablet 300 mg	1A	QL (2 tablets per 1 day)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE 250 MG	4	QL (4 capsules per 1 day)
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1A	QL (2 capsules per 1 day)
darunavir ethanolate oral tablet 600 mg, 800 mg	1A	QL (2 Tablets per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	4A	QL (1 tablet per 1 day)
fosamprenavir oral tablet 700 mg	1A	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)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (60 ML per 1 day)
LEXIVA ORAL TABLET 700 MG	Non-Formulary	QL (4 tablets per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1A	QL (320 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1A	

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NORVIR ORAL TABLET 100 MG	Non-Formulary	QL (2 tablets per 1 day)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	PA; QL (5 days of treatment per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4A	QL (2 tablets per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (2 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Non-Formulary	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	4	
ritonavir oral tablet 100 mg	1A	QL (2 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	QL (4 tablets per 1 day)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 30 days)
Lincomycin Antibiotics		
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	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1A	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1A	
clindamycin phosphate injection solution 150 mg/ml	7	

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Monobactam Antibiotics		
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	Non-Formulary	
aztreonam injection recon soln 2 gram	7	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Non-Formulary	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	Non-Formulary	
Monoclonal Antibody Antivirals		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	BB	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
Natural Penicillin Antibiotics		
penicillin g potassium injection recon soln 20 million unit	7	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT	7	
Neuraminidase Inhibitor Antivirals		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1A	QL (10 capsules per fill ; 2 fills per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1A	QL (120 ML per fill ; 2 fills per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	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)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Non-Formulary	QL (120 ML per fill & 2 fills per 365 days)

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Nucleoside And Nucleotide Antivirals		
acyclovir oral capsule 200 mg	1A	MDL
acyclovir oral suspension 200 mg/5 ml	1A	
acyclovir oral tablet 400 mg, 800 mg	1	MDL
acyclovir sodium intravenous solution 50 mg/ml	7	
adefovir oral tablet 10 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)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	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	
entecavir oral tablet 0.5 mg, 1 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1A	
ganciclovir sodium intravenous recon soln 500 mg	7	
HEPSERA ORAL TABLET 10 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	0	
ribavirin oral capsule 200 mg	1A	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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ribavirin oral tablet 200 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
valacyclovir oral tablet 1 gram, 500 mg	1A	MDL
VALCYTE ORAL RECON SOLN 50 MG/ML	Non-Formulary	
VALCYTE ORAL TABLET 450 MG	Non-Formulary	
valganciclovir oral tablet 450 mg	1A	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)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	Non-Formulary	
Other Macrolide Antibiotics		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1A	
azithromycin oral packet 1 gram	1A	QL (2 packets per 30 days)
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1A	QL (120 ML per 1 fill)
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1A	QL (8 tablets per 1 fill)
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1A	
clarithromycin oral tablet 250 mg, 500 mg	1A	
clarithromycin oral tablet extended release 24 hr 500 mg	1A	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Non-Formulary	
DIFICID ORAL TABLET 200 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)

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ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
ZITHROMAX ORAL PACKET 1 GRAM	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)
Other Misc. Antibacterial Agents		
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
Oxazolidinone Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	1A	QL (840 ML per 14 days)
linezolid oral tablet 600 mg	1A	QL (28 tablets per 14 days)
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)
Penicillinase-Resistant Penicillins		
dicloxacillin oral capsule 250 mg, 500 mg	1A	
nafcillin injection recon soln 2 gram	7	
Pleuromutilins		
XENLETA ORAL TABLET 600 MG	Non-Formulary	QL (Quantity Limits Apply)
Polyene Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Non-Formulary	

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amphotericin b injection recon soln 50 mg	7	
nystatin oral suspension 100,000 unit/ml	1A	
nystatin oral tablet 500,000 unit	1A	
Polymyxin Antibiotics		
colistin (colistimethate na) injection recon soln 150 mg	4A	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)
Pyrimidine Antifungals		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Non-Formulary	
flucytosine oral capsule 250 mg, 500 mg	4A	PA; QL (1 capsule per 1 day)
Quinolone Antibiotics		
BAXDELA ORAL TABLET 450 MG	Non-Formulary	QL (Quantity Limits Apply)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Non-Formulary	
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Formulary	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1A	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	1A	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	Non-Formulary	
levofloxacin oral solution 250 mg/10 ml	1A	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1A	
moxifloxacin oral tablet 400 mg	1A	
ofloxacin oral tablet 300 mg, 400 mg	1	
Rifamycin Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Non-Formulary	QL (Quantity Limits Apply)
MYCOBUTIN ORAL CAPSULE 150 MG	Non-Formulary	

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PRIFTIN ORAL TABLET 150 MG	2	
rifabutin oral capsule 150 mg	1A	
rifampin oral capsule 150 mg, 300 mg	1A	MDL
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (9 tablets per 30 days)
Siderophore Cephalosporins		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	Non-Formulary	
Sulfonamide Antibiotics (Systemic)		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
AZULFIDINE ORAL TABLET 500 MG	Non-Formulary	
BACTRIM DS ORAL TABLET 800-160 MG	Non-Formulary	
BACTRIM ORAL TABLET 400-80 MG	Non-Formulary	
sulfadiazine oral tablet 500 mg	1A	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	7	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1A	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	MDL
sulfasalazine oral tablet 500 mg	1A	MDL
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1A	MDL
Tetracycline Antibiotics		
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
avidoxy oral tablet 100 mg	1A	QL (2 tablets per 1 day)

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demeclocycline oral tablet 150 mg, 300 mg	1A	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	QL (1 tablet per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	Non-Formulary	QL (1 tablet per 1 day)
doxycycline hyclate oral capsule 100 mg	1A	MDL
doxycycline hyclate oral capsule 50 mg	1A	MDL; QL (90 capsules per 30 days)
doxycycline hyclate oral tablet 100 mg	1A	MDL; QL (3 tablets per 1 day)
doxycycline hyclate oral tablet 150 mg	Non-Formulary	QL (3 tablets per 1 day)
doxycycline hyclate oral tablet 50 mg, 75 mg	Non-Formulary	
doxycycline monohydrate oral capsule 100 mg	1A	QL (2 capsules per 1 day)
doxycycline monohydrate oral capsule 150 mg, 75 mg	Non-Formulary	
doxycycline monohydrate oral capsule 50 mg	1	
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Non-Formulary	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1A	
doxycycline monohydrate oral tablet 100 mg	1A	QL (2 tablets per 1 day)
doxycycline monohydrate oral tablet 150 mg, 75 mg	1A	
doxycycline monohydrate oral tablet 50 mg	1A	QL (3 tablets per 1 day)
minocycline oral capsule 100 mg, 50 mg, 75 mg	1A	MDL
minocycline oral tablet 100 mg, 50 mg, 75 mg	1A	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1A	
MONDOXYNE NL ORAL CAPSULE 100 MG	1A	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
MONODOX ORAL CAPSULE 75 MG	Non-Formulary	
morgidox oral capsule 100 mg	1A	
morgidox oral capsule 50 mg	1A	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	3	QL (24 capsules per 1 day)
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
tetracycline oral capsule 250 mg, 500 mg	1A	
VIBRAMYCIN ORAL CAPSULE 100 MG	Non-Formulary	
Urinary Anti-Infectives		
fosfomycin tromethamine oral packet 3 gram	1A	QL (1 packet per 30 days)
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	
HIPREX ORAL TABLET 1 GRAM	Non-Formulary	
MACROBID ORAL CAPSULE 100 MG	Non-Formulary	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	Non-Formulary	
methenamine hippurate oral tablet 1 gram	1A	MDL
methenamine mandelate oral tablet 0.5 g, 1 gram	1A	
MONUROL ORAL PACKET 3 GRAM	Non-Formulary	QL (1 packet per 30 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1A	
nitrofurantoin macrocrystal oral capsule 25 mg	1A	QL (Quantity Limits Apply)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1A	
nitrofurantoin oral suspension 25 mg/5 ml, 50 mg/5 ml	Non-Formulary	QL (10 ML per 1 day)
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
trimethoprim oral tablet 100 mg	1A	MDL
URELLE ORAL TABLET 81-10.8-40.8 MG	Non-Formulary	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1A	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Non-Formulary	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Non-Formulary	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Non-Formulary	

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ANTINEOPLASTIC AGENTS		
Antineoplastic Agents		
abiraterone oral tablet 250 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (120 tablets per 30 days)
abiraterone oral tablet 500 mg	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
ALECENSA ORAL CAPSULE 150 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (240 capsules per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	BB	PA
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)

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ALUNBRIG ORAL TABLET 90 MG	4	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)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
anastrozole oral tablet 1 mg	1A	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	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	BB	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4A	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (1 tablet per 1 day)
BALVERSA ORAL TABLET 3 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS) or US Bioservices: (888) 518-7246; up to a 30 day supply per fill); QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS) or US Bioservices: (888) 518-7246; up to a 30 day supply per fill); QL (2 tablets per 1 day)

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BALVERSA ORAL TABLET 5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS) or US Bioservices: (888) 518-7246; up to a 30 day supply per fill); QL (1 tablet per 1 day)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	BB	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml	BB	PA
bexarotene oral capsule 75 mg	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 capsule per 1 day)
bexarotene topical gel 1 %	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 GM per 1 day)
bicalutamide oral tablet 50 mg	1A	
BLENREP INTRAVENOUS RECON SOLN 100 MG	BB	PA
BLINCYTO INTRAVENOUS KIT 35 MCG	BB	PA
BOSULIF ORAL TABLET 100 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (90 tablets per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (30 tablets per 30 days)

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BRAFTOVI ORAL CAPSULE 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
BRUKINSA ORAL CAPSULE 80 MG	4A	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	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 capsules per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	BB	PA
capecitabine oral tablet 150 mg, 500 mg	1A	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	4	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	4	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)	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (63 tablets per 30 days)
cyclophosphamide oral capsule 25 mg, 50 mg	1A	QL (2 capsules per 1 day)
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	BB	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	BB	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
DAURISMO ORAL TABLET 100 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
DAURISMO ORAL TABLET 25 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
diclofenac sodium topical gel 3 %	1A	QL (100 GM per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
EFUDEX TOPICAL CREAM 5 %	Non-Formulary	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	BB	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	BB	PA

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ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	BB	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	BB	PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	BB	PA
EMCYT ORAL CAPSULE 140 MG	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	BB	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	BB	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	BB	PA
ERIVEDGE ORAL CAPSULE 150 MG	4	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 60 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
erlotinib oral tablet 100 mg, 150 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 tablet per 1 day)
erlotinib oral tablet 25 mg	1A	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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etoposide oral capsule 50 mg	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
EVOMELA INTRAVENOUS RECON SOLN 50 MG	BB	PA
exemestane oral tablet 25 mg	1A	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)
EXKIVITY ORAL CAPSULE 40 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets 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)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	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	BB	PA
FLUOROPLEX TOPICAL CREAM 1 %	2	
fluorouracil topical cream 0.5 %	Non-Formulary	
fluorouracil topical cream 5 %	1A	
fluorouracil topical solution 2 %, 5 %	1A	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4A	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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FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	BB	PA
GAVRETO ORAL CAPSULE 100 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	BB	PA
gefitinib oral tablet 250 mg	4	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	4	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)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	BB	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	BB	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
HYCAMTIN ORAL CAPSULE 0.25 MG	4	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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HYCAMTIN ORAL CAPSULE 1 MG	4	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	
hydroxyurea oral capsule 500 mg	1A	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	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	4	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS) or AcariaHealth: (800) 511-5144; up to a 30 day supply per fill); PF; QL (1 tablet per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
imatinib oral tablet 100 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (180 tablets per 30 days)
imatinib oral tablet 400 mg	1A	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS); up to a 30 day supply per fill); QL (4 Capsules per 1 day)

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IMBRUVICA ORAL CAPSULE 70 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS); up to a 30 day supply per fill); QL (1 Tablet per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 day)
IMBRUVICA ORAL TABLET 140 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)
IMBRUVICA ORAL TABLET 280 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS); up to a 30 day supply per fill); QL (1 Tablet per 1 day)
IMBRUVICA ORAL TABLET 420 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS); up to a 30 day supply per fill); QL (1 Tablet per 1 day)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	BB	PA
INFUGEM INTRAVENOUS PIGGYBACK 1,300 MG/130 ML (10 MG/ML)	BB	PA
INLYTA ORAL TABLET 1 MG, 5 MG	4A	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)

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INREBIC ORAL CAPSULE 100 MG	4A	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	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	BB	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	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	4A	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	BB	PA
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	BB	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	BB	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (49 tablets per 30 days)

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KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (70 tablets per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (91 tablets per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	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)	4	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)	4	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	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (6 Tablets per 1 day)
KYPROLIS INTRAVENOUS RECON SOLN 60 MG	BB	PA
lapatinib oral tablet 250 mg	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (180 tablets per 30 days)

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lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; SP (Dispensed by HFHS Discharge; 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 X2), 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)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 capsules per 1 day)
letrozole oral tablet 2.5 mg	1A	MDL; QL (1 tablet per 1 day)
LEUKERAN ORAL TABLET 2 MG	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	BB	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 28 days)
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
LUMAKRAS ORAL TABLET 120 MG	4A	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	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (8 Tablets per 1 day)

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LUMOXITI INTRAVENOUS RECON SOLN 1 MG	BB	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	BB	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	BB	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	BB	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	BB	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	BB	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	BB	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	BB	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	BB	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4A	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	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
LYTGOBI ORAL TABLET 4 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 tablets per 1 day)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	BB	PA

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MATULANE ORAL CAPSULE 50 MG	2	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill); QL (1 capsule per 1 day)
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	1A	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1A	QL (175 ML per 30 days)
megestrol oral tablet 20 mg, 40 mg	1A	
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)
MEKINIST ORAL TABLET 0.5 MG	4	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	4	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	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
mercaptopurine oral tablet 50 mg	1A	MDL
methotrexate sodium (pf) injection solution 25 mg/ml	7	
methotrexate sodium injection solution 25 mg/ml	7	
methotrexate sodium oral tablet 2.5 mg	1A	MDL
MONJUVI INTRAVENOUS RECON SOLN 200 MG	BB	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	BB	PA

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MYLERAN ORAL TABLET 2 MG	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	BB	PA
nelarabine intravenous solution 250 mg/50 ml	BB	
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); PF
NILANDRON ORAL TABLET 150 MG	Non-Formulary	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (3 casules per 30 days)
NUBEQA ORAL TABLET 300 MG	4A	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 capsules per 30 days)
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 Tablet per 1 Day)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA

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ONUREG ORAL TABLET 200 MG, 300 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
OPDIVO INTRAVENOUS SOLUTION 240 MG/24 ML	BB	PA
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	BB	PA
ORGOVYX ORAL TABLET 120 MG	4A	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	4A	PA; SP (Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill); PF; QL (1 Tablet per 1 day)
ORSERDU ORAL TABLET 86 MG	4A	PA; SP (Dispensed by 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)
PADCEV INTRAVENOUS RECON SOLN 20 MG	BB	PA
PANRETIN TOPICAL GEL 0.1 %	3	
pazopanib oral tablet 200 mg	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 Tablets per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4A	PA; SP (Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (14 tablets per 21 days)

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PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	BB	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	BB	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	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)	4	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	4A	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	BB	PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	BB	PA
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	4A	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)

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RETEVMO ORAL CAPSULE 40 MG, 80 MG	4A	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill); PF; QL (2 tablets per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
REZLIDHIA ORAL CAPSULE 150 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 Capsules per 1 day)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	BB	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	BB	PA
romidepsin intravenous solution 5 mg/ml	BB	PA
ROZLYTREK ORAL CAPSULE 100 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 tablet per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (3 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	BB	
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	BB	PA

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RYDAPT ORAL CAPSULE 25 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	BB	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 tablets per 1 day)
sorafenib oral tablet 200 mg	4	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (30 tablets per 30 days)
SPRYCEL ORAL TABLET 20 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (90 tablets per 30 days)
SPRYCEL ORAL TABLET 70 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 tablets per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (84 tablets per 30 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (30 capsules per 30 days)

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SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	BB	PA; QL (Quantity Limits Apply)
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)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	BB	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	BB	PA
TABLOID ORAL TABLET 40 MG	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 tablets per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; 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); PF
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (30 tablets per 30 days)

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TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
tamoxifen oral tablet 10 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL
tamoxifen oral tablet 20 mg	1A	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)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (112 capsules per 30 days)
TASIGNA ORAL CAPSULE 50 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (4 capsules per 1 day)
TAZVERIK ORAL TABLET 200 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS), Onco360: (877) 662-6633; up to a 30 day supply per fill); QL (8 tablets per 1 day)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	BB	PA

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TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	BB	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	BB	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
TEPMETKO ORAL TABLET 225 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS); up to a 30 day supply per fill); QL (2 tablets per 1 day)
TIBSOVO ORAL TABLET 250 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TIVDAK INTRAVENOUS RECON SOLN 40 MG	BB	PA
toremifene oral tablet 60 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	BB	PA
tretinoin (antineoplastic) oral capsule 10 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (8 capsule per 1 day)

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TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	BB	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG	BB	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	BB	
TUKYSA ORAL TABLET 150 MG, 50 MG	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; 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)
VALCHLOR TOPICAL GEL 0.016 %	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 GM per 1 fill)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	BB	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 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)

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VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	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	4A	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	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VONJO ORAL CAPSULE 100 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Tablets 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	4A	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 capsules per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	

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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	4A	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)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
XTANDI ORAL CAPSULE 40 MG	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
XTANDI ORAL TABLET 80 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 tablets per 1 day)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	BB	PA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	BB	PA
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)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	BB	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4A	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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ZELBORAF ORAL TABLET 240 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (240 tablets per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	BB	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
ZTALMY ORAL SUSPENSION 50 MG/ML	4A	PA; SP (Dispensed by Orsini Specialty Pharmacy (800)410-8575; up to a 30 day supply per fill); QL (36 ML per 1 DAY)
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	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)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	BB	PA
ZYTIGA ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)

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ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
Allergenic Extracts (Therapeutic)		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Non-Formulary	QL (Quantity Limits Apply)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Non-Formulary	QL (Quantity Limits Apply)
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Non-Formulary	
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Non-Formulary	
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Non-Formulary	
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Non-Formulary	
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Non-Formulary	
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Non-Formulary	
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Non-Formulary	
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Non-Formulary	
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Non-Formulary	
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Non-Formulary	
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Non-Formulary	
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Non-Formulary	
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Non-Formulary	

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RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Non-Formulary	QL (Quantity Limits Apply)
Antitoxins And Immune Globulins		
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; 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)
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; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill); QL (1 ML per 1 day)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; 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)
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	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)

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GAMMAGARD LIQUID INJECTION SOLUTION 10 %	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; 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; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill); QL (1 vial per 30 days)
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill); QL (1 ML per 28 days)
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; 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; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; 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; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	BB	

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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; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; 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; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; 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 INTRAMUSCULAR SYRINGE 220 UNIT/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 (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	7	
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	7	
OCTAGAM INTRAVENOUS SOLUTION 10 %	7	PA; SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
OCTAGAM INTRAVENOUS SOLUTION 5 %	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)
PANZYGA 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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PRIVIGEN 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)
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)
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
Toxoids		
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.)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 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.)

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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.)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 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.)
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.)

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DRUG NAME	DRUG TIER	NOTES
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.)
Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	7	
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.)
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	7	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	7	
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
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.)

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BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	7	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	7	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	7	
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)
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 QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	7	

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DRUG NAME	DRUG TIER	NOTES
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	7	
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	7	
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	7	
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	7	
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.)

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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)
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)
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 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)
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.)

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MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 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 9 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 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	7	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	7	
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.)

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PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	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.)
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	7	
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	7	
PNEUMOVAX-23 INJECTION SOLUTION 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.)
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 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	QL (Covered at $0 for 1 month and older); 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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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 19 years 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)
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)

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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)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	7	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	7	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 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)
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	7	
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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TYPHIM VI INTRAMUSCULAR SOLUTION 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)
TYPHIM VI INTRAMUSCULAR 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)
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	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	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.)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 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.)

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DRUG NAME	DRUG TIER	NOTES
AUTONOMIC DRUGS		
Alpha- And Beta-Adrenergic Agonists		
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1A	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	1A	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	1A	QL (2 tablets per 1 day)
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1A	
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	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS); up to a 30 day supply per fill)

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epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1A	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)
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
loratadine-d oral tablet extended release 12 hr 5-120 mg	1A	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)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Non-Formulary	QL (Quantity Limits Apply)
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
Alpha-Adrenergic Agonists		
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	

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clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MDL
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1A	MDL
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1A	MDL; QL (4 patches per 28 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	Non-Formulary	
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)
methyldopa oral tablet 250 mg, 500 mg	1A	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1A	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1A	MDL
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
Antimuscarinics/Antispasmodics		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Non-Formulary	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	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)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (2 inhalers per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (10.7 GM per 28 days)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1A	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	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)

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DRUG NAME	DRUG TIER	NOTES
dicyclomine oral capsule 10 mg	1	MDL; QL (8 capsules per 1 day)
dicyclomine oral solution 10 mg/5 ml	1A	
dicyclomine oral tablet 20 mg	1	MDL; QL (8 tablets per 1 day)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1A	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1A	
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	Non-Formulary	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	QL (1 Inhaler per 28 days)
ed-spaz oral tablet,disintegrating 0.125 mg	1A	
glycopyrrolate injection solution 0.2 mg/ml	Non-Formulary	PA; QL (0.01 ML per 1 day)
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	4	PA; QL (5 ML per 1 day)
glycopyrrolate oral tablet 1 mg, 2 mg	1A	MDL
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)	1A	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral syrup 5-1.5 mg/5 ml	1A	
hyoscyamine sulfate oral drops 0.125 mg/ml	1A	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1A	
hyoscyamine sulfate oral tablet 0.125 mg	1A	MDL
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1A	MDL
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1A	
hyoscyamine sulfate sublingual tablet 0.125 mg	1A	
hyosyne oral drops 0.125 mg/ml	1A	
hyosyne oral elixir 0.125 mg/5 ml	1A	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Non-Formulary	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)

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DRUG NAME	DRUG TIER	NOTES
ipratropium bromide inhalation solution 0.02 %	1A	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	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	
methscopolamine oral tablet 2.5 mg, 5 mg	1A	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	Non-Formulary	
QBREXZA TOPICAL TOWELETTE 2.4 %	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 packet per 1 day)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Non-Formulary	QL (1 capsule per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
symax-sl sublingual tablet 0.125 mg	1A	
symax-sr oral tablet extended release 12 hr 0.375 mg	1A	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1A	MDL; QL (1 Capsule per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Non-Formulary	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)

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DRUG NAME	DRUG TIER	NOTES
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 vials per 1 day)
Antiparkinsonian Agents		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
trihexyphenidyl oral elixir 0.4 mg/ml	1A	MDL
trihexyphenidyl oral tablet 2 mg, 5 mg	1A	MDL
Autonomic Drugs, Miscellaneous		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1A	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.)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1A	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.)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1A	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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DRUG NAME	DRUG TIER	NOTES
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1A	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
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1A	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 INHALATION CARTRIDGE 10 MG	3	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 340 cartridges per fill and 6 fills per year.)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	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	

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varenicline oral tablet 0.5 mg, 1 mg	1A	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.)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	1A	QL (1 pack per 365 days)
Botulinum Toxins		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	BB	
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	BB	PA
Centrally Acting Skeletal Muscle Relaxnt		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	Non-Formulary	
carisoprodol oral tablet 250 mg, 350 mg	1A	
carisoprodol-aspirin oral tablet 200-325 mg	1A	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1A	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Non-Formulary	
chlorzoxazone oral tablet 500 mg	1A	QL (4 Tablets per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	1A	MDL
LORZONE ORAL TABLET 375 MG, 750 MG	Non-Formulary	
metaxalone oral tablet 400 mg, 800 mg	1A	
methocarbamol oral tablet 500 mg, 750 mg	1A	MDL
SOMA ORAL TABLET 250 MG, 350 MG	Non-Formulary	
tizanidine oral capsule 2 mg	1A	QL (10 tablets per 1 day)
tizanidine oral capsule 4 mg	1A	QL (9 tablets per 1 day)
tizanidine oral capsule 6 mg	1A	QL (6 tablets per 1 day)
tizanidine oral tablet 2 mg	1A	QL (10 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
tizanidine oral tablet 4 mg	1A	QL (9 tablets per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Non-Formulary	
ZANAFLEX ORAL TABLET 4 MG	Non-Formulary	
Direct-Acting Skeletal Muscle Relaxants		
DANTRIUM ORAL CAPSULE 25 MG	Non-Formulary	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1A	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml)	BB	PA
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (80 ML per 1 day)
baclofen oral tablet 10 mg	1A	MDL; QL (8 tablets per 1 day)
baclofen oral tablet 20 mg, 5 mg	1A	MDL
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	Non-Formulary	
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); 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); QL (80 ML per 1 day)
Non-Sel. Beta-Adrenergic Blocking Agents		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Formulary	PA

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DRUG NAME	DRUG TIER	NOTES
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg	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	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 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	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Non-Formulary	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1A	MDL
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	Non-Formulary	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1A	MDL
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MDL
Non-Sel.Alpha-Adrenergic Blocking Agents		
DIBENZYLINE ORAL CAPSULE 10 MG	Non-Formulary	
dihydroergotamine injection solution 1 mg/ml	1A	PA; QL (0.01 ML per 1 day)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1A	PA; QL (8 vials per 30 days)
ergoloid oral tablet 1 mg	1A	
ergotamine-caffeine oral tablet 1-100 mg	1A	QL (24 tablets per 1 fill)
phenoxybenzamine (bulk) powder	Non-Formulary	
phenoxybenzamine oral capsule 10 mg	Non-Formulary	
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Non-Formulary	
Parasympathomimetic (Cholinergic Agents)		
ARICEPT ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ARICEPT ORAL TABLET 23 MG	Non-Formulary	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1A	MDL
cevimeline oral capsule 30 mg	1A	
donepezil oral tablet 10 mg, 5 mg	1A	MDL; QL (2 tablets per 1 day)
donepezil oral tablet 23 mg	1A	MDL
donepezil oral tablet,disintegrating 10 mg, 5 mg	1A	
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)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1A	
galantamine oral solution 4 mg/ml	1A	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1A	
MESTINON ORAL TABLET 60 MG	Non-Formulary	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Non-Formulary	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Non-Formulary	QL (Quantity Limits Apply)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Formulary	QL (Quantity Limits Apply)
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1A	MDL
pyridostigmine bromide oral syrup 60 mg/5 ml	1A	PA; QL (5 ML per 1 day)
pyridostigmine bromide oral tablet 60 mg	1A	
pyridostigmine bromide oral tablet extended release 180 mg	1A	PA; QL (3 tablets per 1 day)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1A	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1A	QL (1 patch per 1 day)

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DRUG NAME	DRUG TIER	NOTES
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	Non-Formulary	
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin oral tablet extended release 24 hr 10 mg	1A	MDL
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg	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	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Non-Formulary	
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	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Non-Formulary	
silodosin oral capsule 4 mg, 8 mg	1A	
tamsulosin oral capsule 0.4 mg	1A	MDL; QL (2 capsule per 1 day)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	Non-Formulary	
Selective Beta-1-Adrenergic Agonists		
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	7	

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DRUG NAME	DRUG TIER	NOTES
Selective Beta-2-Adrenergic Agonists		
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	2	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, 55-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Non-Formulary	
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Non-Formulary	
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	1A	MDL
albuterol sulfate oral syrup 2 mg/5 ml	1	MDL
albuterol sulfate oral tablet 2 mg, 4 mg	1A	MDL
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1A	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	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)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1A	PA; QL (120 ML per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (10.7 GM per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per 30 days)

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DRUG NAME	DRUG TIER	NOTES
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1A	MDL; QL (10.3 GM per 1 Fill)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Non-Formulary	
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1A	MDL; QL (10.3 GM per 1 Fill)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	MDL; QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	QL (1 Inhaler per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MDL; QL (13 GM per 28 days)
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	Non-Formulary	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1A	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	MDL; QL (60 GM per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1A	QL (4 vials per 1 day)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	MDL
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	1A	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	1A	MDL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Non-Formulary	QL (4 vials per 1 day)

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DRUG NAME	DRUG TIER	NOTES
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Non-Formulary	QL (1 Inhaler per 28 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Non-Formulary	QL (2 inhalers per 30 days)
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Non-Formulary	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	MDL; QL (1 diskus per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	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	QL (10.3 GM per 1 Fill)
terbutaline oral tablet 2.5 mg, 5 mg	1A	MDL
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1A	MDL; QL (2 inhalers per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	MDL; QL (60 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Non-Formulary	
Selective Beta-Adrenergic Blocking Agent		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MDL
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	MDL
metoprolol tartrate oral tablet 75 mg	1A	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	
Skeletal Muscle Relaxants, Miscellaneous		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	BB	
orphenadrine citrate oral tablet extended release 100 mg	1A	MDL
BLOOD DERIVATIVES		
Blood Derivatives		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	BB	PA

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DRUG NAME	DRUG TIER	NOTES
BLOOD FORMATION, COAGULATION, THROMBOSIS		
Antianemia Drugs		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG	BB	PA
REBLOZYL SUBCUTANEOUS RECON SOLN 75 MG	Non-Formulary	
Anticoagulants, Miscellaneous		
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	2	
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)
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	Non-Formulary	QL (15 syringes per 180 days)
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	BB	
Antihemorrhagic Agents, Miscellaneous		
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	BB	
Antithrombotic Agents, Miscellaneous		
CABLIVI INJECTION KIT 11 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
CABLIVI INJECTION RECON SOLN 11 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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Blood Form.,Coag,Thrombosis Agents Misc.		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
OXBRYTA ORAL TABLET 500 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 TABLETS per 1 day)
TAVALISSE ORAL TABLET 100 MG, 150 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
Coumarin Derivatives		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MDL
warfarin (bulk) powder 100 %	3	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MDL
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	MDL; QL (2 TABLETS per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	MDL; QL (2 TABLETS 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)	2	QL (1 pack per fill, 1 fill per 180 days)

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DRUG NAME	DRUG TIER	NOTES
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (20 ML per 1 day); AG (Max 18 Years)
XARELTO ORAL TABLET 10 MG, 20 MG	2	MDL; QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	2	MDL; QL (2 tablets per 1 day)
XARELTO ORAL TABLET 2.5 MG	2	MDL
Direct Thrombin Inhibitors		
dabigatran etexilate oral capsule 150 mg, 75 mg	1A	MDL; QL (2.5 capsules per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	MDL; QL (2.5 capsules per 1 day)
Hematopoietic Agents		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	QL (4 vials per 30 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	3	QL (4 syringes per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	4A	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	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 tablets per 1 day)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Non-Formulary	QL (4 vials per 30 days)

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DRUG NAME	DRUG TIER	NOTES
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	QL (Quantity Limits Apply)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	QL (3.5 ML per 30 days)
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
LEUKINE INJECTION RECON SOLN 250 MCG	Non-Formulary	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
MIRCERA INJECTION SYRINGE 120 MCG/0.3 ML	BB	
MULPLETA ORAL TABLET 3 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	BB	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	QL (16 ML per 1 fill)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	QL (3.5 ML per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	QL (Quantity Limits Apply)

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NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	QL (Quantity Limits Apply)
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	BB	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	QL (4 vials per 30 days)
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)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG	BB	PA
REBLOZYL SUBCUTANEOUS RECON SOLN 75 MG	Non-Formulary	
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	BB	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Not Covered	

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DRUG NAME	DRUG TIER	NOTES
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	BB	QL (3.5 ML per 30 days)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	BB	QL (4.8 ML per 30 days)
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	1A	MDL
Hemostatics		
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)
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)
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)

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ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT	Non-Formulary	
ALPROLIX INTRAVENOUS RECON SOLN 500 UNIT	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ALTUVIIIO 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)
aminocaproic acid oral solution 250 mg/ml (25 %)	1A	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)
aminocaproic acid oral tablet 1,000 mg	1A	QL (1 tablet per 1 day)
aminocaproic acid oral tablet 500 mg	1A	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)
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	7	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 INJECTION SOLUTION 4 MCG/ML	BB	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Non-Formulary	
desmopressin injection solution 4 mcg/ml	BB	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1A	QL (5 ML per 1 fill)
desmopressin oral tablet 0.1 mg, 0.2 mg	1A	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, 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)
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	BB	PA
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)
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)
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)

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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)
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 Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
IXINITY 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)
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 unit per 1 day)
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	BB	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; 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)
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)

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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)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Non-Formulary	
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 Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 unit per 1 day)
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NUWIQ INTRAVENOUS RECON SOLN 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)

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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)
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; 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 Pharmacy Advantage: (800) 456-2112; 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	
tranexamic acid oral tablet 650 mg	1A	QL (60 tablets per 30 days)
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	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)
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)

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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)
Heparins		
enoxaparin subcutaneous solution 300 mg/3 ml	1A	QL (60 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1A	QL (60 ML per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1A	QL (48 ML per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1A	QL (18 ML per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1A	QL (24 ML per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1A	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	3	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	3	PA; QL (1 ML per 1 day)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1A	

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heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1A	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1A	
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)
Iron Preparations		
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	1A	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	
FEROCON ORAL CAPSULE 110-0.5 MG	3	
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	Non-Formulary	
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	1A	
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	1A	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	BB	PA
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	1A	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	Non-Formulary	

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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	
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg	1A	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	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	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	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

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PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	3	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 vit no.179-iron-folic oral tablet 28 mg iron-800 mcg	1A	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg	3	MDL
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	1A	MDL
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	1A	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	1A	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	MDL

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TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG	1A	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	MDL
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
Platelet-Aggregation Inhibitors		
aspirin oral tablet 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
aspirin oral tablet,chewable 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1A	MDL; QL (90 tablets per 30 days)
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	1A	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	2	QL (2 tablets per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	QL (6 capsules per 1 day)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1A	QL (4 tablets per 1 day)
cilostazol oral tablet 100 mg, 50 mg	1A	
clopidogrel oral tablet 300 mg, 75 mg	1A	MDL
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1A	MDL
EFFIENT ORAL TABLET 10 MG, 5 MG	Non-Formulary	
PLAVIX ORAL TABLET 75 MG	Non-Formulary	QL (1 tablet per 1 day)

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prasugrel oral tablet 10 mg, 5 mg	1A	MDL
Platelet-Reducing Agents		
AGRYLIN ORAL CAPSULE 0.5 MG	Non-Formulary	
anagrelide oral capsule 0.5 mg, 1 mg	1A	
Thrombolytic Agents		
aspirin oral tablet 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
aspirin oral tablet,chewable 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	QL (6 capsules per 1 day)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1A	QL (4 tablets per 1 day)
CARDIOVASCULAR DRUGS		
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Non-Formulary	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL

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DRUG NAME	DRUG TIER	NOTES
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg	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	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1A	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	Non-Formulary	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1A	MDL
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MDL
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Non-Formulary	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1A	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	Non-Formulary	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1A	MDL
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MDL
Angiotensin Ii Receptor Antagon.(Hypotn)		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	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, 75 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	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Non-Formulary	
candesartan oral tablet 16 mg, 4 mg	1A	MDL
candesartan oral tablet 32 mg, 8 mg	1A	MDL; QL (2 tablets per 1 day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	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)

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EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 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)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non-Formulary	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1A	MDL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	MDL
losartan oral tablet 100 mg, 25 mg, 50 mg	1	MDL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	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 20 MG, 40 MG, 80 MG	Non-Formulary	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1A	MDL
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
olmesartan-amlodipin-hcthiazid oral tablet 40-5-12.5 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	MDL
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	

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telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	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	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Non-Formulary	
valsartan oral solution 4 mg/ml	Non-Formulary	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1A	MDL; QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	MDL
Angiotensin Ii Receptor Antagonists		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	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, 75 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	
candesartan oral tablet 16 mg, 4 mg	1A	MDL
candesartan oral tablet 32 mg, 8 mg	1A	MDL; QL (2 tablets per 1 day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	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)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (2 tablets per 1 day)
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	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1A	MDL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	MDL
losartan oral tablet 100 mg, 25 mg, 50 mg	1	MDL

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losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	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 20 MG, 40 MG, 80 MG	Non-Formulary	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1A	MDL
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
olmesartan-amlodipin-hcthiazid oral tablet 40-5-12.5 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	MDL
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	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	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Non-Formulary	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1A	MDL; QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	MDL
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Non-Formulary	
ACCURETIC ORAL TABLET 20-25 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Non-Formulary	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MDL
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	MDL
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1A	MDL
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MDL
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	MDL
EPANED ORAL SOLUTION 1 MG/ML	Non-Formulary	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1A	MDL
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	MDL
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MDL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	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	
moexipril oral tablet 15 mg, 7.5 mg	1A	MDL
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1A	MDL
QBRELIS ORAL SOLUTION 1 MG/ML	Non-Formulary	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MDL

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quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	MDL
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MDL
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1A	MDL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	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	
Angiotensin-Converting Enzyme Inhibitors		
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, 10 MG, 2.5 MG, 5 MG	Non-Formulary	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MDL
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	MDL
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1A	MDL
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MDL
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	MDL
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	MDL
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MDL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	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	
moexipril oral tablet 15 mg, 7.5 mg	1A	MDL
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1A	MDL
QBRELIS ORAL SOLUTION 1 MG/ML	Non-Formulary	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MDL
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	MDL
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MDL
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1A	MDL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	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	
Antiarrhythmics, Miscellaneous		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	

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DRUG NAME	DRUG TIER	NOTES
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	BB	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1A	MDL
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	MDL
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	2	
magnesium sulfate injection solution 4 meq/ml (50 %)	7	
Antilipemic Agents, Miscellaneous		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	BB	PA
icosapent ethyl oral capsule 0.5 gram, 1 gram	1A	QL (4 capsules per 1 day)
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)
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	BB	PA
LOVAZA ORAL CAPSULE 1 GRAM	Non-Formulary	QL (4 capsules per 1 day)
NEXLETOL ORAL TABLET 180 MG	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
niacin (inositol niacinate) oral capsule 500 mg	Non-Formulary	
NIACIN FLUSH FREE ORAL CAPSULE 400 MG NIACIN (500 MG)	Non-Formulary	
niacin oral capsule, extended release 250 mg, 500 mg	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	Non-Formulary	
niacin oral tablet extended release 1,000 mg, 250 mg, 500 mg	Non-Formulary	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1A	MDL
NIACOR ORAL TABLET 500 MG	1A	
omega-3 acid ethyl esters oral capsule 1 gram	1A	MDL; QL (4 capsules per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	Non-Formulary	QL (Quantity Limits Apply); QL (4 capsules per 1 day)
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MDL
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	MDL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Formulary	PA
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg	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
carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg	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	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 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	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	MDL
metoprolol tartrate oral tablet 75 mg	1A	MDL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	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	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
Beta-Adrenergic Blocking Agt.(Hypoten)		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MDL
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	MDL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Formulary	

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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	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	MDL
metoprolol tartrate oral tablet 75 mg	1A	MDL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
Bile Acid Sequestrants		
cholestyramine (with sugar) oral powder 4 gram	1A	MDL; QL (13 GM per 1 day)
cholestyramine (with sugar) oral powder in packet 4 gram	1A	MDL; QL (4 packets per 1 day)
cholestyramine light oral powder 4 gram	1A	MDL; QL (8 GM per 1 day)
cholestyramine light oral powder in packet 4 gram	1A	MDL; QL (4 packets per 1 day)
cholestyramine-aspartame oral powder in packet 4 gram	1A	MDL; QL (4 packets per 1 day)
colesevelam oral powder in packet 3.75 gram	1A	MDL; QL (1 packet per 1 day)
colesevelam oral tablet 625 mg	1A	MDL; QL (6 tablets per 1 day)
COLESTID FLAVORED ORAL GRANULES 5 GRAM	Non-Formulary	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Non-Formulary	
COLESTID ORAL GRANULES 5 GRAM	Non-Formulary	
COLESTID ORAL PACKET 5 GRAM	Non-Formulary	
COLESTID ORAL TABLET 1 GRAM	Non-Formulary	
colestipol oral granules 5 gram	1A	MDL
colestipol oral packet 5 gram	1A	MDL
colestipol oral tablet 1 gram	1A	MDL
prevalite oral powder 4 gram	1A	MDL; QL (8 GM per 1 day)
prevalite oral powder in packet 4 gram	1A	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	

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DRUG NAME	DRUG TIER	NOTES
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)
Calcium-Channel Block.Agt,Misc(Hypoten)		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	Non-Formulary	
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
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Non-Formulary	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Non-Formulary	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Calcium-Channel Blocking Agents		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
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	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	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)
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	Non-Formulary	
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
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL

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diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	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)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
levamlodipine oral tablet 2.5 mg, 5 mg	Non-Formulary	QL (1 tablet per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Non-Formulary	
nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 90 mg	1A	
nifedipine oral tablet extended release 24hr 60 mg	1A	QL (3 tablets per 1 day)
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	

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nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Non-Formulary	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
olmesartan-amlodipin-hcthiazid oral tablet 40-5-12.5 mg	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	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	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	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Non-Formulary	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Non-Formulary	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Calcium-Channel Blocking Agents(Hypoten)		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	Non-Formulary	
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
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Non-Formulary	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Non-Formulary	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Calcium-Channel Blocking Agents, Misc.		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	Non-Formulary	
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
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL

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diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Non-Formulary	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Non-Formulary	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide oral capsule, extended release 500 mg	1A	MDL
acetazolamide oral tablet 125 mg, 250 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
Cardiac Drugs, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
CORLANOR ORAL SOLUTION 5 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (2 tablets per 1 day)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1A	MDL; QL (2 tablets per 1 day)
Cardiotonic Agents		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	
digoxin (bulk) powder 100 %	3	
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	BB	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1A	MDL
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	MDL
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	7	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	2	
milrinone intravenous solution 1 mg/ml	7	
Central Alpha-Agonists		
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	

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DRUG NAME	DRUG TIER	NOTES
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MDL
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1A	MDL
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1A	MDL; QL (4 patches per 28 days)
guanfacine oral tablet 1 mg, 2 mg	1A	MDL
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1A	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)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	Non-Formulary	
methyldopa oral tablet 250 mg, 500 mg	1A	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1A	
Cholesterol Absorption Inhibitors		
ezetimibe oral tablet 10 mg	1A	MDL; QL (1 tablet per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1A	MDL; QL (30 tablets per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
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)
Class Ia Antiarrhythmics		
disopyramide phosphate oral capsule 100 mg, 150 mg	1A	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
quinidine gluconate oral tablet extended release 324 mg	1A	
quinidine sulfate oral tablet 200 mg, 300 mg	1A	
Class Ib Antiarrhythmics		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	MDL
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Non-Formulary	
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	2	
DILANTIN ORAL CAPSULE 30 MG	2	MDL
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Non-Formulary	
mexiletine oral capsule 150 mg	1A	MDL
mexiletine oral capsule 200 mg, 250 mg	1A	MDL; QL (3 capsules per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1A	MDL
phenytoin oral tablet,chewable 50 mg	1A	MDL
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1A	MDL
Class Ic Antiarrhythmics		
flecainide oral tablet 100 mg, 150 mg, 50 mg	1A	MDL
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1A	MDL; QL (2 capsules per 1 day)
propafenone oral tablet 150 mg, 225 mg, 300 mg	1A	MDL
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	Non-Formulary	QL (2 capsules per 1 day)
Class Ii Antiarrhythmics		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MDL

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DRUG NAME	DRUG TIER	NOTES
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	MDL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg	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	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 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	

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DRUG NAME	DRUG TIER	NOTES
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Non-Formulary	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	MDL
metoprolol tartrate oral tablet 75 mg	1A	MDL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	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	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
Class Iii Antiarrhythmics		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1A	MDL
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1A	MDL; QL (4 capsules per 1 day)
MULTAQ ORAL TABLET 400 MG	2	MDL; QL (2 tablets per 1 day)
pacerone oral tablet 100 mg, 200 mg, 400 mg	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Non-Formulary	QL (4 capsules per 1 day)
Class Iv Antiarrhythmics		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	Non-Formulary	
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
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL

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diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Non-Formulary	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Non-Formulary	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
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	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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amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	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	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)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
levamlodipine oral tablet 2.5 mg, 5 mg	Non-Formulary	QL (1 tablet per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
nicardipine oral capsule 20 mg, 30 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 90 mg	1A	
nifedipine oral tablet extended release 24hr 60 mg	1A	QL (3 tablets per 1 day)
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Non-Formulary	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
olmesartan-amlodipin-hcthiazid oral tablet 40-5-12.5 mg	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	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
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	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Non-Formulary	
Dihydropyridines (Antihypertensive)		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL

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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	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	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	QL (1 tablet per 1 day)
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)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
levamlodipine oral tablet 2.5 mg, 5 mg	Non-Formulary	QL (1 tablet per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	

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nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 90 mg	1A	
nifedipine oral tablet extended release 24hr 60 mg	1A	QL (3 tablets per 1 day)
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Non-Formulary	
NORLIQVA ORAL SOLUTION 1 MG/ML	Non-Formulary	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
olmesartan-amlodipin-hcthiazid oral tablet 40-5-12.5 mg	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	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
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	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
Direct Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	Non-Formulary	QL (3 Tablets per 1 day)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MDL
isosorbide-hydralazine oral tablet 20-37.5 mg	Non-Formulary	
minoxidil oral tablet 10 mg, 2.5 mg	1A	MDL
Diuretics, Miscellaneous (Hypotensive)		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
theophylline oral elixir 80 mg/15 ml	1A	
theophylline oral solution 80 mg/15 ml	1A	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1A	MDL
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	MDL
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1A	MDL; QL (1 capsule per 1 day)
fenofibrate micronized oral capsule 90 mg	Non-Formulary	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1A	MDL; QL (1 tablet per 1 day)
fenofibrate oral capsule 150 mg, 50 mg	1A	MDL; QL (1 capsule per 1 day)
fenofibrate oral tablet 120 mg, 40 mg	Non-Formulary	QL (1 tablet per 1 day)
fenofibrate oral tablet 160 mg, 54 mg	1A	MDL; QL (1 tablet per 1 day)
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1A	
fenofibric acid oral tablet 105 mg, 35 mg	1A	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Non-Formulary	QL (1 tablet per 1 day)
gemfibrozil oral tablet 600 mg	1A	MDL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Non-Formulary	QL (1 capsule per 1 day)

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LOPID ORAL TABLET 600 MG	Non-Formulary	
TRICOR ORAL TABLET 145 MG, 48 MG	Non-Formulary	QL (1 tablet per 1 day)
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	Non-Formulary	
Hmg-Coa Reductase Inhibitors		
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	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1A	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 10 MG, 20 MG, 40 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1A	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)
fluvastatin oral capsule 20 mg, 40 mg	Non-Formulary	
fluvastatin oral tablet extended release 24 hr 80 mg	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	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 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.)

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lovastatin oral tablet 10 mg, 20 mg, 40 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Non-Formulary	QL (1 Tablet per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1A	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)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1A	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)
Hypotensive Agents, Miscellaneous		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)

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AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Non-Formulary	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
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	
DIBENZYLINE ORAL CAPSULE 10 MG	Non-Formulary	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1A	MDL
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non-Formulary	QL (2 tablets per 1 day)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
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	
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
levamlodipine oral tablet 2.5 mg, 5 mg	Non-Formulary	QL (1 tablet per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 90 mg	1A	
nifedipine oral tablet extended release 24hr 60 mg	1A	QL (3 tablets per 1 day)
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Non-Formulary	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
phenoxybenzamine (bulk) powder	Non-Formulary	
phenoxybenzamine oral capsule 10 mg	Non-Formulary	
pindolol oral tablet 10 mg, 5 mg	1A	MDL
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Non-Formulary	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL

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propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-Formulary	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
Loop Diuretics (Hypotensive Agents)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
EDECRIN ORAL TABLET 25 MG	Non-Formulary	QL (480 tablets per 30 days)
ethacrynic acid oral tablet 25 mg	1A	QL (2 tablets per 1 day)
furosemide oral solution 10 mg/ml	1A	MDL
furosemide oral solution 40 mg/5 ml (8 mg/ml)	1A	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MDL
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Formulary	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1A	MDL
Mineralocorticoid (Aldosterone) Antagnts		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	QL (15 ML per 1 day)
eplerenone oral tablet 25 mg, 50 mg	1A	MDL
INSPRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (1 tablet per 1 day)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
Mineralocorticoid(Aldoster.)Antag(Hypot)		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	QL (15 ML per 1 day)
eplerenone oral tablet 25 mg, 50 mg	1A	MDL
INSPRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (1 tablet per 1 day)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL
Nitrates And Nitrites		
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	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1A	MDL
isosorbide dinitrate oral tablet 40 mg	1A	PA; MDL; QL (3 TABLET per 1 day)
isosorbide mononitrate oral tablet 10 mg, 20 mg	1A	MDL
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1A	MDL
isosorbide-hydralazine oral tablet 20-37.5 mg	Non-Formulary	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	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	2	
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1A	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1A	MDL
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.6 mg/hr	1A	QL (1 patch per 1 day)

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DRUG NAME	DRUG TIER	NOTES
nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.4 mg/hr	1A	MDL; QL (1 patch per 1 day)
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1A	
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)
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1A	MDL
Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	4	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	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 30 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 30 days)
Phosphodiesterase Type 5 Inhibitors		
ADCIRCA ORAL TABLET 20 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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ALYQ ORAL TABLET 20 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)
CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (6 tablets per 30 days)
CIALIS ORAL TABLET 2.5 MG, 20 MG	Non-Formulary	
cilostazol oral tablet 100 mg, 50 mg	1A	
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
REVATIO ORAL TABLET 20 MG	Non-Formulary	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
sildenafil (pulm.hypertension) oral tablet 20 mg	1A	MDL; QL (30 tablets per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	1A	QL (6 tablets per 30 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
tadalafil (pulm. hypertension) oral tablet 20 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)
tadalafil oral tablet 10 mg, 5 mg	1A	QL (6 tablets per 30 days)
tadalafil oral tablet 2.5 mg, 20 mg	Non-Formulary	
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Non-Formulary	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
Potassium-Sparing Diuretics (Hypoten)		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
amiloride oral tablet 5 mg	1A	MDL
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MDL
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	QL (15 ML per 1 day)

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DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non-Formulary	
eplerenone oral tablet 25 mg, 50 mg	1A	MDL
INSPRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
MAXZIDE ORAL TABLET 75-50 MG	Non-Formulary	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	Non-Formulary	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL
triamterene oral capsule 100 mg, 50 mg	1A	MDL; QL (4 capsules per 1 day)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MDL
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1A	MDL
Renin Inhibitors		
aliskiren oral tablet 150 mg, 300 mg	1A	PA; 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)
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA; QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG	Non-Formulary	
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (2 tablets per 1 day)
Thiazide Diuretics(Hypotensive Agents)		
ACCURETIC ORAL TABLET 20-25 MG	Non-Formulary	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MDL

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DRUG NAME	DRUG TIER	NOTES
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	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	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	MDL
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	MDL; QL (2 tablets per 1 day)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	
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	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	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)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	MDL
hydrochlorothiazide oral capsule 12.5 mg	1	MDL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MDL

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HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non-Formulary	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	MDL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MDL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MDL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
MAXZIDE ORAL TABLET 75-50 MG	Non-Formulary	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	Non-Formulary	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1A	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Non-Formulary	QL (2 tablets per 1 day)
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
olmesartan-amlodipin-hcthiazid oral tablet 40-5-12.5 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL

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TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA; QL (1 tablet per 1 day)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	MDL; QL (2 tablets per 1 day)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MDL
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1A	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	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	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	
Thiazide-Like Diuretics(Hypotensive Agt)		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
chlorthalidone oral tablet 25 mg, 50 mg	1A	MDL
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply)
indapamide oral tablet 1.25 mg, 2.5 mg	1	MDL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1A	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
Vasodilating Agents, Miscellaneous		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (3 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ambrisentan oral tablet 10 mg, 5 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
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	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1A	MDL; QL (90 tablets per 30 days)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
bosentan oral tablet 125 mg, 62.5 mg	1A	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)
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	Non-Formulary	
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)

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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
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	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	3	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	3	ST (Step Therapy Required- Tried and failed sildenafil in the last 120 days); QL (6 ML per 30 days)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	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)
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL

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dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1A	MDL
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Non-Formulary	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non-Formulary	QL (2 tablets per 1 day)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG	BB	PA
isradipine oral capsule 2.5 mg, 5 mg	1A	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)
levamlodipine oral tablet 2.5 mg, 5 mg	Non-Formulary	QL (1 tablet per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Non-Formulary	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	3	ST (Step Therapy Required- Tried and failed sildenafil in the last 120 days); QL (6 ML per 30 days)
nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 90 mg	1A	
nifedipine oral tablet extended release 24hr 60 mg	1A	QL (3 tablets per 1 day)
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	

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nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Non-Formulary	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
OPSUMIT ORAL TABLET 10 MG	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
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)
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)
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-Formulary	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
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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trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	7	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Non-Formulary	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84)	Non-Formulary	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	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	4	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)	4	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	4	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)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	BB	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (3 vials per 1 day)

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VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (270 ampules per 30 days)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Non-Formulary	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
CELLULAR AND GENE THERAPY		
Cellular Therapy		
OMISIRGE INTRAVENOUS SUSPENSION	BB	PA
Gene Therapy		
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	BB	PA
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	BB	PA
SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML	BB	PA
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	BB	PA
ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML	BB	PA
CENTRAL NERVOUS SYSTEM AGENTS		
Adamantanes (Cns)		
amantadine hcl oral capsule 100 mg	1A	MDL
amantadine hcl oral solution 50 mg/5 ml	1A	MDL
amantadine hcl oral tablet 100 mg	1A	MDL

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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)
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)
Amphetamine Derivatives		
ADIPEX-P ORAL TABLET 37.5 MG	Non-Formulary	
diethylpropion oral tablet 25 mg	1A	
diethylpropion oral tablet extended release 75 mg	1	
LOMAIRA ORAL TABLET 8 MG	Non-Formulary	
phendimetrazine tartrate oral capsule, extended release 105 mg	1A	
phendimetrazine tartrate oral tablet 35 mg	1A	
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1A	MDL
phentermine oral tablet 37.5 mg	1	MDL
Amphetamines		
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	QL (2 capsules per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER 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)
benzphetamine oral tablet 50 mg	1A	
DESOXYN ORAL TABLET 5 MG	Non-Formulary	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	Non-Formulary	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1A	

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dextroamphetamine sulfate oral tablet 10 mg, 20 mg, 5 mg	1A	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Non-Formulary	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1A	MDL; QL (2 capsules per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1A	MDL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
EVEKEO ORAL TABLET 10 MG, 5 MG	Non-Formulary	
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1A	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)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Non-Formulary	QL (1 Tablet per 1 day)
methamphetamine oral tablet 5 mg	1A	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
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	QL (1 capsule per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	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	QL (1 patch per 1 day)
zenzedi oral tablet 10 mg, 5 mg	Non-Formulary	

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ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Non-Formulary	
Analgesics And Antipyretics, Misc.		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)	1A	
acetaminophen-codeine oral tablet 300-15 mg	1A	
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1A	QL (13 tablets per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1A	QL (60 tablets per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1A	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1A	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1A	QL (8 tablets per 1 day)
ESGIC ORAL TABLET 50-325-40 MG	Non-Formulary	
FIORICET ORAL CAPSULE 50-300-40 MG	Non-Formulary	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1A	MDL
gabapentin oral solution 250 mg/5 ml	1A	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1A	MDL
gabapentin oral tablet 600 mg, 800 mg	1A	MDL
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	Non-Formulary	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1A	

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hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1A	QL (90 ML per 1 day)
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	1A	QL (12 tablets per 1 day)
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	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1A	QL (8 tablets per 1 day)
oxycodone-acetaminophen oral tablet 7.5-300 mg	1A	
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)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1A	MDL; QL (2 capsules per 1 day)
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	Non-Formulary	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML	BB	PA
tramadol-acetaminophen oral tablet 37.5-325 mg	1A	QL (12 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non-Formulary	
Anorexigenic Agents, Miscellaneous		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Non-Formulary	QL (Quantity Limits Apply)

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QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	PA; QL (1 Capsule per 1 day)
Anticholinergic Agents (Cns)		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
trihexyphenidyl oral elixir 0.4 mg/ml	1A	MDL
trihexyphenidyl oral tablet 2 mg, 5 mg	1A	MDL
Anticonvulsants, Miscellaneous		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Non-Formulary	QL (Quantity Limits Apply)
BANZEL ORAL TABLET 200 MG, 400 MG	Non-Formulary	QL (280 tablets per 1 fill)
BRIVIACT ORAL SOLUTION 10 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1A	QL (8 capsules per 1 day)
carbamazepine oral suspension 100 mg/5 ml	1A	
carbamazepine oral tablet 200 mg	1A	MDL
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1A	MDL
carbamazepine oral tablet,chewable 100 mg	1A	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	MDL
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	MDL
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Non-Formulary	
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)

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divalproex oral capsule, delayed rel sprinkle 125 mg	1A	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1A	MDL
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1A	MDL
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
epitol oral tablet 200 mg	1A	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)
felbamate oral suspension 600 mg/5 ml	1A	
felbamate oral tablet 400 mg, 600 mg	1A	
FELBATOL ORAL TABLET 400 MG, 600 MG	Non-Formulary	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	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	3	PA; QL (1 tablet per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1A	MDL
gabapentin oral solution 250 mg/5 ml	1A	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1A	MDL
gabapentin oral tablet 600 mg, 800 mg	1A	MDL
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply)
KEPPRA ORAL SOLUTION 100 MG/ML	Non-Formulary	MDL
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Non-Formulary	MDL

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DRUG NAME	DRUG TIER	NOTES
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Non-Formulary	MDL; QL (4 tablets per 1 day)
lacosamide oral solution 10 mg/ml	Non-Formulary	QL (40 ML per 1 day)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1A	MDL; QL (3 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	
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	

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LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Non-Formulary	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Non-Formulary	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1A	MDL
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)	Non-Formulary	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 250 mg, 300 mg	1A	QL (2 tablets per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	1A	QL (4 tablets per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1A	MDL
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Non-Formulary	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1A	QL (1 pack per 1 year)
levetiracetam oral solution 100 mg/ml	1A	MDL
levetiracetam oral solution 500 mg/5 ml (5 ml)	1A	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1A	MDL
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1A	MDL; QL (4 tablets per 1 day)
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)

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magnesium sulfate injection solution 4 meq/ml (50 %)	7	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Non-Formulary	
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	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1A	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1A	MDL; QL (8 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1A	MDL; QL (2 capsules per 1 day)
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	Non-Formulary	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
roweepra oral tablet 500 mg	1A	
rufinamide oral tablet 200 mg, 400 mg	1A	QL (280 tablets per 1 fill)
SABRIL ORAL POWDER IN PACKET 500 MG	Non-Formulary	
SABRIL ORAL TABLET 500 MG	Non-Formulary	
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, 200 MG, 400 MG	Non-Formulary	MDL
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1A	

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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	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1A	MDL; QL (8 capsules per 1 day)
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	Non-Formulary	QL (1 capsule per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Non-Formulary	QL (Quantity Limits Apply)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL
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)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); QL (1 capsule per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1A	
valproic acid oral capsule 250 mg	1A	MDL
vigabatrin oral powder in packet 500 mg	4	PA; QL (1 packet per 1 day)
vigabatrin oral tablet 500 mg	4	PA; QL (6 tablets per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	4	PA; QL (1 packet per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Non-Formulary	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)	3	PA; QL (2 Tablets per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL (1 tablet per 1 day)

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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)	3	PA; QL (1 tablet per 1 day)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
Antidepressants, Miscellaneous		
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	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1A	QL (60 tablets per fill, 6 fills per 365 days)
bupropion hcl oral tablet 100 mg, 75 mg	1A	MDL
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1A	MDL
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1A	MDL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Non-Formulary	QL (Quantity Limits Apply)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1A	MDL; QL (4 tablets per 1 day)
mirtazapine oral tablet 7.5 mg	1A	MDL; QL (2 tablets per 1 day)
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1A	
REMERON ORAL TABLET 15 MG, 30 MG	Non-Formulary	QL (4 tablets per 1 day)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	Non-Formulary	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	BB	PA

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DRUG NAME	DRUG TIER	NOTES
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	
Antimanic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	BB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	BB	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 syringe per 30 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
aripiprazole oral solution 1 mg/ml	1A	PA; QL (20 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	Non-Formulary	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	BB	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	BB	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1A	QL (8 capsules per 1 day)
carbamazepine oral suspension 100 mg/5 ml	1A	
carbamazepine oral tablet 200 mg	1A	MDL

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carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1A	MDL
carbamazepine oral tablet,chewable 100 mg	1A	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	MDL
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	MDL
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Non-Formulary	
divalproex oral capsule, delayed rel sprinkle 125 mg	1A	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1A	MDL
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1A	MDL
epitol oral tablet 200 mg	1A	MDL
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Non-Formulary	QL (2 capsules per 1 day)
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	

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DRUG NAME	DRUG TIER	NOTES
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	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1A	MDL
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)	Non-Formulary	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1A	MDL
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Non-Formulary	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1A	QL (1 pack per 1 year)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1A	
lithium carbonate oral tablet 300 mg	1A	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1A	MDL
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Non-Formulary	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1A	MDL; QL (3 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1A	QL (2 tablets per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1A	MDL; QL (4 tablets per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1A	MDL; QL (30 tablets per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	BB	
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)
risperidone oral solution 1 mg/ml	1A	MDL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	MDL; QL (280 tablets per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	QL (280 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	Non-Formulary	
SAPHRIS SUBLINGUAL TABLET 2.5 MG	Non-Formulary	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	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, 200 MG, 400 MG	Non-Formulary	MDL

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DRUG NAME	DRUG TIER	NOTES
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1A	
valproic acid oral capsule 250 mg	1A	MDL
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL; QL (3 capsules per 1 day)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Non-Formulary	QL (1 tablet per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	BB	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)
Antimigraine Agents, Miscellaneous		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
aspirin oral tablet 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
aspirin oral tablet,chewable 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	

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DRUG NAME	DRUG TIER	NOTES
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1A	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	QL (6 capsules per 1 day)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1A	QL (4 tablets per 1 day)
CAMBIA ORAL POWDER IN PACKET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	MDL
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	MDL
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Non-Formulary	
dihydroergotamine injection solution 1 mg/ml	1A	PA; QL (0.01 ML per 1 day)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1A	PA; QL (8 vials per 30 days)
divalproex oral capsule, delayed rel sprinkle 125 mg	1A	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1A	MDL
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1A	MDL
ergotamine-caffeine oral tablet 1-100 mg	1A	QL (24 tablets per 1 fill)
ESGIC ORAL TABLET 50-325-40 MG	Non-Formulary	
FIORICET ORAL CAPSULE 50-300-40 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)

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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	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
tramadol-acetaminophen oral tablet 37.5-325 mg	1A	QL (12 tablets per 1 day)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Non-Formulary	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1A	
valproic acid oral capsule 250 mg	1A	MDL
Antipsychotics, Miscellaneous		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1A	
pimozide oral tablet 1 mg, 2 mg	1A	
Anxiolytics,Sedatives,And Hypnotics,Misc		
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)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	MDL
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Non-Formulary	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1A	QL (1 tablet per 1 day)

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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); QL (1 capsule per 1 day)
hydroxyzine hcl oral solution 10 mg/5 ml	1A	
hydroxyzine hcl oral tablet 10 mg, 50 mg	1A	QL (Quantity Limits Apply); MDL
hydroxyzine hcl oral tablet 25 mg	1A	MDL; QL (4 tablets per 1 day)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
LUNESTA ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (1 tablet per 1 day)
meprobamate oral tablet 200 mg, 400 mg	1A	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
promethazine oral syrup 6.25 mg/5 ml	1A	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1A	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	1A	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1A	
ramelteon oral tablet 8 mg	1A	QL (1 tablet per 1 day)
VISTARIL ORAL CAPSULE 25 MG	Non-Formulary	
zaleplon oral capsule 10 mg, 5 mg	1A	MDL
zolpidem oral capsule 7.5 mg	Non-Formulary	QL (1 Capsule per 1 day)
zolpidem oral tablet 10 mg	1A	MDL; QL (30 tablets per 30 days)
zolpidem oral tablet 5 mg	1A	MDL; QL (60 tablets per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1A	MDL; QL (30 tablets per 30 days)
Atypical Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	BB	

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ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	BB	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 syringe per 30 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
aripiprazole oral solution 1 mg/ml	1A	PA; QL (20 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	Non-Formulary	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	BB	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	BB	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
CAPLYTA ORAL CAPSULE 42 MG	Non-Formulary	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1A	QL (5 tablets per 1 day)
clozapine oral tablet,disintegrating 100 mg, 150 mg, 200 mg, 25 mg	1A	
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	
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Non-Formulary	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (3 capsules per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	BB	

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DRUG NAME	DRUG TIER	NOTES
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	Non-Formulary	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 39 MG/0.25 ML, 78 MG/0.5 ML	BB	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	BB	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 syringe per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	BB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (1 tablet per 1 day)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	QL (1 tablet per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Non-Formulary	
NUPLAZID ORAL CAPSULE 34 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
NUPLAZID ORAL TABLET 10 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1A	MDL; QL (3 tablets per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1A	QL (2 tablets per 1 day)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Non-Formulary	QL (1 capsule per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	1A	QL (30 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1A	MDL; QL (4 tablets per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1A	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)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	BB	
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)
risperidone oral solution 1 mg/ml	1A	MDL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	MDL; QL (280 tablets per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	QL (280 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	Non-Formulary	
SAPHRIS SUBLINGUAL TABLET 2.5 MG	Non-Formulary	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	QL (30 tablets per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG	Non-Formulary	QL (1 capsule per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Non-Formulary	QL (Quantity Limits Apply)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL; QL (3 capsules per 1 day)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Non-Formulary	QL (1 tablet per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	BB	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)
Barbiturates (Anticonvulsants)		
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	Non-Formulary	
MYSOLINE ORAL TABLET 250 MG, 50 MG	Non-Formulary	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1A	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1A	MDL
primidone oral tablet 250 mg, 50 mg	1A	MDL
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1A	QL (60 tablets per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1A	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1A	

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butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	QL (6 capsules per 1 day)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1A	QL (4 tablets per 1 day)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	Non-Formulary	
ESGIC ORAL TABLET 50-325-40 MG	Non-Formulary	
FIORICET ORAL CAPSULE 50-300-40 MG	Non-Formulary	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1A	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1A	MDL
Benzodiazepines (Anticonvulsants)		
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
clobazam oral suspension 2.5 mg/ml	1A	QL (16 ml per 1 day)
clobazam oral tablet 10 mg, 20 mg	1A	MDL; QL (4 tablets per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1A	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1A	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Non-Formulary	
DIASTAT RECTAL KIT 2.5 MG	Non-Formulary	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1A	MDL
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1A	QL (1 twinpack per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
lorazepam intensol oral concentrate 2 mg/ml	1A	

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DRUG NAME	DRUG TIER	NOTES
lorazepam oral concentrate 2 mg/ml	1A	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL (Quantity Limits Apply); QL (10 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)	2	PA; QL (Quantity Limits Apply); QL (2 Doses per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1A	MDL
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1A	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1A	MDL
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1A	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1A	
clobazam oral suspension 2.5 mg/ml	1A	QL (16 ml per 1 day)
clobazam oral tablet 10 mg, 20 mg	1A	MDL; QL (4 tablets per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1A	

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clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1A	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Non-Formulary	
DIASTAT RECTAL KIT 2.5 MG	Non-Formulary	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1A	MDL
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1A	QL (1 twinpack per 30 days)
DORAL ORAL TABLET 15 MG	Non-Formulary	
estazolam oral tablet 1 mg, 2 mg	1A	
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	
lorazepam intensol oral concentrate 2 mg/ml	1A	
lorazepam oral concentrate 2 mg/ml	1A	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
midazolam oral syrup 2 mg/ml	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL (Quantity Limits Apply); QL (10 Devices per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Non-Formulary	
ONFI ORAL TABLET 10 MG, 20 MG	Non-Formulary	MDL
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1A	
quazepam oral tablet 15 mg	3	ST (Step Therapy Required: Step through zolpidem, eszoplicone, zaleplon (Trial of 2 or more, 1 fill each))
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Non-Formulary	

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SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1A	MDL
triazolam oral tablet 0.125 mg, 0.25 mg	1A	
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)	2	PA; QL (Quantity Limits Apply); QL (2 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	
Butyrophenones		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	BB	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	BB	
haloperidol lactate oral concentrate 2 mg/ml	1A	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1A	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	4A	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	4A	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1.5 ML per 30 days)

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AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	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	4A	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)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4A	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)
UBRELVY ORAL TABLET 100 MG, 50 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 tablets per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	BB	PA
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)
Catechol-O-Methyltransferase(Comt)Inhib.		
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	1A	QL (280 tablets per 30 days)
COMTAN ORAL TABLET 200 MG	Non-Formulary	
entacapone oral tablet 200 mg	1A	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)

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STALEVO 100 ORAL TABLET 25-100-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 125 ORAL TABLET 31.25-125-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 150 ORAL TABLET 37.5-150-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 200 ORAL TABLET 50-200-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 50 ORAL TABLET 12.5-50-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 75 ORAL TABLET 18.75-75-200 MG	Non-Formulary	QL (280 tablets per 30 days)
TASMAR ORAL TABLET 100 MG	Non-Formulary	QL (Quantity Limits Apply)
tolcapone oral tablet 100 mg	Non-Formulary	
Central Nervous System Agents, Misc.		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1A	QL (6 tablets per 1 day)
ADDYI ORAL TABLET 100 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)
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML	BB	PA
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1A	QL (60 capsules per 30 days)
carbidopa oral tablet 25 mg	1A	
DAYBUE ORAL SOLUTION 200 MG/ML	Non-Formulary	SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); PF; QL (120 ML per 1 day)
guanfacine oral tablet 1 mg, 2 mg	1A	MDL
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1A	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)
LODOSYN ORAL TABLET 25 MG	Non-Formulary	

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memantine oral capsule,sprinkle,er 24hr 14 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
memantine oral capsule,sprinkle,er 24hr 21 mg, 28 mg, 7 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
memantine oral solution 2 mg/ml	1A	
memantine oral tablet 10 mg	1A	MDL; QL (60 tablets per 30 days)
memantine oral tablet 5 mg	1A	MDL; QL (4 Tablets per 1 day)
memantine oral tablets,dose pack 5-10 mg	1A	QL (1 pack per 365 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Non-Formulary	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	Non-Formulary	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Non-Formulary	QL (Quantity Limits Apply)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Formulary	QL (Quantity Limits Apply)
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)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 capsules per 30 days)
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML)	BB	PA
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Non-Formulary	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	BB	PA

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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)
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2 Packets per 1 day)
RILUTEK ORAL TABLET 50 MG	Non-Formulary	QL (4 tablets per 1 day)
riluzole oral tablet 50 mg	1A	QL (4 tablets per 1 day)
sodium oxybate oral solution 500 mg/ml	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (18 ML per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Non-Formulary	QL (Quantity Limits Apply)
VEOZAH ORAL TABLET 45 MG	Non-Formulary	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)
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); 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)
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	Non-Formulary	

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celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1A	MDL
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non-Formulary	QL (Quantity Limits Apply)
Dopamine Precursors		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1A	MDL
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1A	MDL
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1A	QL (8 tablets per 1 day)
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	1A	QL (280 tablets per 30 days)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	BB	PA
INBRIJA INHALATION CAPSULE 42 MG	4A	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill); QL (120 capsules per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4A	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443; 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)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Non-Formulary	
STALEVO 100 ORAL TABLET 25-100-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 125 ORAL TABLET 31.25-125-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 150 ORAL TABLET 37.5-150-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 200 ORAL TABLET 50-200-200 MG	Non-Formulary	QL (280 tablets per 30 days)

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STALEVO 50 ORAL TABLET 12.5-50-200 MG	Non-Formulary	QL (280 tablets per 30 days)
STALEVO 75 ORAL TABLET 18.75-75-200 MG	Non-Formulary	QL (280 tablets per 30 days)
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine oral capsule 5 mg	1A	MDL
bromocriptine oral tablet 2.5 mg	1A	MDL
cabergoline oral tablet 0.5 mg	1A	MDL
CYCLOSET ORAL TABLET 0.8 MG	Non-Formulary	QL (Quantity Limits Apply)
PARLODEL ORAL TABLET 2.5 MG	Non-Formulary	
Fibromyalgia Agents		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	Non-Formulary	QL (3 capsules per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Non-Formulary	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1A	MDL; QL (3 capsules per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Non-Formulary	MDL
DULOXICAINE 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)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1A	MDL; QL (2 capsules per 1 day)
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	Non-Formulary	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MDL; QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 tablets per fill, 1 fill per 365 days)
Hydantoins		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	MDL
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Non-Formulary	
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	2	
DILANTIN ORAL CAPSULE 30 MG	2	MDL
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Non-Formulary	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1A	MDL
phenytoin oral tablet,chewable 50 mg	1A	MDL
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1A	MDL
Monoamine Oxidase B Inhibitors		
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	3	QL (1 patch per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	1A	MDL; QL (1 tablet per 1 day)
selegiline hcl oral capsule 5 mg	1A	MDL
selegiline hcl oral tablet 5 mg	1A	MDL
XADAGO ORAL TABLET 100 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Non-Formulary	QL (2 tablets per 1 day)
Monoamine Oxidase Inhibitors		
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	3	QL (1 patch per 1 day)

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DRUG NAME	DRUG TIER	NOTES
MARPLAN ORAL TABLET 10 MG	2	QL (180 tablets per 30 days)
NARDIL ORAL TABLET 15 MG	Non-Formulary	
PARNATE ORAL TABLET 10 MG	Non-Formulary	
phenelzine oral tablet 15 mg	1A	
rasagiline oral tablet 0.5 mg, 1 mg	1A	MDL; QL (1 tablet per 1 day)
selegiline hcl oral capsule 5 mg	1A	MDL
selegiline hcl oral tablet 5 mg	1A	MDL
tranylcypromine oral tablet 10 mg	1A	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Non-Formulary	QL (2 tablets per 1 day)
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 ML per 1 day)
apomorphine subcutaneous cartridge 10 mg/ml	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2111; up to a 30 day supply per fill); QL (1 ML per 1 day)
MIRAPEX ER 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	Non-Formulary	QL (1 tablet per 1 day)
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	Non-Formulary	
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	
NEUPRO TRANSDERMAL PATCH 24 HOUR 8 MG/24 HOUR	Non-Formulary	QL (1 patch per 1 day)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1A	MDL
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	1A	QL (1 tablet per 1 day)

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ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1A	MDL
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1A	
Opiate Agonists		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	1A	
acetaminophen-codeine oral tablet 300-15 mg	1A	
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1A	QL (13 tablets per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1A	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1A	QL (6 tablets per 1 day)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1A	
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)
diskets oral tablet,soluble 40 mg	1A	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1A	QL (8 tablets per 1 day)
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	1A	QL (10 patches per 30 days)
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	

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hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Non-Formulary	
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Non-Formulary	
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1A	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1A	QL (90 ML per 1 day)
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	1A	QL (12 tablets per 1 day)
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1A	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)	1A	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1A	QL (8 tablets per 1 day)
hydromet oral syrup 5-1.5 mg/5 ml	1A	
hydromorphone oral liquid 1 mg/ml	1A	QL (31.5 ML per 1 day)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1A	QL (12 tablets per 1 day)
hydromorphone rectal suppository 3 mg	1A	QL (6 suppositories per 1 day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply)
levorphanol tartrate oral tablet 2 mg	Non-Formulary	
meperidine oral tablet 50 mg	1A	
methadone intensol oral concentrate 10 mg/ml	1A	
methadone oral concentrate 10 mg/ml	1A	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1A	QL (900 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	1A	QL (6 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
METHADOSE ORAL CONCENTRATE 10 MG/ML	Non-Formulary	
methadose oral tablet,soluble 40 mg	1A	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1A	QL (10 ML per 1 day)
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1A	QL (1 capsule per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1A	QL (2 capsules per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1A	QL (10 ML per 1 day)
morphine oral tablet 15 mg, 30 mg	1A	QL (12 tablets per 1 day)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1A	QL (3 tablets per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1A	QL (6 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 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)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply)
opium tincture oral tincture 10 mg/ml (morphine)	Not Covered	
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	Non-Formulary	QL (Quantity Limits Apply)
oxycodone oral capsule 5 mg	1A	QL (9 capsules per 1 day)
oxycodone oral concentrate 20 mg/ml	1A	QL (5 ML per 1 day)
oxycodone oral solution 5 mg/5 ml	1A	QL (500 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1A	QL (9 tablets per 1 day)

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oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg	1A	PA; QL (2 tablets per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1A	QL (8 tablets per 1 day)
oxycodone-acetaminophen oral tablet 7.5-300 mg	1A	
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; QL (2 tablets per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	1A	QL (6 tablets per 1 day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1A	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)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1A	
QDOLO ORAL SOLUTION 5 MG/ML	Non-Formulary	
ROXICODONE ORAL TABLET 15 MG, 30 MG	Non-Formulary	QL (9 tablets per 1 day)
tramadol oral tablet 50 mg	1A	MDL; QL (12 tablets per 1 day)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1A	MDL; QL (2 tablets per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1A	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	1A	
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)
Opiate Antagonists		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	Non-Formulary	
naloxone injection solution 0.4 mg/ml	1A	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1A	
naloxone nasal spray,non-aerosol 4 mg/actuation	1A	QL (2 doses per 90 days)

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NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Non-Formulary	
naltrexone oral tablet 50 mg	1A	MDL
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Non-Formulary	QL (2 doses per 90 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	BB	PA
Opiate Partial Agonists		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Non-Formulary	QL (Quantity Limits Apply)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	BB	PA
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1A	QL (Quantity Limits Apply)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1A	PA; QL (4 patches per 28 days)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1A	QL (3 films per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1A	QL (3 tablets per 1 day)
butorphanol injection solution 1 mg/ml, 2 mg/ml	1A	
butorphanol nasal spray,non-aerosol 10 mg/ml	1A	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Non-Formulary	
pentazocine-naloxone oral tablet 50-0.5 mg	1A	QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	BB	PA

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DRUG NAME	DRUG TIER	NOTES
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Non-Formulary	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)
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Non-Formulary	
Other Nonsteroidal Anti-Inflam. Agents		
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	
CAMBIA ORAL POWDER IN PACKET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
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	
DAYPRO ORAL TABLET 600 MG	Non-Formulary	
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	
diclofenac epolamine transdermal patch 12 hour 1.3 %	Non-Formulary	
diclofenac potassium oral capsule 25 mg	Non-Formulary	

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diclofenac potassium oral tablet 50 mg	1A	MDL
diclofenac sodium oral tablet extended release 24 hr 100 mg	1A	MDL
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1A	MDL
diclofenac sodium topical drops 1.5 %	1A	
diclofenac sodium topical gel 1 %	1A	QL (10 GM per 1 day)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)	Non-Formulary	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1A	MDL
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	QL (12.9 grams per 1 day)
diflunisal oral tablet 500 mg	1A	QL (3 tablets per 1 day)
DUEXIS ORAL TABLET 800-26.6 MG	Non-Formulary	QL (Quantity Limits Apply)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Non-Formulary	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	1A	MDL
etodolac oral capsule 200 mg, 300 mg	1A	MDL; QL (3 capsules per 1 day)
etodolac oral tablet 400 mg, 500 mg	1A	MDL; QL (3 tablets per 1 day)
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1A	MDL; QL (1 tablet per 1 day)
FELDENE ORAL CAPSULE 10 MG, 20 MG	Non-Formulary	
fenoprofen oral capsule 200 mg, 400 mg	Non-Formulary	
fenoprofen oral tablet 600 mg	Non-Formulary	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
flurbiprofen oral tablet 100 mg	1A	MDL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1A	QL (8 tablets per 1 day)
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	1	MDL

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IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG	Non-Formulary	
ibuprofen oral capsule 200 mg	Non-Formulary	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MDL
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	PA; QL (1 suppository per 1 day)
indomethacin oral capsule 25 mg, 50 mg	1A	MDL
indomethacin oral capsule, extended release 75 mg	1A	MDL
indomethacin rectal suppository 100 mg	Non-Formulary	QL (1 suppository per 1 day)
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Non-Formulary	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	Non-Formulary	
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	1A	QL (5 ML per 30 days)
ketorolac injection solution 30 mg/ml	1A	QL (10 ML per 30 days)
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1A	QL (5 syringes per 30 days)
ketorolac intramuscular solution 60 mg/2 ml	1A	QL (4 ML per 30 days)
ketorolac intramuscular syringe 60 mg/2 ml	1A	QL (5 syringes per 30 days)
ketorolac nasal spray,non-aerosol 15.75 mg/spray	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ketorolac oral tablet 10 mg	1A	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
meclofenamate oral capsule 100 mg, 50 mg	1A	
mefenamic acid oral capsule 250 mg	Non-Formulary	
meloxicam oral suspension 7.5 mg/5 ml	Non-Formulary	
meloxicam oral tablet 15 mg, 7.5 mg	1A	MDL
nabumetone oral tablet 500 mg, 750 mg	1A	MDL
NALFON ORAL CAPSULE 400 MG	Non-Formulary	
NALFON ORAL TABLET 600 MG	Non-Formulary	

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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	
naproxen oral suspension 125 mg/5 ml	1A	MDL
naproxen oral tablet 250 mg, 375 mg, 500 mg	1A	MDL
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1A	MDL
naproxen sodium oral tablet 275 mg, 550 mg	1A	MDL
naproxen sodium oral tablet, er multiphase 24 hr 500 mg, 750 mg	Non-Formulary	
oxaprozin oral tablet 600 mg	1A	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Non-Formulary	QL (Quantity Limits Apply)
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	Non-Formulary	
piroxicam oral capsule 10 mg, 20 mg	1A	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)
sulindac oral tablet 150 mg, 200 mg	1A	MDL
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	Non-Formulary	
WAL-PROFEN ORAL TABLET 200 MG	Non-Formulary	
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
Phenothiazines		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1A	

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compro rectal suppository 25 mg	1A	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1A	MDL
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1A	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1A	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1A	
prochlorperazine rectal suppository 25 mg	1A	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1A	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1A	MDL
Respiratory And Cns Stimulants		
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	1A	
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Non-Formulary	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1A	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	QL (6 capsules per 1 day)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1A	QL (4 tablets per 1 day)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Non-Formulary	

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COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	Non-Formulary	QL (Quantity Limits Apply)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Non-Formulary	
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1A	QL (1 capsule per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1A	
ESGIC ORAL TABLET 50-325-40 MG	Non-Formulary	
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	
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)
metadate er oral tablet extended release 20 mg	1A	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)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1A	MDL; QL (2 capsules per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1A	MDL; QL (2 tablets per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1A	QL (10 ML per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1A	MDL; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet extended release 10 mg	1A	QL (2 tablets per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	1A	MDL; QL (2 tablets per 1 day)

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methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1A	MDL; QL (2 tablets per 1 day)
methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg	Non-Formulary	QL (2 tablets per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg	1A	MDL; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg	1A	QL (3 tablets per 1 day)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	1A	ST (Step Therapy Required- Tried and failed methylphenidate 54mg in the last 30 days); QL (1 patch per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	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.)
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)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non-Formulary	
Salicylates		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
aspirin oral tablet 325 mg	1A	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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aspirin oral tablet,chewable 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1A	MDL; QL (90 tablets per 30 days)
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	QL (6 capsules per 1 day)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1A	QL (4 tablets per 1 day)
carisoprodol-aspirin oral tablet 200-325 mg	1A	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1A	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
salsalate oral tablet 500 mg, 750 mg	1A	MDL
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	Non-Formulary	QL (3 capsules per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1A	MDL; QL (1 tablet per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Non-Formulary	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1A	MDL; QL (3 capsules per 1 day)

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duloxetine oral capsule,delayed release(dr/ec) 40 mg	Non-Formulary	MDL
DULOXICAINE 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)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Non-Formulary	QL (Quantity Limits Apply)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply)
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	3	MDL; QL (2 tablets per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 tablets per fill, 1 fill per 365 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1A	MDL; QL (5 capsules per 1 day)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1A	MDL
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Non-Formulary	
Selective Serotonin Agonists		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1A	QL (12 tablets per 30 days)
eletriptan oral tablet 20 mg, 40 mg	1A	QL (12 tablets per 30 days)
FROVA ORAL TABLET 2.5 MG	Non-Formulary	
frovatriptan oral tablet 2.5 mg	Non-Formulary	
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	Non-Formulary	QL (12 nasal sprays per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	

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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)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	Non-Formulary	
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)
naratriptan oral tablet 1 mg, 2.5 mg	1A	QL (12 tablets per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Non-Formulary	QL (Quantity Limits Apply)
RELPAX ORAL TABLET 20 MG, 40 MG	Non-Formulary	
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (8 tablets per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1A	QL (12 tablets per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1A	QL (12 tablets per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1A	QL (12 nasal sprays per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1A	MDL
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	1A	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	1A	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1A	QL (6 ML per 30 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)

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ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Non-Formulary	QL (Quantity Limits Apply)
zolmitriptan oral tablet 2.5 mg, 5 mg	1A	QL (12 tablets per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1A	QL (12 tablets per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	
Selective-Serotonin Reuptake Inhibitors		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	
citalopram oral solution 10 mg/5 ml	1A	MDL
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	MDL
escitalopram oxalate oral solution 5 mg/5 ml	1A	MDL
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL; QL (2 tablets per 1 day)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	MDL
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1A	MDL
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1A	MDL
fluoxetine oral tablet 10 mg, 20 mg	1	MDL
fluoxetine oral tablet 60 mg	Non-Formulary	QL (Quantity Limits Apply)
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1A	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1A	MDL
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Non-Formulary	QL (1 capsule per 1 day)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	MDL
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1A	MDL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Non-Formulary	

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PAXIL ORAL SUSPENSION 10 MG/5 ML	Non-Formulary	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG	Non-Formulary	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	Non-Formulary	
sertraline oral concentrate 20 mg/ml	1A	MDL
sertraline oral tablet 100 mg, 25 mg, 50 mg	1A	MDL
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG	Non-Formulary	QL (1 capsule per 1 day)
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Non-Formulary	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
Serotonin Modulators		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1A	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1A	MDL
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 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.)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Non-Formulary	QL (Quantity Limits Apply)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1A	MDL
Succinimides		
CELONTIN ORAL CAPSULE 300 MG	Non-Formulary	QL (120 capsules per 30 days)
ethosuximide oral capsule 250 mg	1A	QL (7 capsules per 1 day)
ethosuximide oral solution 250 mg/5 ml	1A	
methsuximide oral capsule 300 mg	1A	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	

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DRUG NAME	DRUG TIER	NOTES
Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1A	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1A	MDL
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1A	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1A	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Non-Formulary	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1A	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1A	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1A	MDL
doxepin oral concentrate 10 mg/ml	1A	
doxepin oral tablet 3 mg, 6 mg	Non-Formulary	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1A	MDL
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1A	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Non-Formulary	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1A	MDL; QL (4 capsules per 1 day)
nortriptyline oral solution 10 mg/5 ml	1A	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Non-Formulary	QL (4 capsules per 1 day)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1A	
protriptyline oral tablet 10 mg, 5 mg	1A	
SILENOR ORAL TABLET 3 MG, 6 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
Vesicular Monoamine Transport2 Inhibitor		
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)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 pack per 1 year)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE 60 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsules per 1 day)
TETRABENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
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)
Wakefulness-Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1A	QL (30 tablets per 30 days)
modafinil oral tablet 100 mg, 200 mg	1A	MDL; QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG	Non-Formulary	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 250 MG, 50 MG	Non-Formulary	
PROVIGIL ORAL TABLET 100 MG, 200 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
SUNOSI ORAL TABLET 150 MG, 75 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)
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)
DENTAL AGENTS		
Dental Agents		
salese mucous membrane lozenge,extended release	Non-Formulary	QL (100 lozenges per 30 days)
DEVICES		
Devices		
AEROCHAMBER MINI SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER MV SPACER	7	QL (1 spacer per 365 days)
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	

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DRUG NAME	DRUG TIER	NOTES
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2"	1A	QL (Quantity Limits Apply); MDL
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1A	MDL
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	1A	QL (Quantity Limits Apply); MDL
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1A	QL (Quantity Limits Apply); MDL
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1A	QL (Quantity Limits Apply); MDL
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	1A	QL (Quantity Limits Apply); MDL
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1A	QL (Quantity Limits Apply); MDL
BD VERITOR AT-HOME COVID19 TST KIT	7	
BINAXNOW COVD AG CARD HOME TST KIT	7	
BINAXNOW COVID-19 AG SELF TEST KIT	7	
BREATHERITE MDI SPACER SPACER	7	QL (1 spacer per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER	7	QL (1 spacer per 365 days)
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Non-Formulary	
CARESTART COVID-19 AG HOME TST KIT	7	
CELLTRION DIATRUST COV-19 HOME KIT	7	
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)
CLINITEST COVID-19 HOME TEST KIT	7	
COMPACT SPACE CHAMBER SPACER	7	QL (1 spacer per 365 days)

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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)
COVID-19 AT-HOME TEST KIT	7	
DEXCOM G6 RECEIVER	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (1 Receiver per 1 Year)
DEXCOM G6 SENSOR DEVICE	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (1 Pack per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (1 Receiver per 1 Year)
DEXCOM G7 SENSOR DEVICE	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (1 Pack per 30 days)
EASIVENT HOLDING CHAMBER SPACER	7	QL (1 spacer per 365 days)
EASY TRAK II BLOOD GLUCOSE MTR	Non-Formulary	
ELLUME COVID-19 HOME TEST KIT	7	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	4	

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FLEXICHAMBER SPACER	7	QL (1 spacer per 365 days)
FLOWFLEX COVID-19 AG HOME TEST KIT	7	
FREESTYLE CONTROL SOLUTION	0	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)
FREESTYLE LIBRE 14 DAY READER	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (1 reader per 1 year)
FREESTYLE LIBRE 14 DAY SENSOR KIT	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 READER	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR KIT	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive products in the last 120 days); QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	7	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antihypertensive 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)

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GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Non-Formulary	
GLUCOSE KETONE CONTROL SOLN SOLUTION	0	QL (1 bottle per 90 days)
GUARDIAN CONNECT TRANSMITTER DEVICE	Non-Formulary	QL (Quantity Limits Apply)
GUARDIAN LINK 3 TRANSMITTER DEVICE	Non-Formulary	QL (Quantity Limits Apply)
GUARDIAN SENSOR 3 DEVICE	Non-Formulary	QL (Quantity Limits Apply)
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	7	
IHEALTH COVID-19 AG HOME TEST KIT	7	
INDICAID COVID-19 AG HOME TEST KIT	7	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Non-Formulary	QL (Quantity Limits Apply)
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Non-Formulary	QL (Quantity Limits Apply)
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Non-Formulary	QL (Quantity Limits Apply)
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Non-Formulary	QL (Quantity Limits Apply)
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Non-Formulary	QL (Quantity Limits Apply)
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Non-Formulary	QL (Quantity Limits Apply)
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	1A	QL (Quantity Limits Apply); MDL
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	1A	QL (Quantity Limits Apply); MDL
insulin syringe-needle u-100 syringe 1/2 ml 30 gauge	1A	QL (Quantity Limits Apply)
INTELISWAB COVID-19 HOME TEST KIT	7	
I-PORT ADVANCE 6 MM INJEC PORT	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
KELO-COTE TOPICAL GEL	Non-Formulary	
lancets	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)
LITEAIRE MDI CHAMBER SPACER	7	QL (1 spacer per 365 days)
MEDISENSE GLUCOSE KETONE COMBO PACK	3	QL (1 bottle per 90 days)
MICROCHAMBER SPACER	7	QL (1 spacer per 365 days)
MICROSPACER SPACER	7	
MINIMED 770G INSULIN PUMP	Non-Formulary	QL (Quantity Limits Apply)
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"	1A	MDL
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	1A	MDL
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	1A	MDL
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 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	ST (Step Therapy Required- Tried and failed 90 day treatment of an insulin product in the last 120 days); QL (1 fill per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	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 DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	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)
ON-GO COVID-19 AG AT HOME TEST KIT	7	
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"	1A	QL (Quantity Limits Apply); MDL
pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 5/16"	1A	QL (Quantity Limits Apply); MDL
POCKET CHAMBER SPACER	7	QL (1 spacer per 365 days)
PRECISION XTRA B-KETONE STRIP	1A	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)
PRO COMFORT SPACER-CHILD MASK SPACER	7	QL (1 spacer per 365 days)
PROCHAMBER SPACER	7	QL (1 spacer per 365 days)
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	7	

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QUICKVUE AT-HOME COVID-19 TEST KIT	7	
RECEDO TOPICAL GEL	Non-Formulary	
RITEFLO AEROCHAMBER SPACER	7	QL (1 spacer per 365 days)
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Non-Formulary	QL (Quantity Limits Apply)
sodium chloride inhalation solution for nebulization 0.9 %	1A	
sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %	7	
DIAGNOSTIC AGENTS		
Adrenocortical Insufficiency		
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)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Non-Formulary	
Diabetes Mellitus		
FREESTYLE INSULINX STRIP	1A	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	1A	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	1A	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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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)
FREESTYLE TEST STRIP	1A	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)
PRECISION XTRA TEST STRIP	1A	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)
Diagnostic Agents		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
Pituitary Function		
METOPIRONE ORAL CAPSULE 250 MG	Non-Formulary	SP (Dispensed by AllianceRX (888) 347-3416; up to a 30 day supply per fill)
Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG	BB	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
Acidifying Agents		
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
Alkalinizing Agents		
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML	1	

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potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1A	MDL
sodium citrate-citric acid oral solution 500-334 mg/5 ml	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	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	Non-Formulary	
Ammonia Detoxicants		
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	1A	MDL
enulose oral solution 10 gram/15 ml	1	MDL
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	2	QL (1 Packet per 1 day)
lactulose oral packet 10 gram	Non-Formulary	QL (1 Packet per 1 day)
lactulose oral solution 10 gram/15 ml	1	MDL
lactulose oral solution 20 gram/30 ml	1A	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)

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PHEBURANE ORAL GRANULES 483 MG/GRAM	Non-Formulary	QL (1 GM per 30 days)
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)
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2 Packets per 1 day)
sodium phenylbutyrate oral powder 0.94 gram/gram	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 GRAM per 1 day)
sodium phenylbutyrate oral tablet 500 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)
Caloric Agents		
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); QL (1 ML per 1 day)
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	1A	MDL
acetazolamide oral tablet 125 mg, 250 mg	1A	MDL
Diuretics, Miscellaneous		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
theophylline oral elixir 80 mg/15 ml	1A	
theophylline oral solution 80 mg/15 ml	1A	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	MDL
Electrolytic,Caloric,Water Balance Misc,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	BB	PA; SP (Dispensed by Accredo: (800) 803-2523, PantheRx: (855) 726-8479; up to a 30 day supply per fill); QL (0.04 ML per 1 day)
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
EDECRIN ORAL TABLET 25 MG	Non-Formulary	QL (480 tablets per 30 days)
ethacrynic acid oral tablet 25 mg	1A	QL (2 tablets per 1 day)
furosemide oral solution 10 mg/ml	1A	MDL
furosemide oral solution 40 mg/5 ml (8 mg/ml)	1A	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MDL
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Formulary	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1A	MDL
Phosphate-Removing Agents		
AURYXIA ORAL TABLET 210 MG IRON	3	PA; QL (6 tablets per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	1A	
calcium acetate(phosphat bind) oral tablet 667 mg	1A	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Non-Formulary	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1A	QL (5 tablets per 1 day)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Non-Formulary	QL (3.5 packets per 1 day)
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1A	QL (3.5 packets per 1 day)
sevelamer carbonate oral tablet 800 mg	1A	QL (10 tablets per 1 day)
sevelamer hcl oral tablet 400 mg	1A	
sevelamer hcl oral tablet 800 mg	1A	QL (7 tablets per 1 day)

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VELPHORO ORAL TABLET,CHEWABLE 500 MG	Non-Formulary	QL (Quantity Limits Apply)
Potassium-Removing Agents		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	PA; QL (2 packets per 1 day)
sodium polystyrene sulfonate oral powder	1A	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1A	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1A	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	PA; QL (1 packet per 1 day)
Potassium-Sparing Diuretics		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
amiloride oral tablet 5 mg	1A	MDL
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MDL
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	QL (15 ML per 1 day)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non-Formulary	
MAXZIDE ORAL TABLET 75-50 MG	Non-Formulary	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	Non-Formulary	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL
triamterene oral capsule 100 mg, 50 mg	1A	MDL; QL (4 capsules per 1 day)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MDL
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1A	MDL
Replacement Preparations		
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL

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EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1A	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	7	
klor-con 10 oral tablet extended release 10 meq	1A	MDL
klor-con 8 oral tablet extended release 8 meq	1A	MDL
klor-con m10 oral tablet,er particles/crystals 10 meq	1A	MDL
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	1A	MDL
klor-con m20 oral tablet,er particles/crystals 20 meq	1A	MDL
KLOR-CON ORAL PACKET 20 MEQ	1A	MDL; QL (1 packet per 1 day)
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	1A	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	Non-Formulary	
MOUTH KOTE MUCOUS MEMBRANE AEROSOL,SPRAY	Non-Formulary	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Non-Formulary	
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	
potassium chloride in water intravenous piggyback 20 meq/100 ml	7	
potassium chloride intravenous solution 2 meq/ml	Non-Formulary	

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potassium chloride oral capsule, extended release 10 meq, 8 meq	1A	MDL
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1A	
potassium chloride oral packet 20 meq	1A	MDL; QL (1 packet per 1 day)
potassium chloride oral tablet extended release 10 meq, 8 meq	1A	MDL
potassium chloride oral tablet extended release 20 meq	1A	
potassium chloride oral tablet,er particles/crystals 10 meq	1A	
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	1A	MDL
potassium gluconate oral tablet 500 mg (83 mg), 550 mg (90 mg), 595 mg (99 mg)	Non-Formulary	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	3	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
prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg	3	MDL
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	7	

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DRUG NAME	DRUG TIER	NOTES
sodium chloride 0.9 % intravenous parenteral solution	7	
sodium chloride inhalation solution for nebulization 0.9 %	1A	
sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %	7	
sodium chloride intravenous parenteral solution 4 meq/ml	7	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	MDL
Thiazide Diuretics		
ACCURETIC ORAL TABLET 20-25 MG	Non-Formulary	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MDL
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	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	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	MDL
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	MDL; QL (2 tablets per 1 day)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	

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DRUG NAME	DRUG TIER	NOTES
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	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	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)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	MDL
hydrochlorothiazide oral capsule 12.5 mg	1	MDL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MDL
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non-Formulary	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	MDL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MDL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MDL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
MAXZIDE ORAL TABLET 75-50 MG	Non-Formulary	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	Non-Formulary	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1A	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Non-Formulary	QL (2 tablets per 1 day)

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olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
olmesartan-amlodipin-hcthiazid oral tablet 40-5-12.5 mg	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA; QL (1 tablet per 1 day)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	MDL; QL (2 tablets per 1 day)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MDL
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1A	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	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	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	
Thiazide-Like Diuretics		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL

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chlorthalidone oral tablet 25 mg, 50 mg	1A	MDL
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply)
indapamide oral tablet 1.25 mg, 2.5 mg	1	MDL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1A	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
Uricosuric Agents		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Non-Formulary	
probenecid oral tablet 500 mg	1A	MDL
probenecid-colchicine oral tablet 500-0.5 mg	1A	MDL
Vasopressin Antagonists		
JYNARQUE ORAL TABLET 15 MG, 30 MG	4A	PA; 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)	4A	PA; 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)
tolvaptan oral tablet 15 mg, 30 mg	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	BB	PA
ENZYMES		
Enzymes		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	BB	PA

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BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	BB	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	BB	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	BB	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	BB	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	BB	PA
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	BB	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	BB	PA
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	BB	PA
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	BB	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	BB	PA
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	BB	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	BB	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	BB	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4A	PA; 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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PULMOZYME INHALATION SOLUTION 1 MG/ML	4	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)	4A	PA; SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); QL (1.5 ML 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)
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)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	BB	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	BB	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 vial per 28 days)
XENPOZYME INTRAVENOUS RECON SOLN 20 MG	BB	PA
XIAFLEX INJECTION RECON SOLN 0.9 MG	BB	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MDL; QL (15 ML per 1 Fill)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	Non-Formulary	

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brimonidine ophthalmic (eye) drops 0.1 %	1A	MDL; QL (15 ML per 1 Fill)
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1A	MDL; QL (15 ML per 30 days)
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1A	MDL; QL (1 ML per 30 days)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Non-Formulary	QL (10 ML per 30 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	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.)
Antiallergic Agents		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	QL (5 ML per 1 fill)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1A	MDL
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1A	MDL
azelastine ophthalmic (eye) drops 0.05 %	1A	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1A	QL (0.2 ML per 1 day)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Non-Formulary	QL (0.2 ML per 1 day)
cromolyn ophthalmic (eye) drops 4 %	1A	MDL
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply)
epinastine ophthalmic (eye) drops 0.05 %	1A	
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	Non-Formulary	
olopatadine nasal spray,non-aerosol 0.6 %	1A	QL (5 ML per 1 fill)
olopatadine ophthalmic (eye) drops 0.1 %	1A	MDL; QL (5 ML per 1 fill)
olopatadine ophthalmic (eye) drops 0.2 %	1A	MDL; QL (2.5 ML per 1 fill)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 %	Non-Formulary	

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PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.7 %	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	Non-Formulary	
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	QL (1 gram per 1 day)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
Antibacterials (Eent)		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	QL (2.5 ML per 7 days)
bacitracin ophthalmic (eye) ointment 500 unit/gram	1A	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1A	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	QL (5 ML per 30 days)
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	QL (14 applicators per 7 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1A	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1A	QL (14 applicators per 7 days)
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1A	QL (7.5 ML per 1 fill)
doxycycline hyclate oral tablet 20 mg	1A	MDL; QL (3 tablets per 1 day)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1A	
gatifloxacin ophthalmic (eye) drops 0.5 %	1A	
gentamicin ophthalmic (eye) drops 0.3 %	1A	

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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	
moxifloxacin ophthalmic (eye) drops 0.5 %	1A	QL (3 ML per 1 fill)
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1A	QL (3 ML per 1 fill)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1A	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1A	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1A	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1A	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1A	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1A	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1A	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1A	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1A	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1A	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Non-Formulary	
ofloxacin ophthalmic (eye) drops 0.3 %	1A	
ofloxacin otic (ear) drops 0.3 %	1A	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)

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polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1A	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1A	
sulfacetamide sodium ophthalmic (eye) drops 10 %	1A	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1A	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
tobramycin ophthalmic (eye) drops 0.3 %	1A	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1A	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	QL (1 tube per 1 fill)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
Antiglaucoma Agents, Miscellaneous		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Non-Formulary	QL (Quantity Limits Apply)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Non-Formulary	QL (Quantity Limits Apply)
Antivirals (Eent)		
trifluridine ophthalmic (eye) drops 1 %	1A	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	QL (5 GM per 1 fill)
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol ophthalmic (eye) drops 0.5 %	1A	MDL

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BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	MDL
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (10 ML per 1 fill)
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1A	MDL; QL (1 ML per 30 days)
carteolol ophthalmic (eye) drops 1 %	1A	MDL; QL (1 ML per 1 day)
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)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Non-Formulary	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1A	MDL
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
levobunolol ophthalmic (eye) drops 0.5 %	1A	MDL; QL (1 ML per 1 day)
timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %	Non-Formulary	
timolol maleate ophthalmic (eye) drops 0.25 %	1	MDL
timolol maleate ophthalmic (eye) drops 0.5 %	1A	MDL
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	Non-Formulary	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1A	MDL
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-Formulary	

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Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide oral capsule, extended release 500 mg	1A	MDL
acetazolamide oral tablet 125 mg, 250 mg	1A	MDL
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	QL (10 ML per 1 fill)
brinzolamide ophthalmic (eye) drops,suspension 1 %	1A	QL (10 ML per 1 fill)
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
dorzolamide ophthalmic (eye) drops 2 %	1A	MDL
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Non-Formulary	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1A	MDL
methazolamide oral tablet 25 mg, 50 mg	1A	MDL
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	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.)
Corticosteroids (Eent)		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	Non-Formulary	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1A	QL (7.5 ML per 1 fill)
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Non-Formulary	QL (20 ML per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1A	
difluprednate ophthalmic (eye) drops 0.05 %	1A	

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DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Non-Formulary	QL (Quantity Limits Apply)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	Non-Formulary	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1A	MDL
fluocinolone acetonide oil otic (ear) drops 0.01 %	1A	QL (20 ML per 30 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1A	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1A	MDL
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Non-Formulary	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1A	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	QL (Quantity Limits Apply)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	Non-Formulary	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Non-Formulary	QL (Quantity Limits Apply)

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loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1A	QL (0.17 ml per 1 day)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1A	QL (0.5 ml per 1 day)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	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	
mometasone nasal spray,non-aerosol 50 mcg/actuation	1A	QL (17 GM per 30 days)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1A	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1A	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1A	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1A	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1A	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	QL (5 ML per 1 fill)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1A	MDL

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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	QL (1 gram per 1 day)
SINUVA SINUS IMPLANT 1,350 MCG	BB	PA
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1A	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
Eent Anti-Infectives, Miscellaneous		
acetic acid otic (ear) solution 2 %	1A	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1A	MDL
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1A	
paroex oral rinse mucous membrane mouthwash 0.12 %	1A	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	Non-Formulary	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1A	MDL
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 ML per 30 days)

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Eent Anti-Inflammatory Agents, Misc.		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Non-Formulary	QL (Quantity Limits Apply)
cyclosporine ophthalmic (eye) dropperette 0.05 %	1A	MDL; QL (2 Units per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	QL (5.5 ML per 24 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Non-Formulary	QL (2 drops per 1 day)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; QL (60 units per 30 days)
Eent Drugs, Miscellaneous		
apraclonidine ophthalmic (eye) drops 0.5 %	1A	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	BB	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4A	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 %	4A	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443; up to a 30 day supply per fill); QL (15 ML per 30 days)
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	3	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1A	MDL
MIEBO OPHTHALMIC (EYE) DROPS 100 %	Non-Formulary	QL (0.2 ML per 1 day)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 vial per 1 day)
SYFOVRE INTRAVITREAL SOLUTION 15 MG /0.1 ML	BB	PA

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TEPEZZA INTRAVENOUS RECON SOLN 500 MG	BB	PA
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Non-Formulary	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	2	
bromfenac ophthalmic (eye) drops 0.09 %	1A	QL (3.4 ML per 30 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Non-Formulary	QL (Quantity Limits Apply)
diclofenac sodium ophthalmic (eye) drops 0.1 %	1A	MDL
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1A	MDL
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	QL (3 ML per 1 fill)
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1A	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Non-Formulary	QL (Quantity Limits Apply)
Local Anesthetics (Eent)		
lidocaine hcl mucous membrane jelly in applicator 2 %	1A	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1A	
lidocaine viscous mucous membrane solution 2 %	1A	
proparacaine ophthalmic (eye) drops 0.5 %	1A	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	1A	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1A	
Miotics		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1A	MDL

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VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	PA; QL (2.5 ML per 30 Days)
Mydriatics		
atropine ophthalmic (eye) drops 1 %	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Non-Formulary	
cyclopentolate ophthalmic (eye) drops 1 %	1A	
homatropaire ophthalmic (eye) drops 5 %	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Non-Formulary	
Prostaglandin Analogs		
bimatoprost base of the eyelashes drops with applicator 0.03 %	Non-Formulary	
bimatoprost ophthalmic (eye) drops 0.03 %	1A	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; ST (Step Therapy Required- Tried and failed latanoprost in the last 120 days); QL (7.5 ML per 30 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG	BB	PA
latanoprost ophthalmic (eye) drops 0.005 %	1A	MDL
LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR 0.03 %	Non-Formulary	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	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)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	Non-Formulary	QL (1 dropperette per 1 day)

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travoprost ophthalmic (eye) drops 0.004 %	1A	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (5 ML per 30 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Non-Formulary	QL (Quantity Limits Apply)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	Non-Formulary	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Non-Formulary	QL (1 Dropperette per 1 day)
Rho Kinase Inhibitors		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Non-Formulary	QL (Quantity Limits Apply)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Non-Formulary	QL (Quantity Limits Apply)
Vascular Endothelial Growth Factor Antag		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	BB	PA
bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml	BB	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	BB	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	BB	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	BB	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	BB	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	BB	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	BB	PA

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VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	BB	PA
Vasoconstrictors		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1A	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Non-Formulary	
GASTROINTESTINAL DRUGS		
5-Ht3 Receptor Antagonists		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	BB	PA
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	BB	PA
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Non-Formulary	
granisetron hcl oral tablet 1 mg	1A	QL (10 tablets per 30 days)
ondansetron hcl intravenous solution 2 mg/ml	7	
ondansetron hcl oral solution 4 mg/5 ml	1A	QL (15 ML per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	1A	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1A	
palonosetron intravenous solution 0.25 mg/2 ml	BB	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply)
Antidiarrhea Agents		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1A	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1A	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Non-Formulary	
loperamide oral capsule 2 mg	1A	MDL
opium tincture oral tincture 10 mg/ml (morphine)	Not Covered	

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XERMELO ORAL TABLET 250 MG	4A	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (30 tablets per 30 days)
Antiemetics, Miscellaneous		
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1A	PA; QL (120 tablets per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1A	QL (2 capsules per 1 day)
scopolamine base transdermal patch 3 day 1 mg over 3 days	1A	QL (4 patches per 1 fill)
SYNDROS ORAL SOLUTION 5 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Non-Formulary	
Antihistamines (Gi Drugs)		
compro rectal suppository 25 mg	1A	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1A	PA; QL (120 tablets per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1A	MDL
prochlorperazine maleate oral tablet 10 mg, 5 mg	1A	
prochlorperazine rectal suppository 25 mg	1A	
trimethobenzamide oral capsule 300 mg	1A	QL (2 capsules per 1 day)
Anti-Inflammatory Agents (Gi Drugs)		
alosetron oral tablet 0.5 mg, 1 mg	1A	PA; QL (1 tablet per 1 day)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Non-Formulary	
balsalazide oral capsule 750 mg	1A	MDL
CANASA RECTAL SUPPOSITORY 1,000 MG	Non-Formulary	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE 750 MG	Non-Formulary	

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DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	Non-Formulary	QL (6 capsules per 1 day)
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)
mesalamine oral capsule (with del rel tablets) 400 mg	1A	QL (12 capsules per 1 day)
mesalamine oral capsule, extended release 500 mg	1A	MDL; QL (8 capsules per 1 day)
mesalamine oral capsule,extended release 24hr 0.375 gram	1A	MDL; QL (4 capsules per 1 day)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1A	MDL; QL (4 tablets per 1 day)
mesalamine oral tablet,delayed release (dr/ec) 800 mg	1A	MDL; QL (6 tablets per 1 day)
mesalamine rectal enema 4 gram/60 ml	1A	MDL; QL (60 ML per 1 day)
mesalamine rectal suppository 1,000 mg	1A	QL (1 suppository per 1 day)
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1A	QL (4 kits per 28 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MDL; QL (8 capsules per 1 day)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	Non-Formulary	QL (8 capsules per 1 day)
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	Non-Formulary	
Antiulcer Agents And Acid Suppress.,Misc		
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
Cathartics And Laxatives		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Non-Formulary	QL (60 capsules per 30 days)

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CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	Non-Formulary	QL (Quantity Limits Apply)
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	1A	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1A	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 50-75 years.); QL (2 fills per 1 year)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Non-Formulary	
lubiprostone oral capsule 24 mcg, 8 mcg	1A	QL (2 tablets per 1 day)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1A	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 50-75 years.); QL (2 fills per 1 year)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	1A	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 50-75 years.); QL (2 fills per 1 year)
peg-electrolyte soln oral recon soln 420 gram	1A	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 50-75 years.); QL (2 fills per 1 year)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Non-Formulary	QL (Quantity Limits Apply)

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polyethylene glycol 3350 oral powder 17 gram/dose	1A	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 50-75 years.); QL (2 fills per 1 year)
polyethylene glycol 3350 oral powder in packet 17 gram	1A	QL (Quantity Limits Apply); MDL
polyethylene glycol 3350 oral powder in packet 4 gram, 4.25 gram	1A	QL (Quantity Limits Apply)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1A	
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)
Cholelitholytic Agents		
CHENODAL ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
URSO 250 ORAL TABLET 250 MG	Non-Formulary	
URSO FORTE ORAL TABLET 500 MG	Non-Formulary	
ursodiol oral capsule 300 mg	1A	
ursodiol oral tablet 250 mg, 500 mg	1A	MDL
Digestants		
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	2	QL (8 capsules 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	QL (8 capsules per 1 day)
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	Non-Formulary	
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	2	QL (8 capsules per 1 day)
Gi Drugs, Miscellaneous		
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)
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
adalimumab-fkjp 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)

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adalimumab-fkjp 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)
ALLI ORAL CAPSULE 60 MG	1A	QL (6 Capsules per 1 day)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 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)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	BB	PA
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 PELLET 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)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	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)	4A	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)	4A	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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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)
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)
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)
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)
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)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4A	PA; SP (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	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ml per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (4.8 ML per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (2.4 ML per 28 days)

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HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; 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 CROHNS-UC-HS START 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)
HUMIRA PEN PSOR-UVEITS-ADOL 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)
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)
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)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 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)
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)
HUMIRA(CF) PEN PEDIATRIC UC 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)
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)

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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)
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)
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)
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)
HYRIMOZ 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)
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
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)
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)
IDACIO(CF) PEN CROHN-UC STARTR 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)
IDACIO(CF) PEN PSORIASIS START 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)

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IDACIO(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)
IDACIO(CF) 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)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	BB	PA
infliximab intravenous recon soln 100 mg	BB	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	PA; MDL; QL (1 capsule per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 ML per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; QL (1 tablet per 1 day)
OCALIVA ORAL TABLET 10 MG, 5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
orlistat oral capsule 120 mg	3	PA
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)
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)
REMICADE INTRAVENOUS RECON SOLN 100 MG	BB	PA

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RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	BB	PA; QL (5 vials per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	BB	PA; QL (0.15 ML per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
SYMPROIC ORAL TABLET 0.2 MG	3	PA
TRULANCE ORAL TABLET 3 MG	Non-Formulary	QL (Quantity Limits Apply)
VIBERZI ORAL TABLET 100 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply)
XENICAL ORAL CAPSULE 120 MG	Non-Formulary	QL (3 capsules per 1 day)
YUFLYMA(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)
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)
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)
Histamine H2-Antagonists		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1A	
DUEXIS ORAL TABLET 800-26.6 MG	Non-Formulary	QL (Quantity Limits Apply)
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1A	QL (5 ML per 1 day)
famotidine oral tablet 20 mg	1	MDL; QL (4 tablets per 1 day)
famotidine oral tablet 40 mg	1	MDL; QL (3 tablets per 1 day)
nizatidine oral capsule 150 mg, 300 mg	1A	

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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)
Immunomodulatory Agent		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	BB	PA; QL (1 ml per 60 days)
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	BB	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 28 days)
Neurokinin-1 Receptor Antagonists		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	BB	PA
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	BB	PA
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Non-Formulary	
aprepitant oral capsule 125 mg, 40 mg	1A	QL (1 capsule per 1 fill)
aprepitant oral capsule 80 mg	1A	QL (2 capsules per 1 fill)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1A	QL (1 pack per 1 fill)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	BB	PA
EMEND ORAL CAPSULE 80 MG	Non-Formulary	
VARUBI ORAL TABLET 90 MG	Non-Formulary	QL (4 tablets per 28 days)
Prokinetic Agents		
metoclopramide hcl oral solution 5 mg/5 ml	1A	

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metoclopramide hcl oral tablet 10 mg, 5 mg	1A	MDL; QL (4 tablets per 1 day)
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (Quantity Limits Apply)
REGLAN ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (3 tablets per 1 day)
ZELNORM ORAL TABLET 6 MG	Non-Formulary	QL (Quantity Limits Apply)
Prostaglandins		
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	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Non-Formulary	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1A	MDL
misoprostol oral tablet 100 mcg, 200 mcg	1A	
Protectants		
CARAFATE ORAL TABLET 1 GRAM	Non-Formulary	QL (4 tablets per 1 day)
sucralfate oral suspension 100 mg/ml	1A	
sucralfate oral tablet 1 gram	1A	MDL; QL (4 tablets per 1 day)
Proton-Pump Inhibitors		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	Non-Formulary	QL (2 tablets per 1 day)
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1A	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	Non-Formulary	QL (1 capsule per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1A	MDL; QL (1 capsule per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1A	MDL; QL (2 capsules per 1 day)

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lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	1A	MDL; QL (2 capsules per 1 day)
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Non-Formulary	
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)
omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1A	QL (2 capsules per 1 day)
omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg	1	QL (1 tablet per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1A	MDL; QL (2 capsules per 1 day)
omeprazole oral tablet,delayed release (dr/ec) 20 mg	1	MDL; QL (42 tablets per 90 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1A	MDL; QL (4 tablets per 1 day)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1A	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	
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	1A	MDL; QL (1 tablet per 1 day)
PROTONIX INTRAVENOUS RECON SOLN 40 MG	Non-Formulary	

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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)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1A	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 375-20 MG, 500-20 MG	Non-Formulary	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	Non-Formulary	
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	Non-Formulary	
GOLD COMPOUNDS		
Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF

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deferiprone oral tablet 1,000 mg, 500 mg	4	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)
FERRIPROX ORAL SOLUTION 100 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	2	
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)
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)
penicillamine oral capsule 250 mg	Non-Formulary	
penicillamine oral tablet 250 mg	1A	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)
trientine oral capsule 250 mg	4A	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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trientine oral capsule 500 mg	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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	2	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, 55-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	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	3	QL (6.1 GM per 28 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 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	3	QL (13 GM per 28 days)

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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)	3	MDL; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1A	QL (10.3 GM per 1 Fill)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1A	MDL; QL (2 inhalations per 1 day)
budesonide oral capsule,delayed,extend.release 3 mg	1A	MDL; QL (3 capsules per 1 day)
budesonide oral tablet,delayed and ext.release 9 mg	1A	QL (1 Tablet per Day. 8 Weeks of Treatment per 180 Days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1A	MDL; QL (10.3 GM per 1 Fill)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1A	QL (30 ML per 1 fill)
dexamethasone oral elixir 0.5 mg/5 ml	1A	
dexamethasone oral solution 0.5 mg/5 ml	1A	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1A	
dexamethasone sodium phosphate injection solution 4 mg/ml	7	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MDL; QL (13 GM per 28 days)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)

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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)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	Non-Formulary	QL (2 blisters per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Non-Formulary	QL (12 GM per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Non-Formulary	QL (11 GM per 28 days)
fludrocortisone oral tablet 0.1 mg	1A	MDL
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	Non-Formulary	
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation	Non-Formulary	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1A	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	MDL; QL (60 GM per 30 days)
hydrocortisone oral tablet 10 mg, 5 mg	1	MDL
hydrocortisone oral tablet 20 mg	1A	MDL
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; QL (1 applicator per 1 day)
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
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	2	

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DRUG NAME	DRUG TIER	NOTES
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1A	
methylprednisolone oral tablets,dose pack 4 mg	1A	
methylprednisolone sodium succ intravenous recon soln 1,000 mg	7	
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)
prednisolone oral solution 15 mg/5 ml	1A	
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)	1A	QL (16 ML per 1 day)
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1A	QL (48 tablets per 1 fill)
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1A	MDL
prednisone oral solution 5 mg/5 ml	1A	MDL
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1A	MDL
prednisone oral tablets,dose pack 10 mg	1	MDL
prednisone oral tablets,dose pack 5 mg	1A	MDL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1A	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	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	1A	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)

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DRUG NAME	DRUG TIER	NOTES
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	7	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML	7	
SOLU-MEDROL (PF) INJECTION RECON SOLN 40 MG/ML	Non-Formulary	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML	Non-Formulary	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	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)
triamcinolone acetonide injection suspension 40 mg/ml	7	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	MDL; QL (60 GM per 30 days)
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG	BB	PA
Alpha-Glucosidase Inhibitors		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1A	MDL
miglitol oral tablet 100 mg, 25 mg, 50 mg	1A	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (19 pens per 30 days)

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DRUG NAME	DRUG TIER	NOTES
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (11 pens per 30 days)
Androgens		
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	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	BB	PA
covaryx h.s. oral tablet 0.625-1.25 mg	1A	
covaryx oral tablet 1.25-2.5 mg	1A	
danazol oral capsule 100 mg, 200 mg, 50 mg	1A	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Non-Formulary	
eemt hs oral tablet 0.625-1.25 mg	1A	
eemt oral tablet 1.25-2.5 mg	1A	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1A	MDL
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	Non-Formulary	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Non-Formulary	QL (Quantity Limits Apply)
OXANDRIN ORAL TABLET 10 MG	Non-Formulary	
TESTOPEL IMPLANT PELLET 75 MG	BB	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1A	
testosterone enanthate intramuscular oil 200 mg/ml	1A	
testosterone transdermal gel 50 mg/5 gram (1 %)	1A	PA; QL (5 GM per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1A	PA; QL (120 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1A	PA; QL (5 GM per 1 day)

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testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1A	PA; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1A	PA; QL (2.5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1A	PA
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1A	PA; QL (60 packets per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1A	PA; QL (30 packets per 30 days)
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)
Antidiabetic Agents, Miscellaneous		
colesevelam oral powder in packet 3.75 gram	1A	MDL; QL (1 packet per 1 day)
colesevelam oral tablet 625 mg	1A	MDL; QL (6 tablets per 1 day)
KORLYM ORAL TABLET 300 MG	Non-Formulary	SP (Dispened by Optime Care Pharmacy: (855) 456-7596; up to a 30 day supply per fill)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Non-Formulary	
WELCHOL ORAL TABLET 625 MG	Non-Formulary	QL (Quantity Limits Apply)
Antiestrogens		
anastrozole oral tablet 1 mg	1A	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)

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ARIMIDEX ORAL TABLET 1 MG	Non-Formulary	
AROMASIN ORAL TABLET 25 MG	Non-Formulary	
exemestane oral tablet 25 mg	1A	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)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (49 tablets per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (70 tablets per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (91 tablets per 30 days)
letrozole oral tablet 2.5 mg	1A	MDL; QL (1 tablet per 1 day)
Antigonadtropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 1 day)
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); QL (7 Syringes per 28 days)
ganirelix 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 (10 Syringes per 28 days)

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MYFEMBREE ORAL TABLET 40-1-0.5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
ORGOVYX ORAL TABLET 120 MG	4A	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)
ORILISSA ORAL TABLET 150 MG, 200 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral suspension 50 mg/ml	Non-Formulary	
Antiparathyroid Agents		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1A	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1A	QL (4 tablets per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Non-Formulary	
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1A	MDL
propylthiouracil oral tablet 50 mg	1A	MDL
STRONG IODINE ORAL SOLUTION 5 %	1	
Biguanides		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non-Formulary	QL (4 tablets per 1 day)
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1A	MDL; QL (8 tablets per 1 day)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	Non-Formulary	QL (120 tablets per 30 days)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1A	MDL

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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	2	MDL; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MDL; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	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)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	Non-Formulary	QL (2 Tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	Non-Formulary	QL (1 Tablet per 1 day)
metformin oral solution 500 mg/5 ml	1A	QL (20 ML per 1 day)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	MDL
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	MDL; QL (120 tablets per 30 days)
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	Non-Formulary	

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metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg	Non-Formulary	
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1A	MDL; QL (4 tablets per 1 day)
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
RIOMET ORAL SOLUTION 500 MG/5 ML	Non-Formulary	
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	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)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	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)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	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	2	QL (1 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (2 tablets per 1 day)

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Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
altavera (28) oral tablet 0.15-0.03 mg	1A	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	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1A	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)	1A	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); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
apri oral tablet 0.15-0.03 mg	1A	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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aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aubra oral tablet 0.1-20 mg-mcg	1A	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	1A	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	1A	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)	1A	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)	1A	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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AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aviane oral tablet 0.1-20 mg-mcg	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
azurette (28) oral tablet 0.15-0.02 mgx21 l0.01 mg x 5	1A	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)
balziva (28) oral tablet 0.4-35 mg-mcg	1A	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); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
blisovi 24 fe oral tablet 1 mg-20 mcg (24)l75 mg (4)	1A	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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blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
briellyn oral tablet 0.4-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
camila oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1A	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)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1A	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)
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
chateal (28) oral tablet 0.15-0.03 mg	1A	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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CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
cryselle (28) oral tablet 0.3-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CYRED EQ ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
cyred oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1A	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)
deblitane oral tablet 0.35 mg	1A	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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desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1A	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	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
elinest oral tablet 0.3-30 mg-mcg	1A	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	3	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)

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ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	1A	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)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
enskyce oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
errin oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
estarylla oral tablet 0.25-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1A	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)
falmina (28) oral tablet 0.1-20 mg-mcg	1A	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)	1A	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)	1A	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)	1A	MDL
HAILEY ORAL TABLET 1.5-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HEATHER ORAL TABLET 0.35 MG	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
jencycla oral tablet 0.35 mg	1A	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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jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1A	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)	Non-Formulary	
juleber oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel 1/20 (21) oral tablet 1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1A	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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KALLIGA ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
kurvelo (28) oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1A	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)
l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1A	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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larin 1/20 (21) oral tablet 1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
lessina oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	Non-Formulary	

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levonorgestrel oral tablet 1.5 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	1A	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)
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1A	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)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
levora-28 oral tablet 0.15-0.03 mg	1A	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); 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)
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	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 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
loryna (28) oral tablet 3-0.02 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
lutera (28) oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
lyza oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
marlissa (28) oral tablet 0.15-0.03 mg	1A	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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MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1A	MDL
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	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 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
mono-linyah oral tablet 0.25-35 mg-mcg	1A	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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MY CHOICE ORAL TABLET 1.5 MG	1A	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	1A	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.); MDL
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
nikki (28) oral tablet 3-0.02 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nora-be oral tablet 0.35 mg	1A	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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noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1A	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)
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
norethindrone (contraceptive) oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1A	MDL
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1A	MDL
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1A	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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nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1A	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	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ocella oral tablet 3-0.03 mg	1A	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	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Non-Formulary	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Non-Formulary	
philith oral tablet 0.4-35 mg-mcg	1A	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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pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
portia 28 oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
reclipsen (28) oral tablet 0.15-0.03 mg	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (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)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1A	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)
sharobel oral tablet 0.35 mg	1A	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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SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	1A	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)	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)
sprintec (28) oral tablet 0.25-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
sronyx oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
syeda oral tablet 3-0.03 mg	1A	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)	1A	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 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	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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TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	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)
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1A	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-25 MCG	1A	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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TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1A	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-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1A	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-25 MCG	1A	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-35 MCG (28)	1A	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	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	1A	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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velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1A	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	1A	MDL
vienva oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
vyfemla (28) oral tablet 0.4-35 mg-mcg	1A	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 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
wera (28) oral tablet 0.5-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1A	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	1A	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); 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); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
zarah oral tablet 3-0.03 mg	1A	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	1A	MDL
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 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	2	MDL; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MDL; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MDL; QL (2 tablet per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	MDL; QL (1 tablet per 1 day)

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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)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	Non-Formulary	QL (2 Tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	Non-Formulary	QL (1 Tablet per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Non-Formulary	QL (Quantity Limits Apply)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	QL (1 Tablet per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	Non-Formulary	QL (Quantity Limits Apply)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Non-Formulary	QL (Quantity Limits Apply)
saxagliptin oral tablet 2.5 mg, 5 mg	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)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	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)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	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)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non-Formulary	QL (Quantity Limits Apply)

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TRADJENTA ORAL TABLET 5 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.); 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)
Estrogen Agonist-Antagonists		
CLOMID ORAL TABLET 50 MG	2	QL (30 tablets per 30 days)
clomiphene citrate oral tablet 50 mg	1A	QL (30 tablets per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	Non-Formulary	QL (Quantity Limits Apply)
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	3	PA; QL (1 tablet per 1 day)
raloxifene oral tablet 60 mg	1A	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)
tamoxifen oral tablet 10 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL
tamoxifen oral tablet 20 mg	1A	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)
toremifene oral tablet 60 mg	1A	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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Estrogens		
ACTIVELLA ORAL TABLET 1-0.5 MG	Non-Formulary	
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1A	MDL
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	QL (30 tablets per 30 days)
BIJUVA ORAL CAPSULE 1-100 MG	Non-Formulary	QL (Quantity Limits Apply)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	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	3	MDL; QL (8 patches per 30 days)
covaryx h.s. oral tablet 0.625-1.25 mg	1A	
covaryx oral tablet 1.25-2.5 mg	1A	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 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)
DUAVEE ORAL TABLET 0.45-20 MG	Non-Formulary	QL (Quantity Limits Apply)
eemt hs oral tablet 0.625-1.25 mg	1A	
eemt oral tablet 1.25-2.5 mg	1A	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	QL (52 GM per 30 days)

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DRUG NAME	DRUG TIER	NOTES
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)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
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%)	1A	QL (30 packets per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	1A	QL (30 GM per 30 days)
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	1A	MDL; QL (8 patches per 28 days)
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	1A	MDL; QL (4 patches per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1A	QL (42.5 GM per 1 fill)
estradiol vaginal tablet 10 mcg	1A	MDL
estradiol valerate intramuscular oil 20 mg/ml	1A	QL (5 ML per 28 days)
estradiol valerate intramuscular oil 40 mg/ml	1A	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1A	MDL
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	MDL; QL (1 ring per 90 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	QL (1 bottle per 30 days)
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1A	MDL
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (8.1 ML per 1 fill)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	MDL; QL (1 ring per 1 fill)

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DRUG NAME	DRUG TIER	NOTES
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1A	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)
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)
jinteli oral tablet 1-5 mg-mcg	1A	MDL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	MDL
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (4 patches per 28 days)
mimvey oral tablet 1-0.5 mg	1A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1A	MDL
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	MDL; QL (1 tablet per 1 day)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	MDL; QL (30 GM per 30 days)
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	MDL

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PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	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	
yuvafem vaginal tablet 10 mcg	1A	MDL
Glycogenolytic Agents		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	QL (1 kit per 1 fill)
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	QL (Quantity Limits Apply)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Non-Formulary	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	QL (1.2 ML per 1 fill)

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ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	QL (1.2 ML per 1 fill)
Gonadotropins		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	BB	PA
chorionic gonadotropin, human injection recon soln 6,000 unit	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Vials per 28 days)
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Vials per 28 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	BB	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	BB	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	BB	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	BB	PA
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	BB	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)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 Syringes per 28 days)

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GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	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	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 Vials per 28 days)
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	BB	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	BB	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	BB	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	BB	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	BB	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	BB	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	BB	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	BB	PA

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MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	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 10,000 UNIT, 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	3	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)
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	BB	PA; QL (Quantity Limits Apply)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	BB	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	BB	PA
Hormones And Synthetic Substitutes		
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)
Incretin Mimetics		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Non-Formulary	QL (Quantity Limits Apply); QL (0.13 ml per 1 day)

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BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (0.04 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	2	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)	2	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)	2	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	2	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)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); QL (0.5 ml per 1 day)

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DRUG NAME	DRUG TIER	NOTES
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	2	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)	2	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 (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	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 (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); QL (0.5 ml per 1 day)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	MDL; QL (1 ML per 1 day)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	MDL; 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	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	QL (1 ml per 1 day)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	MDL; QL (1 ML per 1 day)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Non-Formulary	MDL; QL (1 ML per 1 day)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Non-Formulary	MDL; QL (1 ML per 1 day)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	MDL; QL (1 ML per 1 day)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 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 (0.5 ML per 1 day)
HUMALOG KWIKPEN 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.); MDL; QL (1 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 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 (0.5 ML per 1 day)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Non-Formulary	QL (0.5 ML per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Non-Formulary	QL (0.5 ML per 1 day)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Non-Formulary	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	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 100 UNIT/ML	Non-Formulary	QL (1 ml per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 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)
HUMALOG 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)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL

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HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Non-Formulary	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	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 U-100 INSULIN SUBCUTANEOUS SUSPENSION 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)
HUMULIN R REGULAR U-100 INSULN INJECTION 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)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	PA; 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)	3	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)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin aspart u-100 subcutaneous solution 100 unit/ml	Non-Formulary	MDL; QL (1 ML per 1 day)

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insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)	Non-Formulary	QL (1 ml per 1 day)
insulin degludec subcutaneous solution 100 unit/ml	Non-Formulary	QL (1 ml per 1 day)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	Non-Formulary	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Non-Formulary	
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	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)	1A	MDL; QL (1 ML per 1 day)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
LEVEMIR 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)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	QL (1 ml per 1 day)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	QL (1 ml per 1 day)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	QL (1 ml per 1 day)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	QL (1 ml per 1 day)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)

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NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (1 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 ML per 1 day)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); QL (0.5 ml per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	MDL; QL (9 ML per 30 days)

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TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	MDL; QL (9 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 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)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 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)
TRESIBA 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.); 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); QL (0.5 ml per 1 day)
Intermediate-Acting Insulins		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Non-Formulary	QL (0.5 ML per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Non-Formulary	QL (0.5 ML per 1 day)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Non-Formulary	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	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	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL

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HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Non-Formulary	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	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 U-100 INSULIN SUBCUTANEOUS SUSPENSION 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)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	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)	1A	MDL; QL (1 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (1 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)

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NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
Leptins		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4A	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
Long-Acting Insulins		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	QL (1 ml per 1 day)
insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)	Non-Formulary	QL (1 ml per 1 day)
insulin degludec subcutaneous solution 100 unit/ml	Non-Formulary	QL (1 ml per 1 day)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	Non-Formulary	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Non-Formulary	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1A	MDL; QL (1 ML per 1 day)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
LEVEMIR 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)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	

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SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); QL (0.5 ml per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	MDL; QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	MDL; QL (9 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 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)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 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)
TRESIBA 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.); 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); QL (0.5 ml per 1 day)
Meglitinides		
nateglinide oral tablet 120 mg, 60 mg	1A	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL; QL (240 tablets per 30 days)
Melanocortin Receptor Antagonists		
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)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	BB	PA

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Parathyroid Agents		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.08 ML per 1 day)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	4	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.08 ML per 1 day)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 pen per 30 days)
Pituitary		
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)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Non-Formulary	
DDAVP INJECTION SOLUTION 4 MCG/ML	BB	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Non-Formulary	
desmopressin injection solution 4 mcg/ml	BB	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	1A	QL (5 ML per 1 fill)
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1A	QL (5 ML per 1 fill)
desmopressin oral tablet 0.1 mg, 0.2 mg	1A	MDL

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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	Non-Formulary	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)	Non-Formulary	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)	BB	PA
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)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Non-Formulary	
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)	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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NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML)	4	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)	4	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)	4	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)
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); QL (0.22 ML per 1 day)

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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)
Progestins		
ACTIVELLA ORAL TABLET 1-0.5 MG	Non-Formulary	
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1A	MDL
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	QL (30 tablets per 30 days)
BIJUVA ORAL CAPSULE 1-100 MG	Non-Formulary	QL (Quantity Limits Apply)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	MDL; QL (8 patches per 30 days)
CRINONE VAGINAL GEL 4 %, 8 %	2	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 applicators per 30 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Non-Formulary	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	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ENDOMETRIN VAGINAL INSERT 100 MG	3	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (90 inserts per 30 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1A	MDL
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1A	MDL
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	BB	

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jinteli oral tablet 1-5 mg-mcg	1A	MDL
medroxyprogesterone intramuscular suspension 150 mg/ml	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
medroxyprogesterone intramuscular syringe 150 mg/ml	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	1A	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1A	QL (175 ML per 30 days)
megestrol oral tablet 20 mg, 40 mg	1A	
mimvey oral tablet 1-0.5 mg	1A	MDL
MYFEMBREE ORAL TABLET 40-1-0.5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
norethindrone acetate oral tablet 5 mg	1A	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1A	MDL
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)
progesterone intramuscular oil 50 mg/ml	7	
progesterone micronized oral capsule 100 mg, 200 mg	1A	MDL
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Non-Formulary	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	

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SLYND ORAL TABLET 4 MG (28)	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)
Rapid-Acting Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	MDL; QL (1 ML per 1 day)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	MDL; 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	MDL; QL (1 ML per 1 day)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Non-Formulary	MDL; QL (1 ML per 1 day)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Non-Formulary	MDL; QL (1 ML per 1 day)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	MDL; QL (1 ML per 1 day)

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HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 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 (0.5 ML per 1 day)
HUMALOG KWIKPEN 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.); MDL; QL (1 ML per 1 day)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 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 (0.5 ML per 1 day)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Non-Formulary	QL (0.5 ML per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Non-Formulary	QL (0.5 ML per 1 day)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Non-Formulary	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	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 100 UNIT/ML	Non-Formulary	QL (1 ml per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 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)

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HUMALOG 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)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin aspart u-100 subcutaneous solution 100 unit/ml	Non-Formulary	MDL; QL (1 ML per 1 day)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	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	QL (1 ml per 1 day)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	QL (1 ml per 1 day)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	QL (1 ml per 1 day)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	QL (1 ml per 1 day)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)

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NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
Short-Acting Insulins		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Non-Formulary	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	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) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	PA; 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)	3	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)	1A	MDL; QL (1 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (1 ML per 1 day)

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NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 ML per 1 day)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL (1 tablet per 1 day)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 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.)
INPEFA ORAL TABLET 200 MG	Non-Formulary	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, 300 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.); MDL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	MDL; QL (1 tablet per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Non-Formulary	QL (Quantity Limits Apply)
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)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non-Formulary	QL (Quantity Limits Apply)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (2 tablets per 1 day)

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SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	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	2	QL (1 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (2 tablets per 1 day)
Somatostatin Agonists		
lanreotide subcutaneous syringe 120 mg/0.5 ml	BB	
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)
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	1A	PA; QL (0.01 ML per 1 day)
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Non-Formulary	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1A	PA; QL (2 ML per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Non-Formulary	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	BB	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG	BB	PA

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DRUG NAME	DRUG TIER	NOTES
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 60 MG	BB	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML (1 ML)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	BB	PA
Somatotropin Agonists		
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)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4A	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG	Non-Formulary	
SOMAVERT SUBCUTANEOUS RECON SOLN 30 MG	Non-Formulary	QL (0.01 ML per 1 day)
Sulfonylureas		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Non-Formulary	QL (1 tablet per 1 day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	MDL
glipizide oral tablet 10 mg, 5 mg	1	MDL
glipizide oral tablet 2.5 mg	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	MDL
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1A	MDL; QL (8 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	Non-Formulary	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	MDL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	MDL
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1A	MDL
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	Non-Formulary	
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1A	QL (1 tablet per 1 day)
Thiazolidinediones		
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, 25-15 MG, 25-30 MG, 25-45 MG	Non-Formulary	QL (Quantity Limits Apply)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1A	MDL; QL (1 tablet per 1 day)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1A	QL (1 tablet per 1 day)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1A	MDL; QL (4 tablets per 1 day)
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	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	QL (2.6 ml per 1 day)

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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	
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	1A	MDL
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	1A	MDL; QL (2 tablets per 1 day)
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	2	MDL
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1A	MDL
NP THYROID ORAL TABLET 120 MG	1A	MDL; QL (2 tablets per 1 day)
np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg	1A	MDL; QL (2 tablets per 1 day)
PCCA T4 SODIUM DILUTION POWDER 1 MG/GRAM	Non-Formulary	
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	2	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, 50 MCG, 75 MCG, 88 MCG	3	
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, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	QL (Quantity Limits Apply)
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	2	

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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	2	MDL
UNITHROID ORAL TABLET 25 MCG	2	MDL
MISCELLANEOUS THERAPEUTIC AGENTS		
5-Alpha-Reductase Inhibitors		
AVODART ORAL CAPSULE 0.5 MG	Non-Formulary	QL (1 capsule per 1 day)
dutasteride oral capsule 0.5 mg	1A	MDL; QL (1 capsule per 1 day)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Non-Formulary	
finasteride oral tablet 5 mg	1A	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)
Alcohol Deterrents		
disulfiram oral tablet 250 mg, 500 mg	1A	MDL
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Non-Formulary	
naltrexone oral tablet 50 mg	1A	MDL
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	BB	PA
Antidotes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	QL (1 kit per 1 fill)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Non-Formulary	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Non-Formulary	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	Non-Formulary	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1A	QL (5 tablets per 1 day)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1A	MDL
levoleucovorin calcium intravenous recon soln 50 mg	BB	PA
magnesium sulfate injection solution 4 meq/ml (50 %)	7	
MEPHYTON ORAL TABLET 5 MG	Non-Formulary	QL (Quantity Limits Apply)
naloxone injection solution 0.4 mg/ml	1A	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1A	
naloxone nasal spray,non-aerosol 4 mg/actuation	1A	QL (2 doses per 90 days)
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Non-Formulary	QL (2 doses per 90 days)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Non-Formulary	QL (3.5 packets per 1 day)

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sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1A	QL (3.5 packets per 1 day)
sevelamer carbonate oral tablet 800 mg	1A	QL (10 tablets per 1 day)
sevelamer hcl oral tablet 400 mg	1A	
sevelamer hcl oral tablet 800 mg	1A	QL (7 tablets per 1 day)
sodium polystyrene sulfonate oral powder	1A	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1A	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1A	
STRONG IODINE ORAL SOLUTION 5 %	1	
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)
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1A	MDL
allopurinol oral tablet 200 mg	Non-Formulary	
ANAPROX DS ORAL TABLET 550 MG	Non-Formulary	
colchicine oral capsule 0.6 mg	Non-Formulary	MDL; QL (4 Capsules per 1 day)
colchicine oral tablet 0.6 mg	1A	MDL; QL (4 tablets per 1 day)
COLCRYS ORAL TABLET 0.6 MG	Non-Formulary	QL (4 tablets per 1 day)
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Non-Formulary	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Non-Formulary	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	1A	MDL
febuxostat oral tablet 40 mg, 80 mg	1A	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	3	

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DRUG NAME	DRUG TIER	NOTES
INDOCIN RECTAL SUPPOSITORY 50 MG	3	PA; QL (1 suppository per 1 day)
indomethacin oral capsule 25 mg, 50 mg	1A	MDL
indomethacin oral capsule, extended release 75 mg	1A	MDL
indomethacin rectal suppository 100 mg	Non-Formulary	QL (1 suppository per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	BB	PA
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	
naproxen oral suspension 125 mg/5 ml	1A	MDL
naproxen oral tablet 250 mg, 375 mg, 500 mg	1A	MDL
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1A	MDL
naproxen sodium oral tablet 275 mg, 550 mg	1A	MDL
naproxen sodium oral tablet, er multiphase 24 hr 500 mg, 750 mg	Non-Formulary	
probenecid oral tablet 500 mg	1A	MDL
probenecid-colchicine oral tablet 500-0.5 mg	1A	MDL
ULORIC ORAL TABLET 40 MG, 80 MG	Non-Formulary	
ZYLOPRIM ORAL TABLET 100 MG	Non-Formulary	
Antisense Oligonucleotides		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4A	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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SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	BB	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 syringe per 1 day)
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
Bone Anabolic Agents		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	BB	PA
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.08 ML per 1 day)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	4	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.08 ML per 1 day)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 pen per 30 days)
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG	Non-Formulary	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 35 MG	Non-Formulary	QL (4 tablets per 30 days)
alendronate oral solution 70 mg/75 ml	1A	
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1A	MDL

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ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	Non-Formulary	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Non-Formulary	QL (Quantity Limits Apply)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1A	
EVISTA ORAL TABLET 60 MG	Non-Formulary	QL (1 tablet per 1 day)
FOSAMAX ORAL TABLET 70 MG	Non-Formulary	
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	2	ST (Step Therapy Required- Tried and failed 90 days treatment of alendronate or ibandronate); QL (4 tablet per 30 days)
ibandronate oral tablet 150 mg	1A	MDL; QL (1 tablet per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	BB	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	1A	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)
risedronate oral tablet 150 mg	1A	MDL; QL (1 tablet per 30 days)
risedronate oral tablet 30 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
risedronate oral tablet 35 mg	1A	MDL
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	BB	QL (0.07 ml per 1 Day)
Bradykinin Receptor Antagonists		
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)
icatibant subcutaneous syringe 30 mg/3 ml	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 ML per 1 day)

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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)
Carbonic Anhydrase Inhibitors (Misc.)		
KEVEYIS ORAL TABLET 50 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
Cariostatic Agents		
clinpro 5000 dental paste 1.1 %	1A	QL (100 GM per 30 days)
DENTA 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1A	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
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)	1A	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)	1A	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.)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	1A	MDL
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG, 1 MG	1A	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.)

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MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 1 MG	1A	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	
prevident dental solution 0.2 %	Non-Formulary	
SF 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
SF DENTAL GEL 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	
Complement Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	BB	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	BB	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	BB	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	4A	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill)

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HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	4A	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	BB	PA; QL (Quantity Limits Apply)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	BB	PA
Disease-Modifying Antirheumatic Agents		
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)
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4A	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)	BB	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.13 ML per 1 day)
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
adalimumab-adbm 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)

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adalimumab-adbm 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)
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)
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)
adalimumab-fkjp 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)
adalimumab-fkjp 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)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 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)
ARAVA ORAL TABLET 10 MG, 20 MG	Non-Formulary	
AVSOLA INTRAVENOUS RECON SOLN 100 MG	BB	PA
AZASAN ORAL TABLET 100 MG, 75 MG	Non-Formulary	
azathioprine oral tablet 50 mg	1A	MDL
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
AZULFIDINE ORAL TABLET 500 MG	Non-Formulary	
CIBINQO ORAL TABLET 100 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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CIBINQO ORAL TABLET 200 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2111; up to a 30 day supply per fill)
CIBINQO ORAL TABLET 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2113; up to a 30 day supply per fill)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	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)	4A	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)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 syringes per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 syringes per 30 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4A	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	
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Non-Formulary	
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.07 ML per 1 day)
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	

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cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
cyclosporine modified oral solution 100 mg/ml	1A	
cyclosporine oral capsule 100 mg, 25 mg	1A	MDL
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)
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)
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)
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)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	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 SOLUTION 25 MG/0.5 ML	4	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)	4	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)	4	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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ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
gengraf oral capsule 100 mg, 25 mg	1A	MDL
gengraf oral solution 100 mg/ml	1A	
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (4.8 ML per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (2.4 ML per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; 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 CROHNS-UC-HS START 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)
HUMIRA PEN PSOR-UVEITS-ADOL 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)

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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)
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)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
HUMIRA(CF) PEN PEDIATRIC UC 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)
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)
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)
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)
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	Non-Formulary	
hydroxychloroquine oral tablet 200 mg	1A	MDL; QL (6 tablets per 1 day)
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)
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)

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HYRIMOZ 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)
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
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)
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)
IDACIO(CF) PEN CROHN-UC STARTR 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)
IDACIO(CF) PEN PSORIASIS START 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)
IDACIO(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)
IDACIO(CF) 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)
IMURAN ORAL TABLET 50 MG	Non-Formulary	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	BB	PA
infliximab intravenous recon soln 100 mg	BB	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 pens per 30 days)

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KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4A	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	4A	PA; SP (Dispensed by Biologics: (800) 850-4306; Pharmacy Advantage: (800) 456-2112 (HFH Only); up to a 30 day supply per fill); QL (19 ML per 28 days)
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Non-Formulary	QL (1 kit per 30 days)
leflunomide oral tablet 10 mg, 20 mg	1A	MDL
methotrexate sodium (pf) injection solution 25 mg/ml	7	
methotrexate sodium injection solution 25 mg/ml	7	
methotrexate sodium oral tablet 2.5 mg	1A	MDL
NEORAL ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
NEORAL ORAL SOLUTION 100 MG/ML	Non-Formulary	
OLUMIANT ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OLUMIANT ORAL TABLET 4 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	BB	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4A	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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OTEZLA ORAL TABLET 30 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 365 days)
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)
penicillamine oral capsule 250 mg	Non-Formulary	
penicillamine oral tablet 250 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	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)
REMICADE INTRAVENOUS RECON SOLN 100 MG	BB	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	BB	PA; QL (5 vials per 30 days)
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 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)

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SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	MDL
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	BB	PA; QL (0.15 ML per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	BB	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4A	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)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4A	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)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4A	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)
sulfasalazine oral tablet 500 mg	1A	MDL

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sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1A	MDL
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	
XELJANZ ORAL SOLUTION 1 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
XELJANZ ORAL TABLET 10 MG, 5 MG	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
YUFLYMA(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)
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)
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)
Immunomodulatory Agents		
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)

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ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4A	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)	BB	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.13 ML per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1.5 ML per 1 Fill)
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
adalimumab-fkjp 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)
adalimumab-fkjp 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)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 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)
ARAVA ORAL TABLET 10 MG, 20 MG	Non-Formulary	

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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)
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	4	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	4	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	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 syringes per 30 days)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	BB	PA
AZASAN ORAL TABLET 100 MG, 75 MG	Non-Formulary	
azathioprine oral tablet 50 mg	1A	MDL
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)
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)

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BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	BB	
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	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2111; up to a 30 day supply per fill)
CIBINQO ORAL TABLET 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2113; up to a 30 day supply per fill)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	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)	4A	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)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 syringes per 30 days)
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)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
cyclosporine modified oral solution 100 mg/ml	1A	
cyclosporine oral capsule 100 mg, 25 mg	1A	MDL
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)

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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)
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)
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)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	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 SOLUTION 25 MG/0.5 ML	4	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)	4	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)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	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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ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (15 kits per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (15 vials per 30 days)
fingolimod oral capsule 0.5 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
gengraf oral capsule 100 mg, 25 mg	1A	MDL
gengraf oral solution 100 mg/ml	1A	
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); QL (1 Capsule per 1 day)
glatiramer subcutaneous syringe 20 mg/ml	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (12 ML per 30 days)
glatopa subcutaneous syringe 20 mg/ml	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 ML per 30 days)

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GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (12 ML per 30 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (4.8 ML per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; QL (2.4 ML per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PA; 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 CROHNS-UC-HS START 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)
HUMIRA PEN PSOR-UVEITS-ADOL 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)
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)

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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)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 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)
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)
HUMIRA(CF) PEN PEDIATRIC UC 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)
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)
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)
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)
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	Non-Formulary	
hydroxychloroquine oral tablet 200 mg	1A	MDL; QL (6 tablets per 1 day)
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)
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)
HYRIMOZ 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)

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HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
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)
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)
IDACIO(CF) PEN CROHN-UC STARTR 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)
IDACIO(CF) PEN PSORIASIS START 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)
IDACIO(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)
IDACIO(CF) 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)
IMURAN ORAL TABLET 50 MG	Non-Formulary	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	BB	PA
infliximab intravenous recon soln 100 mg	BB	PA
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)

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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); QL (1 pen per 30 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 pens per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4A	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	4A	PA; SP (Dispensed by Biologics: (800) 850-4306; Pharmacy Advantage: (800) 456-2112 (HFH Only); up to a 30 day supply per fill); QL (19 ML per 28 days)
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Non-Formulary	QL (1 kit per 30 days)
leflunomide oral tablet 10 mg, 20 mg	1A	MDL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	BB	PA
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4A	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 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4A	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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MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
methotrexate sodium (pf) injection solution 25 mg/ml	7	
methotrexate sodium injection solution 25 mg/ml	7	
methotrexate sodium oral tablet 2.5 mg	1A	MDL
NEORAL ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
NEORAL ORAL SOLUTION 100 MG/ML	Non-Formulary	
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	BB	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OLUMIANT ORAL TABLET 4 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	BB	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ML per 1 day)
OTEZLA ORAL TABLET 30 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)

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OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 365 days)
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)
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	QL (6 tablets per 1 day)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML-94 MCG/0.5 ML	4	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	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4A	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule 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)

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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)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	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	4	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)	4	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)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 ML per 30 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	BB	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	BB	PA; QL (5 vials per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 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)

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RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	BB	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	MDL
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	BB	PA; QL (0.15 ML per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	BB	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4A	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)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4A	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)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4A	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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TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Non-Formulary	QL (1 tablet 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); QL (2 capsules per 1 day)
teriflunomide oral tablet 14 mg, 7 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	BB	PA; QL (15 ML per 28 days)
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
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)
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	
XELJANZ ORAL SOLUTION 1 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
XELJANZ ORAL TABLET 10 MG, 5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)

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XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
YUFLYMA(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)
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)
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)
ZEPOSIA ORAL CAPSULE 0.92 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
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)
Immunosuppressive Agents		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Non-Formulary	
AZASAN ORAL TABLET 100 MG, 75 MG	Non-Formulary	
azathioprine oral tablet 50 mg	1A	MDL
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	BB	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
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)
cyclophosphamide oral capsule 25 mg, 50 mg	1A	QL (2 capsules per 1 day)
cyclosporine (bulk) powder	3	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
cyclosporine modified oral solution 100 mg/ml	1A	
cyclosporine oral capsule 100 mg, 25 mg	1A	MDL
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Non-Formulary	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1A	QL (10 Tablets per 1 day)
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	BB	
gengraf oral capsule 100 mg, 25 mg	1A	MDL
gengraf oral solution 100 mg/ml	1A	
IMURAN ORAL TABLET 50 MG	Non-Formulary	
LUPKYNIS ORAL CAPSULE 7.9 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4A	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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MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
mercaptopurine oral tablet 50 mg	1A	MDL
methotrexate sodium (pf) injection solution 25 mg/ml	7	
methotrexate sodium injection solution 25 mg/ml	7	
methotrexate sodium oral tablet 2.5 mg	1A	MDL
mycophenolate mofetil oral capsule 250 mg	1A	MDL; QL (8 capsules per 1 day)
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1A	
mycophenolate mofetil oral tablet 500 mg	1A	MDL; QL (8 tablets per 1 day)
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1A	MDL

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MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Non-Formulary	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
NEORAL ORAL SOLUTION 100 MG/ML	Non-Formulary	
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)
pimecrolimus topical cream 1 %	1A	QL (30 GM per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Non-Formulary	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)
RAPAMUNE ORAL SOLUTION 1 MG/ML	Non-Formulary	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
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)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	MDL
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	BB	PA
sirolimus oral solution 1 mg/ml	1A	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1A	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1A	MDL
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	

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XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Non-Formulary	
Kallikrein Inhibitors		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	BB	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Non-Formulary	SP (Dispened by Optime Care Pharmacy: (855) 456-7596; up to a 30 day supply per fill)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (4 ML per 30 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4A	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (4 ML per 30 days)
Kallikrein-Kinin System Inhibitors		
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)
TAVNEOS ORAL CAPSULE 10 MG	4A	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (6 Capsules per 1 Day)
Other Miscellaneous Therapeutic Agents		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1A	QL (12 ML per 1 day)
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)
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	BB	PA

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ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
betaine oral powder 1 gram/scoop	1A	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	
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)
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	3	PA; SP (Dispensed by CVS Specialty Pharmacy: (800) 237-2767; up to a 30 day supply per fill); QL (1 capsule per 1 day)
dalfampridine oral tablet extended release 12 hr 10 mg	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets 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)
EVOTAZ ORAL TABLET 300-150 MG	4A	QL (1 tablet per 1 day)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4A	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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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)
FIRDAPSE ORAL TABLET 10 MG	4A	PA; SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); QL (1 tablet per 1 day)
GALAFOLD ORAL CAPSULE 123 MG	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (15 capsules per 30 days)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	BB	PA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	BB	PA
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)
JAVYGTOR ORAL POWDER IN PACKET 100 MG	Non-Formulary	
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)
levocarnitine (with sugar) oral solution 100 mg/ml	1A	
levocarnitine oral tablet 330 mg	1A	

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LITFULO ORAL CAPSULE 50 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)
LODOCO ORAL TABLET 0.5 MG	Non-Formulary	MDL; QL (1 Tablet per 1 day)
metyrosine oral capsule 250 mg	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	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)
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)
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	BB	PA
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); QL (2 capsules per 1 day)
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	BB	PA
PREZCOBIX ORAL TABLET 800-150 MG-MG	4A	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)

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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)
RECORLEV ORAL TABLET 150 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; 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)
sapropterin oral powder in packet 100 mg, 500 mg	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 packet per 1 day)
sapropterin oral tablet,soluble 100 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)
SKYCLARYS ORAL CAPSULE 50 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 capsules per 1 day)
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)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
THIOLA ORAL TABLET 100 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
tiopronin oral tablet 100 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (20 TABLET per 1 day)

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TYBOST ORAL TABLET 150 MG	4A	QL (2 tablets 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)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
VYNDAMAX ORAL CAPSULE 61 MG	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS); up to a 30 day supply per fill); QL (4 capsules per 1 day)
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)
Protective Agents		
COSELA INTRAVENOUS RECON SOLN 300 MG	BB	PA
ELMIRON ORAL CAPSULE 100 MG	2	PA; QL (3 capsules per 1 day)
MESNEX ORAL TABLET 400 MG	2	QL (6 tablets per 1 fill)
NONHORMONAL CONTRACEPTIVES		
Nonhormonal Contraceptives		
AIMSCO LATEX CONDOM DEVICE	3	QL (12 condoms per 30 days)
DUREX AVANTI BARE REAL FEEL	3	QL (10 condoms per 30 days)
FANTASY CONDOM DEVICE	3	QL (12 condoms per 30 days)
FC2 FEMALE CONDOM	4	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	4	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	3	QL (12 condoms per 30 days)

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KIMONO MICROTHIN AQUA LUBE CON DEVICE	3	QL (12 condoms per 30 days)
KIMONO MICROTHIN CONDOMS DEVICE	3	QL (12 condoms per 30 days)
KIMONO MICROTHIN LARGE CONDOMS DEVICE	3	QL (12 condoms per 30 days)
KIMONO TEXTURED CONDOMS DEVICE	3	QL (12 condoms per 30 days)
TRUSTEX LATEX CONDOM DEVICE	3	QL (12 condoms per 30 days)
TRUSTEX LUBRICATED CONDOMS DEVICE	3	QL (12 condoms per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	3	QL (12 condoms per 30 days)
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	3	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	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	4	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	4	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	4	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	4	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	4	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	4	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	4	
OXYTOCICS		
Oxytocics		
methylergonovine oral tablet 0.2 mg	1A	QL (28 tablets per 365 days)

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PHARMACEUTICAL AIDS		
Pharmaceutical Aids		
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)
diluent for treprostinil (gly) intravenous solution	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)
RESPIRATORY TRACT AGENTS		
Alpha And Beta Adrenergic Agonist(Respr)		
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1A	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	1A	QL (2 tablets per 1 day)

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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	1A	QL (2 tablets per 1 day)
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1A	
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	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1A	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)
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
loratadine-d oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL

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PRIMATENE MIST INHALATION HFA AEROSOL INHALER 0.125 MG/ACTUATION	Non-Formulary	QL (11.7 GM per 28 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Non-Formulary	QL (Quantity Limits Apply)
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
Anticholinergic Agents (Respir.Tract)		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	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)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (2 inhalers per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (10.7 GM per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	PA; QL (10.7 GM per 1 day)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	MDL; QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	QL (1 Inhaler per 28 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Non-Formulary	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)
ipratropium bromide inhalation solution 0.02 %	1A	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	MDL
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)

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SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Non-Formulary	QL (1 capsule per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1A	MDL; QL (1 Capsule per 1 day)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	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	3	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	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)
Antifibrotic Agents		
ESBRIET ORAL CAPSULE 267 MG	Non-Formulary	
ESBRIET ORAL TABLET 267 MG, 801 MG	Non-Formulary	
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112 (HFHS), Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 capsules per 30 days)
pirfenidone oral capsule 267 mg	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (270 capsules per 30 days)

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pirfenidone oral tablet 267 mg, 801 mg	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (270 tablets per 30 days)
pirfenidone oral tablet 534 mg	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112, and limited to a max day supply of 30.; up to a 30 day supply per fill); QL (0.7 tablets per 1 day)
Antitussives		
benzonatate oral capsule 100 mg	1A	QL (6 capsules per 1 day)
benzonatate oral capsule 150 mg	Non-Formulary	
benzonatate oral capsule 200 mg	1A	QL (3 capsules per 1 day)
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1A	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1A	QL (6 tablets per 1 day)
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1A	
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1A	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)	1A	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral syrup 5-1.5 mg/5 ml	1A	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 capsules per 30 days)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1A	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1A	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	

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Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (4 packets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Non-Formulary	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (4 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (4 Tablets per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	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)	4A	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)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112, Accredo: (800) 803-2523, Optum Specialty: (877) 977-9118, AllianceRx (888) 347-3416, AcariaHealth: (800) 511-5144 ; up to a 30 day supply per fill); QL (3 tablets per 1 day)
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Packets per 1 day)

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KALYDECO ORAL TABLET 150 MG	4	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); 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); QL (4 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (4 Tablets per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	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)	4A	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)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112, Accredo: (800) 803-2523, Optum Specialty: (877) 977-9118, AllianceRx (888) 347-3416, AcariaHealth: (800) 511-5144 ; up to a 30 day supply per fill); QL (3 tablets per 1 day)
Expectorants		
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1A	
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	
STRONG IODINE ORAL SOLUTION 5 %	1	

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VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
First Generation Antihist.(Respir Tract)		
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	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1A	
carbinoxamine maleate oral liquid 4 mg/5 ml	1A	
carbinoxamine maleate oral tablet 4 mg	1A	
carbinoxamine maleate oral tablet 6 mg	Non-Formulary	
clemastine oral tablet 2.68 mg	1A	
cyproheptadine oral syrup 2 mg/5 ml	1A	
cyproheptadine oral tablet 4 mg	1A	MDL
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	7	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1A	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1A	PA; QL (120 tablets per 30 days)
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1A	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
promethazine oral syrup 6.25 mg/5 ml	1A	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1A	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1A	

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promethazine-dm oral syrup 6.25-15 mg/5 ml	1A	
Interleukin Antagonists		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	BB	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	BB	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	4A	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 RECON SOLN 100 MG	BB	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	BB	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.012 ML per 1 day)
Leukotriene Modifiers		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Non-Formulary	

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montelukast oral granules in packet 4 mg	1A	MDL; QL (1 packet per 1 day)
montelukast oral tablet 10 mg	1A	MDL; QL (1 tablet per 1 day)
montelukast oral tablet,chewable 4 mg, 5 mg	1A	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)
zafirlukast oral tablet 10 mg, 20 mg	1A	MDL
zileuton oral tablet, er multiphase 12 hr 600 mg	1A	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET 600 MG	3	PA; QL (4 tablets per 1 day)
Mast-Cell Stabilizers		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	QL (5 ML per 1 fill)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1A	
cromolyn ophthalmic (eye) drops 4 %	1A	MDL
cromolyn oral concentrate 100 mg/5 ml	1A	MDL
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Non-Formulary	
Mucolytic Agents		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1A	QL (12 ML per 1 day)
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ampules per 1 day)
Nasal Preparations (Steroids)		
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	Non-Formulary	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply)

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FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	Non-Formulary	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1A	MDL
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1A	MDL
mometasone nasal spray,non-aerosol 50 mcg/actuation	1A	QL (17 GM per 30 days)
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	QL (1 gram per 1 day)
SINUVA SINUS IMPLANT 1,350 MCG	BB	PA
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
Orally Inhaled Preparations (Steroids)		
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	2	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, 55-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Non-Formulary	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (6.1 GM per 28 days)

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ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 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	3	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)	3	MDL; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1A	QL (10.3 GM per 1 Fill)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	PA; QL (10.7 GM per 1 day)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1A	MDL; QL (2 inhalations per 1 day)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1A	MDL; QL (10.3 GM per 1 Fill)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MDL; QL (13 GM per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	Non-Formulary	QL (2 blisters per 1 day)

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FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Non-Formulary	QL (12 GM per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Non-Formulary	QL (11 GM per 28 days)
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	Non-Formulary	
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation	Non-Formulary	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1A	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	MDL; QL (60 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1A	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	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	1A	QL (10.6 GM per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	QL (10.3 GM per 1 Fill)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	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	3	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)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	MDL; QL (60 GM per 30 days)
Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non-Formulary	QL (1 tablet per 1 day)
roflumilast oral tablet 250 mcg, 500 mcg	1A	PA; QL (1 tablet per 1 day)
Phosphodiesterase-5 Inhibitors (Respir)		
CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (6 tablets per 30 days)
CIALIS ORAL TABLET 2.5 MG, 20 MG	Non-Formulary	
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
REVATIO ORAL TABLET 20 MG	Non-Formulary	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
sildenafil (pulm.hypertension) oral tablet 20 mg	1A	MDL; QL (30 tablets per 30 days)
tadalafil oral tablet 10 mg, 5 mg	1A	QL (6 tablets per 30 days)
tadalafil oral tablet 2.5 mg, 20 mg	Non-Formulary	
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	BB	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	BB	PA; SP (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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BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Non-Formulary	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	BB	PA; QL (Quantity Limits Apply)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	BB	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	BB	PA; QL (1 EA per 1 day)
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); QL (0.07 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	BB	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	BB	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 vial per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 syringes per 1 fill)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 syringe per 1 fill)
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	BB	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
Second Generation Antihist(Respir Tract)		
24HOUR ALLERGY ORAL TABLET 10 MG	1A	MDL
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)

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ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	1A	MDL
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERCLEAR ORAL TABLET 10 MG	1A	MDL
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG	1A	MDL
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	1A	MDL
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	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	1A	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	1A	MDL
cetirizine oral solution 1 mg/ml, 5 mg/5 ml	1A	MDL
cetirizine oral tablet 10 mg, 5 mg	1A	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	

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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	
desloratadine oral tablet 5 mg	1A	MDL
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1A	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply)
levocetirizine oral solution 2.5 mg/5 ml	1A	
levocetirizine oral tablet 5 mg	1A	MDL
LORADAMED ORAL TABLET 10 MG	1A	MDL
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
loratadine oral solution 5 mg/5 ml	1A	QL (300 ML per 30 days)
loratadine oral tablet 10 mg	1A	MDL
loratadine-d oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	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	1A	MDL
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	1A	MDL

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ZYRTEC ORAL TABLET 10 MG	Non-Formulary	
Select.Beta-2-Adrenergic Agonist(Respir)		
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	2	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, 55-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Non-Formulary	
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Non-Formulary	
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	1A	MDL
albuterol sulfate oral syrup 2 mg/5 ml	1	MDL
albuterol sulfate oral tablet 2 mg, 4 mg	1A	MDL
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1A	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	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)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1A	PA; QL (120 ML per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (10.7 GM per 28 days)

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BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1A	QL (10.3 GM per 1 Fill)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	PA; QL (10.7 GM per 1 day)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Non-Formulary	
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1A	MDL; QL (10.3 GM per 1 Fill)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	MDL; QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	QL (1 Inhaler per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MDL; QL (13 GM per 28 days)
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	Non-Formulary	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1A	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	MDL; QL (60 GM per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1A	QL (4 vials per 1 day)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	MDL

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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	1A	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	1A	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	QL (1 Inhaler per 28 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Non-Formulary	QL (2 inhalers per 30 days)
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Non-Formulary	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	MDL; QL (1 diskus per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	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	QL (10.3 GM per 1 Fill)
terbutaline oral tablet 2.5 mg, 5 mg	1A	MDL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	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	3	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)

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VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1A	MDL; QL (2 inhalers per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	MDL; QL (60 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Non-Formulary	
Vasodilating Agents (Respiratory Tract)		
ADCIRCA ORAL TABLET 20 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)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (3 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 (1 tablet per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 tablets per 30 days)
CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (6 tablets per 30 days)
CIALIS ORAL TABLET 2.5 MG, 20 MG	Non-Formulary	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG	BB	PA

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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	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 tablet per 1 day)
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)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
REVATIO ORAL TABLET 20 MG	Non-Formulary	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
sildenafil (pulm.hypertension) oral tablet 20 mg	1A	MDL; QL (30 tablets per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 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)
tadalafil oral tablet 10 mg, 5 mg	1A	QL (6 tablets per 30 days)
tadalafil oral tablet 2.5 mg, 20 mg	Non-Formulary	
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)

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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)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	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 (112)- 32 MCG (84)	Non-Formulary	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	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	4	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)	4	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	4	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)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	BB	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (3 vials per 1 day)

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VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (270 ampules per 30 days)
Xanthine Derivatives		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
theophylline oral elixir 80 mg/15 ml	1A	
theophylline oral solution 80 mg/15 ml	1A	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1A	MDL
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	MDL
SKIN AND MUCOUS MEMBRANE AGENTS		
Allylamines (Skin And Mucous Membrane)		
naftifine topical cream 1 %	1A	
naftifine topical cream 2 %	1A	QL (1.5 GM per 1 day)
naftifine topical gel 2 %	1A	QL (1.5 GM per 1 day)
NAFTIN TOPICAL GEL 1 %, 2 %	Non-Formulary	
terbinafine hcl topical cream 1 %	Non-Formulary	
Antibacterials (Skin, Mucous Membrane)		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	
ACZONE TOPICAL GEL 5 %	Non-Formulary	QL (2.1 GM per 1 day)
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Non-Formulary	QL (2.1 GM per 1 day)
ALTABAX TOPICAL OINTMENT 1 %	3	QL (15 GM per 12 days)
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply)
BENZAMYCIN TOPICAL GEL 3-5 %	Non-Formulary	

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CENTANY TOPICAL OINTMENT 2 %	Non-Formulary	
CLEOCIN T TOPICAL LOTION 1 %	Non-Formulary	
CLEOCIN T TOPICAL SOLUTION 1 %	Non-Formulary	
CLEOCIN VAGINAL CREAM 2 %	Non-Formulary	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindacin etz topical swab 1 %	1A	QL (4 swabs per 1 day)
clindacin p topical swab 1 %	1A	MDL; QL (4 swabs per 1 day)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	Non-Formulary	QL (Quantity Limits Apply)
clindamycin phosphate topical foam 1 %	1A	
clindamycin phosphate topical gel 1 %	1A	
clindamycin phosphate topical gel, once daily 1 %	Non-Formulary	
clindamycin phosphate topical lotion 1 %	1A	
clindamycin phosphate topical solution 1 %	1A	QL (4 ML per 1 day)
clindamycin phosphate topical swab 1 %	1A	MDL; QL (2 swabs per 1 day)
clindamycin phosphate vaginal cream 2 %	1A	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1A	QL (Quantity Limits Apply); MDL
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Non-Formulary	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	1A	MDL
clindamycin-tretinoin topical gel 1.2-0.025 %	Non-Formulary	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Non-Formulary	QL (Quantity Limits Apply)
dapsone topical gel 5 %	1A	PA; QL (2.1 GM per 1 day)
dapsone topical gel with pump 7.5 %	1A	PA; QL (2.1 GM per 1 day)
ery pads topical swab 2 %	1A	
ERYGEL TOPICAL GEL 2 %	Non-Formulary	
erythromycin with ethanol topical gel 2 %	1A	
erythromycin with ethanol topical solution 2 %	1A	

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erythromycin-benzoyl peroxide topical gel 3-5 %	1A	
EVOCLIN TOPICAL FOAM 1 %	Non-Formulary	
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
metronidazole topical cream 0.75 %	1A	
metronidazole topical gel 0.75 %, 1 %	1A	
metronidazole topical gel with pump 1 %	1A	
metronidazole topical lotion 0.75 %	1A	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1A	
mupirocin calcium topical cream 2 %	Non-Formulary	QL (30 GM per 30 days)
mupirocin topical ointment 2 %	1A	QL (44 GM per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	1A	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	
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)
ROSADAN TOPICAL CREAM 0.75 %	Non-Formulary	
ROSADAN TOPICAL GEL 0.75 %	Non-Formulary	
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1A	
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)
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)

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Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA TOPICAL OINTMENT 2 %	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 GM per 30 days)
Antipruritics And Local Anesthetics		
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	Non-Formulary	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	Non-Formulary	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Non-Formulary	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	2	
dermacinrx prizopak topical kit 2.5-2.5 %	1A	
doxepin topical cream 5 %	Non-Formulary	
DULOXICAINE KIT 30 MG- 4%	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ethyl chloride topical aerosol,spray 100 %	1A	
hydrocortisone-pramoxine rectal cream 1-1 %	1	QL (60 gm per 30 days)
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1A	QL (60 gm per 30 days)
hydrocortisone-pramoxine topical cream 2.5-1 %	1A	
lidocaine hcl laryngotracheal solution 4 %	1A	
lidocaine hcl topical cream 3 %	1A	QL (1.06 GM per 1 day)
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1A	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Non-Formulary	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1A	
lidocaine topical adhesive patch,medicated 5 %	1A	QL (1 patch per 1 day)
lidocaine topical ointment 5 %	1A	QL (39 gm per 1 fill)
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1A	

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lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Non-Formulary	
lidocaine-prilocaine topical cream 2.5-2.5 %	1A	
lidocaine-prilocaine topical kit 2.5-2.5 %	1A	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	Non-Formulary	
phenazopyridine oral tablet 100 mg	1	
phenazopyridine oral tablet 200 mg	1A	
PRAMOSONE TOPICAL CREAM 2.5-1 %	Non-Formulary	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Non-Formulary	QL (Quantity Limits Apply)
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
PRUDOXIN TOPICAL CREAM 5 %	Non-Formulary	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Non-Formulary	
Antivirals (Skin And Mucous Membrane)		
acyclovir topical ointment 5 %	1A	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	Non-Formulary	QL (5 gm per 28 days)
penciclovir topical cream 1 %	1A	PA; QL (5 gm per 28 days)
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	
ZOVIRAX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
ZOVIRAX TOPICAL OINTMENT 5 %	Non-Formulary	
Azoles (Skin And Mucous Membrane)		
clotrimazole mucous membrane troche 10 mg	1A	
clotrimazole topical cream 1 %	1A	QL (60 GM per 30 days)
clotrimazole topical solution 1 %	1A	
clotrimazole-betamethasone topical cream 1-0.05 %	1A	
clotrimazole-betamethasone topical lotion 1-0.05 %	1A	

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econazole topical cream 1 %	1A	
ERTACZO TOPICAL CREAM 2 %	Non-Formulary	QL (Quantity Limits Apply)
EXELDERM TOPICAL SOLUTION 1 %	3	QL (30 ML per 1 fill)
EXTINA TOPICAL FOAM 2 %	Non-Formulary	
fungi cure topical spray,non-aerosol 1 %	1A	
GYNAZOLE-1 VAGINAL CREAM 2 %	Non-Formulary	QL (Quantity Limits Apply)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Non-Formulary	QL (Quantity Limits Apply)
ketoconazole topical cream 2 %	1A	
ketoconazole topical foam 2 %	Non-Formulary	
ketoconazole topical shampoo 2 %	1A	MDL
LUZU TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	1A	
oxiconazole topical cream 1 %	1A	PA; QL (2 GM per 1 day)
OXISTAT TOPICAL CREAM 1 %	Non-Formulary	QL (2 GM per 1 day)
terconazole vaginal cream 0.4 %, 0.8 %	1A	
terconazole vaginal suppository 80 mg	1A	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL (50 GM per 30 days)
XOLEGEL TOPICAL GEL 2 %	Non-Formulary	
Basic Lotions And Liniments		
ammonium lactate topical lotion 12 %	1A	MDL
lac-hydrin five topical lotion 5 %	1	
Basic Ointments And Protectants		
ammonium lactate topical cream 12 %	1A	
STRATAMARK TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
STRATATRIZ TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
Benzylamines (Skin And Mucous Membrane)		
MENTAX TOPICAL CREAM 1 %	3	PA; QL (30 GM per 1 fill)

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Cell Stimulants And Proliferants		
ALTRENO TOPICAL LOTION 0.05 %	Non-Formulary	
ATRALIN TOPICAL GEL 0.05 %	Non-Formulary	
avita topical cream 0.025 %	1A	PA; QL (45 GM per 30 days)
avita topical gel 0.025 %	1A	PA; QL (45 GM per 30 days)
clindamycin-tretinoin topical gel 1.2-0.025 %	Non-Formulary	
REGRANEX TOPICAL GEL 0.01 %	3	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); AG (Max 30 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	Non-Formulary	QL (Quantity Limits Apply); AG (Max 30 Years)
RETIN-A TOPICAL CREAM 0.025 %	Non-Formulary	QL (45 GM per 30 days); AG (Max 30 Years)
RETIN-A TOPICAL CREAM 0.05 %, 0.1 %	Non-Formulary	AG (Max 30 Years)
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Non-Formulary	QL (45 GM per 30 days); AG (Max 30 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	Non-Formulary	QL (45 GM per 30 days)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Non-Formulary	QL (50 GM per 30 days)
tretinoin microspheres topical gel with pump 0.08 %	Non-Formulary	
tretinoin topical cream 0.025 %, 0.1 %	1A	PA; QL (45 GM per 30 days)
tretinoin topical cream 0.05 %	1A	PA; QL (45 GM per 1 Fill)
tretinoin topical gel 0.01 %, 0.025 %	1A	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)
Corticosteroids (Skin, Mucous Membrane)		
ALA-CORT TOPICAL CREAM 1 %	1A	
ALA-SCALP TOPICAL LOTION 2 %	Non-Formulary	
alclometasone topical cream 0.05 %	1A	
alclometasone topical ointment 0.05 %	1A	

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ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	Non-Formulary	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	Non-Formulary	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Non-Formulary	
anti-itch (hc) topical ointment 1 %	1A	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	1A	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	
APEXICON E TOPICAL CREAM 0.05 %	Non-Formulary	QL (1 gram per 1 day)
betamethasone dipropionate topical cream 0.05 %	1A	QL (60 GM per 1 fill)
betamethasone dipropionate topical lotion 0.05 %	1A	QL (60 ML per 1 fill)
betamethasone dipropionate topical ointment 0.05 %	1A	QL (2 GM per 1 day)
betamethasone valerate topical cream 0.1 %	1	QL (60 GM per 1 fill)
betamethasone valerate topical foam 0.12 %	Non-Formulary	
betamethasone valerate topical lotion 0.1 %	1A	QL (60 ML per 1 fill)
betamethasone valerate topical ointment 0.1 %	1A	QL (60 GM per 1 fill)
betamethasone, augmented topical cream 0.05 %	1	QL (60 GM per 1 fill)
betamethasone, augmented topical lotion 0.05 %	1A	QL (60 ML per 1 fill)
betamethasone, augmented topical ointment 0.05 %	1A	QL (60 GM per 1 fill)
BRYHALI TOPICAL LOTION 0.01 %	Non-Formulary	QL (Quantity Limits Apply)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1A	QL (60 GM per 30 days)
calcipotriene-betamethasone topical suspension 0.005-0.064 %	Non-Formulary	
CAPEX TOPICAL SHAMPOO 0.01 %	Non-Formulary	QL (Quantity Limits Apply)
clobetasol scalp solution 0.05 %	1A	QL (60 ML per 30 days)
clobetasol topical cream 0.05 %	1A	QL (2.1 GM per 1 day)
clobetasol topical foam 0.05 %	1A	
clobetasol topical gel 0.05 %	Non-Formulary	

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clobetasol topical lotion 0.05 %	1A	
clobetasol topical ointment 0.05 %	1A	
clobetasol topical shampoo 0.05 %	1A	QL (118 ML per 30 days)
clobetasol topical spray,non-aerosol 0.05 %	1A	QL (4.2 ML per 1 day)
clobetasol-emollient topical cream 0.05 %	1A	
CLOBEX TOPICAL LOTION 0.05 %	Non-Formulary	
CLOBEX TOPICAL SHAMPOO 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	Non-Formulary	
clocortolone pivalate topical cream 0.1 %	Non-Formulary	
clotrimazole-betamethasone topical cream 1-0.05 %	1A	
clotrimazole-betamethasone topical lotion 1-0.05 %	1A	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Non-Formulary	
CORDRAN TOPICAL CREAM 0.05 %	Non-Formulary	
CORDRAN TOPICAL LOTION 0.05 %	Non-Formulary	
CORDRAN TOPICAL OINTMENT 0.05 %	Non-Formulary	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	Non-Formulary	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Non-Formulary	QL (Quantity Limits Apply)
CORTIZONE-10 TOPICAL OINTMENT 1 %	Non-Formulary	
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	Non-Formulary	
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	Non-Formulary	
desonide topical cream 0.05 %	1A	
desonide topical lotion 0.05 %	1A	
desonide topical ointment 0.05 %	1A	QL (2 GM per 1 day)
DESOWEN TOPICAL CREAM 0.05 %	Non-Formulary	
desoximetasone topical cream 0.05 %	Non-Formulary	
desoximetasone topical cream 0.25 %	1A	QL (15 GM per 30 days)

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desoximetasone topical ointment 0.05 %, 0.25 %	Non-Formulary	
desoximetasone topical spray,non-aerosol 0.25 %	Non-Formulary	
diflorasone topical cream 0.05 %	1A	PA; QL (30 GM per 30 days)
diflorasone topical ointment 0.05 %	1A	PA; QL (15 GM per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Non-Formulary	
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)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Non-Formulary	QL (Quantity Limits Apply)
fluocinolone and shower cap scalp oil 0.01 %	1A	
fluocinolone topical cream 0.01 %, 0.025 %	1A	
fluocinolone topical oil 0.01 %	1A	
fluocinolone topical ointment 0.025 %	1A	
fluocinolone topical solution 0.01 %	1A	
fluocinonide topical cream 0.05 %, 0.1 %	1A	QL (60 GM per 30 days)
fluocinonide topical gel 0.05 %	1A	QL (60 GM per 30 days)
fluocinonide topical ointment 0.05 %	1A	QL (90 GM per 30 days)
fluocinonide topical solution 0.05 %	1A	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1A	QL (60 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	1A	QL (60 GM per 30 days)
flurandrenolide topical cream 0.05 %	Non-Formulary	
flurandrenolide topical lotion 0.05 %	Non-Formulary	
flurandrenolide topical ointment 0.05 %	Non-Formulary	
fluticasone propionate topical cream 0.05 %	1A	
fluticasone propionate topical lotion 0.05 %	1A	
fluticasone propionate topical ointment 0.005 %	1A	
halcinonide topical cream 0.1 %	Non-Formulary	
halobetasol propionate topical cream 0.05 %	1A	

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halobetasol propionate topical foam 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
halobetasol propionate topical ointment 0.05 %	1A	
HALOG TOPICAL CREAM 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
HALOG TOPICAL OINTMENT 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
HALOG TOPICAL SOLUTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
hemmorex-hc rectal suppository 25 mg	1A	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1A	
hydrocortisone butyrate topical ointment 0.1 %	Non-Formulary	
hydrocortisone butyr-emollient topical cream 0.1 %	Non-Formulary	
hydrocortisone rectal enema 100 mg/60 ml	1A	
hydrocortisone topical cream 1 %, 2.5 %	1A	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1A	
hydrocortisone topical lotion 2.5 %	1A	
hydrocortisone topical ointment 1 %, 2.5 %	1A	
hydrocortisone valerate topical cream 0.2 %	1A	
hydrocortisone valerate topical ointment 0.2 %	Non-Formulary	
hydrocortisone-aloe vera topical cream 1 %	Non-Formulary	
hydrocortisone-iodoquinol topical cream 1-1 %	1A	
hydrocortisone-pramoxine rectal cream 1-1 %	1	QL (60 gm per 30 days)
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1A	QL (60 gm per 30 days)
hydrocortisone-pramoxine topical cream 2.5-1 %	1A	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
LEXETTE TOPICAL FOAM 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1A	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Non-Formulary	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1A	

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lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1A	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Non-Formulary	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Non-Formulary	
LOCOID TOPICAL LOTION 0.1 %	Non-Formulary	
LUXIQ TOPICAL FOAM 0.12 %	Non-Formulary	
mometasone topical cream 0.1 %	1A	
mometasone topical ointment 0.1 %	1A	
mometasone topical solution 0.1 %	1A	
OLUX TOPICAL FOAM 0.05 %	Non-Formulary	
OLUX-E TOPICAL FOAM 0.05 %	Non-Formulary	
oralone dental paste 0.1 %	1A	
PRAMOSONE TOPICAL CREAM 2.5-1 %	Non-Formulary	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Non-Formulary	QL (Quantity Limits Apply)
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	
prednicarbate topical cream 0.1 %	1A	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Non-Formulary	
PROCTOCORT TOPICAL CREAM 1 %	Non-Formulary	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
procto-med hc topical cream with perineal applicator 2.5 %	1A	
proctosol hc topical cream with perineal applicator 2.5 %	1A	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-Formulary	

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SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
SYNALAR TOPICAL CREAM 0.025 %	Non-Formulary	
SYNALAR TOPICAL OINTMENT 0.025 %	Non-Formulary	
SYNALAR TOPICAL SOLUTION 0.01 %	Non-Formulary	
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	Non-Formulary	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Non-Formulary	
TEMOVATE TOPICAL OINTMENT 0.05 %	Non-Formulary	
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	Non-Formulary	
TOPICORT TOPICAL GEL 0.05 %	Non-Formulary	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	Non-Formulary	
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	Non-Formulary	
triamcinolone acetonide dental paste 0.1 %	1A	
triamcinolone acetonide topical aerosol 0.147 mg/gram	Non-Formulary	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1A	MDL
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1A	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1A	
triamcinolone acetonide topical ointment 0.05 %	Non-Formulary	
TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	
TRIDERM TOPICAL CREAM 0.1 %	Non-Formulary	
ULTRAVATE TOPICAL LOTION 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
VERDESO TOPICAL FOAM 0.05 %	3	PA; QL (3.4 GM per 1 day)
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	

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Depigmenting Agents		
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %	Non-Formulary	QL (Quantity Limits Apply)
Emollients, Demulcents, And Protectants		
CELACYN TOPICAL GEL WITH PUMP	Non-Formulary	
Hydroxypyridones (Skin, Mucous Membrane)		
CICLODAN KIT TOPICAL SOLUTION 8 %	Non-Formulary	
CICLODAN TOPICAL CREAM 0.77 %	Non-Formulary	
ciclodan topical solution 8 %	1A	
ciclopirox topical cream 0.77 %	1A	
ciclopirox topical gel 0.77 %	1A	
ciclopirox topical shampoo 1 %	1A	
ciclopirox topical solution 8 %	1A	MDL
ciclopirox topical suspension 0.77 %	1A	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	Non-Formulary	
Keratolytic Agents		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	
AVAR LS TOPICAL CLEANSER 10-2 %	Non-Formulary	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	1A	
avar-e green topical cream 10-5 % (w/w)	1A	
AVAR-E LS TOPICAL CREAM 10-2 %	Non-Formulary	
avar-e topical cream 10-5 % (w/w)	1A	
benzepro topical towelette 6 %	1A	
benzoyl peroxide topical gel 10 %	1A	
bp 10-1 topical cleanser 10-1 %	1A	
CICLODAN KIT TOPICAL SOLUTION 8 %	Non-Formulary	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1A	QL (Quantity Limits Apply); MDL

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clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Non-Formulary	
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	
KERALYT RX TOPICAL GEL 6 %	Non-Formulary	
METDRAY TOPICAL GEL 17-2 %	Non-Formulary	QL (1 Pump per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	1A	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)
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	
SALICATE TOPICAL LIQUID 10 %	Non-Formulary	QL (30 ML per 30 days)
salicylic acid topical cream 6 %	1A	
salicylic acid topical cream,extended release 6 %	1A	
salicylic acid topical film forming liquid w/appl 27.5 %	1A	
salicylic acid topical foam 6 %	1A	
salicylic acid topical gel 6 %	1A	
salicylic acid topical lotion 6 %	1A	
salicylic acid topical lotion,extended release 6 %	1A	
salicylic acid topical ointment 3 %	Non-Formulary	
salicylic acid topical shampoo 6 %	1A	
salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %	Non-Formulary	
SALVAX TOPICAL FOAM 6 %	Non-Formulary	
silver nitrate topical solution 10 %	1A	
sss 10-5 topical cream 10-5 % (w/w)	1A	

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sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %	Non-Formulary	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %	1A	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1A	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1A	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1A	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	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	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	Non-Formulary	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	Non-Formulary	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	
urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %	1A	
urea topical lotion 40 %	1A	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	Non-Formulary	
Keratoplastic Agents		
DRITHOCREME HP TOPICAL CREAM 1 %	1A	

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Local Anti-Infectives, Miscellaneous		
AVAR LS TOPICAL CLEANSER 10-2 %	Non-Formulary	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	1A	
avar-e green topical cream 10-5 % (w/w)	1A	
AVAR-E LS TOPICAL CREAM 10-2 %	Non-Formulary	
avar-e topical cream 10-5 % (w/w)	1A	
bp 10-1 topical cleanser 10-1 %	1A	
FEM PH VAGINAL GEL 0.9-0.025 %	1A	
hydrocortisone-iodoquinol topical cream 1-1 %	1A	
KLARON TOPICAL SUSPENSION 10 %	Non-Formulary	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Non-Formulary	
OVACE PLUS TOPICAL CLEANSER 10 %	Non-Formulary	
OVACE PLUS TOPICAL CREAM 10 %	Non-Formulary	
OVACE PLUS TOPICAL LOTION 9.8 %	Non-Formulary	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	Non-Formulary	
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 %	3	
selenium sulfide topical lotion 2.5 %	1A	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1A	
SILVADENE TOPICAL CREAM 1 %	Non-Formulary	
silver nitrate topical solution 0.5 %, 25 %, 50 %	1A	
silver sulfadiazine topical cream 1 %	1A	
ssd topical cream 1 %	1A	
sss 10-5 topical cream 10-5 % (w/w)	1A	
sulfacetamide sodium (acne) topical suspension 10 %	1A	

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sulfacetamide sodium topical cleanser 10 %	1A	
sulfacetamide sodium topical cleanser, gel 10 %	1A	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %	Non-Formulary	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %	1A	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1A	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1A	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1A	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Non-Formulary	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
SULFAMYLON TOPICAL PACKET 50 GRAM	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	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	Non-Formulary	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	Non-Formulary	
ULESFIA TOPICAL LOTION 5 %	3	QL (227 GM per 7 days)
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	

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diclofenac epolamine transdermal patch 12 hour 1.3 %	Non-Formulary	
diclofenac sodium topical drops 1.5 %	1A	
diclofenac sodium topical gel 1 %	1A	QL (10 GM per 1 day)
diclofenac sodium topical gel 3 %	1A	QL (100 GM per 30 days)
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	QL (12.9 grams per 1 day)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
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)
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	Non-Formulary	
Oxaboroles		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Non-Formulary	QL (Quantity Limits Apply)
tavaborole topical solution with applicator 5 %	Non-Formulary	
Pigmenting Agents		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1A	PA; QL (1 CAPSULE per 1 day)
Polyenes (Skin And Mucous Membrane)		
nyamyc topical powder 100,000 unit/gram	1A	
nystatin topical cream 100,000 unit/gram	1A	
nystatin topical ointment 100,000 unit/gram	1A	
nystatin topical powder 100,000 unit/gram	1A	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1A	QL (1.4 GM per 1 day)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1A	QL (1.4 GM per 1 day)
nystop topical powder 100,000 unit/gram	1A	

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Scabicides And Pediculicides		
ELIMITE TOPICAL CREAM 5 %	Non-Formulary	
EURAX TOPICAL CREAM 10 %	2	QL (2 GRAM per 1 day)
EURAX TOPICAL LOTION 10 %	2	QL (454 GM per 30 days)
ivermectin topical lotion 0.5 %	1A	
malathion topical lotion 0.5 %	1A	
OVIDE TOPICAL LOTION 0.5 %	Non-Formulary	
permethrin topical cream 5 %	1A	QL (60 GM per 7 days)
spinosad topical suspension 0.9 %	1A	
ULESFIA TOPICAL LOTION 5 %	3	QL (227 GM per 7 days)
Skin And Mucous Membrane Agents, Misc.		
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)
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1A	QL (2 capsules per 1 day)
ACZONE TOPICAL GEL 5 %	Non-Formulary	QL (2.1 GM per 1 day)
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Non-Formulary	QL (2.1 GM per 1 day)
adapalene topical cream 0.1 %	1A	PA; QL (45 GM per 30 days); AG (Max 30 Years)
adapalene topical gel 0.1 %, 0.3 %	1A	PA; MDL; QL (45 GM per 30 days); AG (Max 30 Years)
adapalene topical gel with pump 0.3 %	1A	PA; QL (45 GM per 30 days); AG (Max 30 Years)
adapalene topical lotion 0.1 %	Non-Formulary	AG (Max 30 Years)
adapalene topical solution 0.1 %	Non-Formulary	AG (Max 30 Years)
adapalene topical swab 0.1 %	Non-Formulary	AG (Max 30 Years)
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1A	PA; QL (45 GM per 30 days); AG (Max 30 Years)

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ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
AKLIEF TOPICAL CREAM 0.005 %	Non-Formulary	QL (Quantity Limits Apply)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1A	QL (2 capsules per 1 day)
ARAZLO TOPICAL LOTION 0.045 %	Non-Formulary	QL (Quantity Limits Apply)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	BB	PA
azelaic acid topical gel 15 %	1A	
AZELEX TOPICAL CREAM 20 %	3	PA; QL (1 GM per 1 day)
bexarotene topical gel 1 %	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 GM per 1 day)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112, Accredo: (800) 803-2523, Optum Specialty: (877) 977-9118, AllianceRx (888) 347-3416, AcariaHealth: (800) 511-5144 ; 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, Accredo: (800) 803-2523, Optum Specialty: (877) 977-9118, AllianceRx (888) 347-3416, AcariaHealth: (800) 511-5144 ; up to a 30 day supply per fill); QL (2 ML per 56 days)
brimonidine topical gel with pump 0.33 %	1A	PA; QL (1 GM per 1 day)
calcipotriene scalp solution 0.005 %	1A	QL (60 ML per 30 days)
calcipotriene topical cream 0.005 %	1A	MDL; QL (60 GM per 30 days)

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calcipotriene topical ointment 0.005 %	1A	QL (60 GM per 30 days)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1A	QL (60 GM per 30 days)
calcipotriene-betamethasone topical suspension 0.005-0.064 %	Non-Formulary	
calcitriol topical ointment 3 mcg/gram	Non-Formulary	
CARAC TOPICAL CREAM 0.5 %	Non-Formulary	
claravis oral capsule 10 mg	1A	QL (2 capsules per 1 day)
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1A	QL (2 capsules per 1 day)
CONDYLOX TOPICAL GEL 0.5 %	Non-Formulary	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 syringes per 30 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4A	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	
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Non-Formulary	
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.07 ML per 1 day)
dapsone topical gel 5 %	1A	PA; QL (2.1 GM per 1 day)
dapsone topical gel with pump 7.5 %	1A	PA; QL (2.1 GM per 1 day)
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	3	
DIFFERIN TOPICAL CREAM 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL 0.1 %	Non-Formulary	

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DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	Non-Formulary	
DIFFERIN TOPICAL LOTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Non-Formulary	
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)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4A	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	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.15 ml per 1 day)
EFUDEX TOPICAL CREAM 5 %	Non-Formulary	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	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 SOLUTION 25 MG/0.5 ML	4	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)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 syringes per 30 days)

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ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 ML per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Non-Formulary	QL (Quantity Limits Apply)
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	Non-Formulary	QL (Quantity Limits Apply)
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	Non-Formulary	QL (Quantity Limits Apply)
FABIOR TOPICAL FOAM 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
FINACEA TOPICAL FOAM 15 %	Non-Formulary	QL (Quantity Limits Apply)
FINACEA TOPICAL GEL 15 %	Non-Formulary	QL (50 GM per 30 days)
FLUOROPLEX TOPICAL CREAM 1 %	2	
fluorouracil topical cream 0.5 %	Non-Formulary	
fluorouracil topical cream 5 %	1A	
fluorouracil topical solution 2 %, 5 %	1A	
HYFTOR TOPICAL GEL 0.2 %	Non-Formulary	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 90 days)
imiquimod topical cream in packet 3.75 %	1A	
imiquimod topical cream in packet 5 %	1A	QL (1 box per 30 days)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	BB	PA
infliximab intravenous recon soln 100 mg	BB	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1A	QL (2 capsules per 1 day)
isotretinoin oral capsule 25 mg, 35 mg	1A	

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KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 packets per 1 month)
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	BB	PA
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1A	
minoxidil topical solution 2 %, 5 %	Non-Formulary	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Non-Formulary	QL (1 GM 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); QL (2 GRAM per 1 day)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
OTEZLA ORAL TABLET 30 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 tablets per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 365 days)
PANRETIN TOPICAL GEL 0.1 %	3	
pimecrolimus topical cream 1 %	1A	QL (30 GM per 30 days)
PODOCON TOPICAL LIQUID 25 %	1A	
podofilox topical solution 0.5 %	1A	
QBREXZA TOPICAL TOWELETTE 2.4 %	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 packet per 1 day)
QUTENZA TOPICAL KIT 8 %	BB	PA

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RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	QL (30 GM per 90 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	BB	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	BB	PA; QL (5 vials per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (30GM per fill, 2 fills per 30 days)
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4A	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.012 ML per 1 day)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.012 ML per 1 day)
SOOLANTRA TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
SORILUX TOPICAL FOAM 0.005 %	Non-Formulary	QL (Quantity Limits Apply)
SOTYKTU ORAL TABLET 6 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	BB	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	BB	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4A	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)

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STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4A	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)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4A	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)
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	Non-Formulary	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Non-Formulary	
tacrolimus topical ointment 0.03 %, 0.1 %	1A	
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)
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)
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)
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)
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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tazarotene topical cream 0.1 %	1A	PA; MDL; QL (1 GM per 1 day)
tazarotene topical gel 0.05 %, 0.1 %	1A	PA; QL (1 GM per 1 day)
TAZORAC TOPICAL CREAM 0.05 %	3	PA; QL (30 GM per 30 days)
TAZORAC TOPICAL CREAM 0.1 %	Non-Formulary	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Non-Formulary	QL (1 GM per 1 day)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4A	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	4A	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)
VALCHLOR TOPICAL GEL 0.016 %	4	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 GM per 1 fill)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	Non-Formulary	QL (Quantity Limits Apply)
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL (60 GM per 365 days)
VTAMA TOPICAL CREAM 1 %	Non-Formulary	
WINLEVI TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	BB	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1A	QL (2 capsules per 1 day)
ZORYVE TOPICAL CREAM 0.3 %	Non-Formulary	
Sunscreen Agents		
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % - SPF 25	Non-Formulary	

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SMOOTH MUSCLE RELAXANTS		
Antimuscarinics		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1A	QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	Non-Formulary	QL (1 capsule per 1 day)
DETROL ORAL TABLET 1 MG	Non-Formulary	
DETROL ORAL TABLET 2 MG	Non-Formulary	QL (2 tablets per 1 day)
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Non-Formulary	
flavoxate oral tablet 100 mg	1A	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Non-Formulary	QL (Quantity Limits Apply)
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	MDL; QL (2 tablets per 1 day)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1A	MDL; QL (90 tablets per 30 days)
solifenacin oral tablet 10 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1A	MDL; QL (1 capsule per 1 day)
tolterodine oral tablet 1 mg	1A	MDL
tolterodine oral tablet 2 mg	1A	MDL; QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 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.)
trospium oral capsule,extended release 24hr 60 mg	1A	QL (1 capsule per 1 day)
trospium oral tablet 20 mg	1A	
VESICARE ORAL TABLET 10 MG, 5 MG	Non-Formulary	
Respiratory Smooth Muscle Relaxants		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	

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DRUG NAME	DRUG TIER	NOTES
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
theophylline oral elixir 80 mg/15 ml	1A	
theophylline oral solution 80 mg/15 ml	1A	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1A	MDL
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	MDL
Selective Beta-3-Adrenergic Agonists		
GEMTESA ORAL TABLET 75 MG	Non-Formulary	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	3	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, 50 MG	3	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin)
VITAMINS		
Multivitamin Preparations		
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	1A	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL

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COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	1A	MDL
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG, 1 MG	1A	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.)
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 1 MG	1A	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)
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	
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg	1A	

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PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
PNV-SELECT ORAL TABLET 27-1 MG	1	MDL
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	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	3	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 vit no.179-iron-folic oral tablet 28 mg iron-800 mcg	1A	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg	3	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)

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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	1A	MDL
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	1A	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	1A	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	MDL
V-C FORTE ORAL CAPSULE 1 MG	1A	MDL
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
Vitamin B Complex		
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	1A	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1A	

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DIALYVITE ORAL TABLET 100-1 MG	3	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1A	PA; QL (120 tablets per 30 days)
FOLBEE ORAL TABLET 2.5-25-1 MG	1A	MDL
FOLBEE PLUS ORAL TABLET 5 MG	1A	
FOLBIC ORAL TABLET 2.5-25-2 MG	1A	MDL
folic acid injection solution 5 mg/ml	0	
folic acid oral capsule 0.8 mg	3	
folic acid oral tablet 1 mg	1	MDL
folic acid oral tablet 400 mcg, 800 mcg	1A	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	3	MDL
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	1A	
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	1A	
MYNEPHROCAPS ORAL CAPSULE 1 MG	1A	
MYNEPHRON ORAL CAPSULE 1 MG	1A	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY	3	PA; QL (0.14 ml per 1 day)
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
NEPHRONEX-SL ORAL TABLET,DISINTEGRATING 800-2,000 MCG-UNIT	1	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	Non-Formulary	

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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	
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg	1A	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	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	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	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

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PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	3	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 vit no.179-iron-folic oral tablet 28 mg iron-800 mcg	1A	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg	3	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)
PRIMACARE ORAL CAPSULE 30-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
RENAL CAPS ORAL CAPSULE 1 MG	1A	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	3	
RENO CAPS ORAL CAPSULE 1 MG	1A	

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SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	MDL
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	1A	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	1A	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	MDL
TRIPHROCAPS ORAL CAPSULE 1 MG	1A	
V-C FORTE ORAL CAPSULE 1 MG	1A	MDL
VIRT-CAPS ORAL CAPSULE 1 MG	Non-Formulary	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
Vitamin C		
DIALYVITE ORAL TABLET 100-1 MG	3	
FOLBEE PLUS ORAL TABLET 5 MG	1A	
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	1A	
MYNEPHROCAPS ORAL CAPSULE 1 MG	1A	
MYNEPHRON ORAL CAPSULE 1 MG	1A	
NEPHRONEX-SL ORAL TABLET,DISINTEGRATING 800-2,000 MCG-UNIT	1	
RENAL CAPS ORAL CAPSULE 1 MG	1A	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	3	
RENO CAPS ORAL CAPSULE 1 MG	1A	
TRIPHROCAPS ORAL CAPSULE 1 MG	1A	
VIRT-CAPS ORAL CAPSULE 1 MG	Non-Formulary	
Vitamin D		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1A	MDL
calcitriol oral solution 1 mcg/ml	1A	MDL

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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)	1A	
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)	1A	
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)	1A	
cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit), 25 mcg (1,000 unit)	1A	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1A	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Non-Formulary	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	MDL
ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)	1	
ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit), 50 mcg (2,000 unit)	Non-Formulary	
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	2	ST (Step Therapy Required- Tried and failed 90 days treatment of alendronate or ibandronate); QL (4 tablet per 30 days)
NEPHRONEX-SL ORAL TABLET,DISINTEGRATING 800-2,000 MCG-UNIT	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1A	QL (2 capsules per 1 day)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Non-Formulary	QL (Quantity Limits Apply)
REPLESTA ORAL WAFER 1,250 MCG (50,000 UNIT)	1A	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	Non-Formulary	

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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)	1A	
VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	1A	
VITAMIN D3 ORAL TABLET,CHEWABLE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT)	1A	
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)
Vitamin K Activity		
MEPHYTON ORAL TABLET 5 MG	Non-Formulary	QL (Quantity Limits Apply)
phytonadione (vitamin k1) oral tablet 5 mg	Non-Formulary	

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