

# Commercial Health Plans 2024 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, 2024. 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  
1414 E Maple Rd Troy, MI 48083

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

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDOTE THERAPEUTICS</b>		
<b>Acetaminophen Antidote</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1A	QL (12 ML per 1 day)
<b>Alcohol Deterrents (91:02)</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1A	QL (6 tablets per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1A	MDL
<b>Antidote Therapeutics</b>		
ANASPAZ ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL (1 kit per 1 fill)
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1A	
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 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Non-Formulary	

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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AG= Age Restriction

DRUG NAME	DRUG TIER	NOTES
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1A	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1A	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1A	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1A	
<i>hyosyne oral drops 0.125 mg/ml</i>	1A	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1A	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Non-Formulary	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Non-Formulary	
LEVSIN ORAL TABLET 0.125 MG	Non-Formulary	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	Non-Formulary	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	7	
<i>naloxone injection solution 0.4 mg/ml</i>	1A	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1A	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1A	QL (2 doses per 90 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Non-Formulary	QL (2 doses per 90 days)
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
<i>penicillamine oral capsule 250 mg</i>	Non-Formulary	
<i>penicillamine oral tablet 250 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Non-Formulary	
STRONG IODINE ORAL SOLUTION 5 %	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1A	
<b>Antidotes (91:04)</b>		
ANEXXA INTRAVENOUS RECON SOLN 200 MG	BB	
<b>Chemotherapy Antidotes/Protectants</b>		
COSELA INTRAVENOUS RECON SOLN 300 MG	BB	PA
ELMIRON ORAL CAPSULE 100 MG	2	PA; QL (3 capsules per 1 day)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1A	MDL
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	BB	PA
MESNEX ORAL TABLET 400 MG	2	QL (6 tablets per 1 fill)
<b>Fluoropyrimidine Antidote</b>		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Non-Formulary	SP (Dispensed by Cardinal Specialty Pharmacy: (866) 677-4844; up to a 30 day supply per fill)
<b>Methemoglobinemia Antidote</b>		
<i>methylene blue (antidote) intravenous syringe 20 mg/2 ml (10 mg/ml) 1 %</i>	BB	
<b>ANTI-HISTAMINE DRUGS</b>		
<b>Ethanolamine Derivatives</b>		
<i>allergy relief(diphenhydramin) oral capsule 25 mg</i>	1A	
<i>banophen oral capsule 25 mg</i>	1A	
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-Formulary	
BENADRYL ORAL CAPSULE 25 MG	Non-Formulary	
<i>clemastine oral tablet 2.68 mg</i>	1A	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	7	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1A	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	1	
<b>First Gen. Antihist. Derivatives, Misc.</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1A	
<i>cyproheptadine oral tablet 4 mg</i>	1A	MDL

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<b>First Generation Antihistamines</b>		
<i>allergy relief(diphenhydramin) oral capsule 25 mg</i>	1A	
<i>banophen oral capsule 25 mg</i>	1A	
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-Formulary	
BENADRYL ORAL CAPSULE 25 MG	Non-Formulary	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1A	
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Non-Formulary	QL (40 ML per 1 Day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1A	
<i>clemastine oral tablet 2.68 mg</i>	1A	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1A	
<i>cyproheptadine oral tablet 4 mg</i>	1A	MDL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	7	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1A	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1A	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	1A	QL (Quantity Limits Apply); MDL
<i>hydroxyzine hcl oral tablet 25 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1A	MDL
<b>Other Antihistamines</b>		
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1A	QL (0.2 ML per 1 day)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Non-Formulary	QL (0.2 ML per 1 day)
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1A	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1A	QL (5 ML per 1 day)
<i>famotidine oral tablet 20 mg</i>	1	MDL; QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	MDL; QL (3 tablets per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1A	
PEPCID ORAL TABLET 20 MG	Non-Formulary	QL (4 tablets per 1 day)

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

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ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	1A	
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
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1A	MDL
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1A	
<i>cetirizine oral solution 1 mg/ml, 5 mg/5 ml</i>	1A	MDL
<i>cetirizine oral tablet 10 mg, 5 mg</i>	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)
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>desloratadine oral tablet 5 mg</i>	1A	MDL
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	1A	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1A	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1A	
<i>levocetirizine oral tablet 5 mg</i>	1A	MDL
LORADAMED ORAL TABLET 10 MG	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
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
<i>loratadine oral solution 5 mg/5 ml</i>	1A	QL (300 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	1A	MDL
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
QUZYTIR 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
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
ZYRTEC ORAL TABLET 10 MG	Non-Formulary	
<b>ANTI-INFECTIVE AGENTS</b>		
<b>1st Generation Cephalosporin Antibiotics</b>		
<i>cefadroxil oral capsule 500 mg</i>	1A	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1A	
<i>cefadroxil oral tablet 1 gram</i>	1A	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 3 gram/150 ml</i>	7	
<i>cefazolin injection recon soln 1 gram, 10 gram</i>	7	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1A	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	

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

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FLUMADINE ORAL TABLET 100 MG	Non-Formulary	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)
<i>rimantadine oral tablet 100 mg</i>	1A	
<b>Allylamine Antifungals</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	1A	MDL
<i>terbinafine hcl topical cream 1 %</i>	Non-Formulary	
<b>Amebicides</b>		
FLAGYL ORAL CAPSULE 375 MG	Non-Formulary	
HUMATIN ORAL CAPSULE 250 MG	3	QL (5ml per day, 14 days of treatment in 365 days.)
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i>	1A	
<i>metronidazole topical cream 0.75 %</i>	1A	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1A	
<i>metronidazole topical gel with pump 1 %</i>	1A	
<i>metronidazole topical lotion 0.75 %</i>	1A	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1A	
NORITATE TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	
<i>paromomycin oral capsule 250 mg</i>	1A	
ROSADAN TOPICAL CREAM 0.75 %	Non-Formulary	
ROSADAN TOPICAL GEL 0.75 %	Non-Formulary	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<b>Aminoglycoside Antibiotics</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	7	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>gentamicin injection solution 40 mg/ml</i>	7	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	7	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
HUMATIN ORAL CAPSULE 250 MG	3	QL (5ml per day, 14 days of treatment in 365 days.)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Non-Formulary	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Non-Formulary	
<i>neomycin oral tablet 500 mg</i>	1A	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1A	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1A	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1A	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1A	
<i>paromomycin oral capsule 250 mg</i>	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)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (280 ampules per 30 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (280 ampules per 30 days)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	7	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (280 ampules per 30 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1A	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	QL (1 tube per 1 fill)
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	BB	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>Aminomethylcyclines</b>		
NUZYRA ORAL TABLET 150 MG	Non-Formulary	QL (Quantity Limits Apply)

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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)
<b>Aminopenicillin Antibiotics</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1A	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1A	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	7	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	7	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	Non-Formulary	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	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)

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TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	Non-Formulary	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Non-Formulary	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	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)
<i>ivermectin oral tablet 3 mg</i>	1A	QL (8 tablets per 30 days, 2 fills per year)
<i>praziquantel oral tablet 600 mg</i>	1A	
STROMECTOL ORAL TABLET 3 MG	Non-Formulary	
<b>Antifungals, Miscellaneous</b>		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1A	
<i>griseofulvin microsize oral tablet 500 mg</i>	1A	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1A	
STRONG IODINE ORAL SOLUTION 5 %	1	
<b>Antileprosy Agents</b>		
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)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1A	
<i>dapsone topical gel 5 %</i>	1A	QL (2 GM per 1 day)
<i>dapsone topical gel with pump 7.5 %</i>	1A	QL (2 GM per 1 day)
<b>Antimalarials</b>		
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply)

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ARAKODA ORAL TABLET 100 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1A	QL (12 tablets per 30 days, 1 fill in 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1A	QL (9 tablets per 30 days, 1 fill in 180 days)
<i>avidoxy oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	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)
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)
<i>doxycycline hyclate oral capsule 100 mg</i>	1A	MDL
<i>doxycycline hyclate oral capsule 50 mg</i>	1A	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	1A	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	QL (1 Capsule per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1A	
<i>doxycycline monohydrate oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	1A	
<i>doxycycline monohydrate oral tablet 50 mg</i>	1A	QL (3 tablets per 1 day)
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Non-Formulary	

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<i>hydroxychloroquine oral tablet 200 mg</i>	1A	MDL; QL (6 tablets per 1 day)
<i>hydroxychloroquine oral tablet 300 mg</i>	Non-Formulary	QL (1 Tablets per 1 day)
KRINTAFEL ORAL TABLET 150 MG	Non-Formulary	
MALARONE ORAL TABLET 250-100 MG	Non-Formulary	QL (12 tablets per 30 days, 1 fill in 180 days)
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	Non-Formulary	QL (9 tablets per 30 days, 1 fill in 180 days)
<i>mefloquine oral tablet 250 mg</i>	1A	QL (5 tablets per 30 days, 1 fill in 180 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1A	MDL
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1A	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1A	
MONDOXYNE NL ORAL CAPSULE 100 MG	1A	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
MONODOX ORAL CAPSULE 75 MG	Non-Formulary	
<i>morgidox oral capsule 50 mg</i>	1A	QL (90 capsules per 30 days)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	QL (6 tablets per 1 day)
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	1A	
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (24 capsules per 1 day)
<i>pyrimethamine oral tablet 25 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
QUALAQUIN ORAL CAPSULE 324 MG	Non-Formulary	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1A	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1A	
<i>quinine sulfate oral capsule 324 mg</i>	1A	QL (42 capsules per 30 days)
SOVUNA ORAL TABLET 200 MG	Non-Formulary	QL (6 Tablets per 1 Day)
SOVUNA ORAL TABLET 300 MG	Non-Formulary	QL (1 Tablets per 1 Day)

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DRUG NAME	DRUG TIER	NOTES
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Antiprotozoals, Cryptosporidiosis</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA; QL (60 ML per 3 days)
ALINIA ORAL TABLET 500 MG	Non-Formulary	
<i>nitazoxanide oral tablet 500 mg</i>	1A	PA; QL (6 tablets per day, 14 days of therapy per 180 days)
<b>Antiprotozoals, Miscellaneous</b>		
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)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1A	
<i>dapsone topical gel 5 %</i>	1A	QL (2 GM per 1 day)
<i>dapsone topical gel with pump 7.5 %</i>	1A	QL (2 GM per 1 day)
LAMPIT ORAL TABLET 120 MG, 30 MG	Non-Formulary	
<b>Antiprotozoals, P Jirovecii Pneumonia</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i>	1A	QL (10 ML per Day. 21 Days of Treatment per 180 Days)
MEPRON ORAL SUSPENSION 750 MG/5 ML	Non-Formulary	
PENTAM INJECTION RECON SOLN 300 MG	Non-Formulary	
<i>pentamidine inhalation recon soln 300 mg</i>	Non-Formulary	QL (1 vial per 30 days, 21 days of therapy per 180 days)
<i>pentamidine injection recon soln 300 mg</i>	7	QL (1 vial per 30 days, 21 days of therapy per 180 days)
<b>Antiprotozoals, Nitroimidazole-Derivative</b>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1A	QL (20 tablets per 5 days)
<b>Antiretrovirals</b>		
SUNLENCA ORAL TABLET 300 MG	BB	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	BB	PA
<b>Antiretrovirals, Miscellaneous</b>		
TYBOST ORAL TABLET 150 MG	4A	QL (2 tablets per 1 day)

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<b>Antituberculosis Agents</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	7	
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1A	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Non-Formulary	
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Formulary	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1A	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	1A	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1A	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1A	
<i>cycloserine oral capsule 250 mg</i>	1A	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1A	
<i>isoniazid oral solution 50 mg/5 ml</i>	1A	
<i>isoniazid oral tablet 100 mg</i>	1A	MDL
<i>isoniazid oral tablet 300 mg</i>	1	MDL
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1A	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1A	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	
PRIFTIN ORAL TABLET 150 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1A	QL (4 tablets per 1 day)
<i>rifabutin oral capsule 150 mg</i>	1A	

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<i>rifampin oral capsule 150 mg, 300 mg</i>	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)
TRECTOR ORAL TABLET 250 MG	2	
<b>Antivirals, Miscellaneous</b>		
<i>foscarnet intravenous solution 24 mg/ml</i>	BB	PA
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Non-Formulary	
<b>Azole Antifungals</b>		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	7	QL (0.01mL per day, 90 days supply of therapy per 180 days); SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	3	QL (70 capsules per 30 days, 3 fills per year)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Non-Formulary	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	Non-Formulary	
EXTINA TOPICAL FOAM 2 %	Non-Formulary	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	7	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1A	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1A	
<i>itraconazole oral capsule 100 mg</i>	1A	

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<i>itraconazole oral solution 10 mg/ml</i>	1A	QL (300 ML per 16 days)
<i>ketoconazole oral tablet 200 mg</i>	1A	
<i>ketoconazole topical cream 2 %</i>	1A	
<i>ketoconazole topical foam 2 %</i>	Non-Formulary	
<i>ketoconazole topical shampoo 2 %</i>	1A	MDL
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Non-Formulary	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	Non-Formulary	
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	7	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1A	QL (105 EA per 1 Fill)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Non-Formulary	
SPORANOX ORAL CAPSULE 100 MG	Non-Formulary	
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 50 MG	Non-Formulary	
VIVJOA ORAL CAPSULE 150 MG	Non-Formulary	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1A	PA; QL (10 ml per 1 day)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1A	QL (60 tablets per 30 days)
XOLEGEL TOPICAL GEL 2 %	Non-Formulary	
<b>Bacitracin Antibiotics</b>		
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1A	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1A	
<b>Carbapenem Antibiotics</b>		
<i>ertapenem injection recon soln 1 gram</i>	7	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	7	

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<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	7	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
<b>Cmv Antivirals</b>		
LIVTENCITY ORAL TABLET 200 MG	4	PA; QL (4 Tablets per 1 Day)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	Non-Formulary	QL (24 ML per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Non-Formulary	QL (1 Tablet per 1 day)
<b>Coronavirus (Covid-19)</b>		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	4	PA; QL (5 days of treatment per 180 days)
<b>Cyclic Lipopeptide Antibiotics</b>		
<i>daptomycin in 0.9 % sod chlor intravenous piggyback 350 mg/50 ml, 500 mg/50 ml</i>	7	
<i>daptomycin intravenous recon soln 350 mg</i>	7	QL (10 ml per 7 days)
<i>daptomycin intravenous recon soln 500 mg</i>	7	QL (10 ML per 7 days)
<b>Echinocandin Antifungals</b>		
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	Non-Formulary	PA; QL (0.01 Vial per 1 day)
<i>caspofungin intravenous recon soln 50 mg</i>	7	QL (3 Vials per Day. 84 Days of Treatment in 180 Days)
<i>caspofungin intravenous recon soln 70 mg</i>	7	QL (2.15 Vials per Day. 84 Days of Treatment in 180 Days)
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	7	QL (1 Vial per Day. 42 Days of Treatment in 180 Days)
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	7	
<i>micafungin in 0.9 % sodium chl intravenous piggyback 150 mg/150 ml</i>	BB	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	7	QL (1 vial per 1 day)
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	Non-Formulary	

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<b>Endonuclease Inhibitors</b>		
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	3	QL (2 tablets per fill, 2 fills per 365 days)
<b>Erythromycin Antibiotics</b>		
BENZAMYCIN TOPICAL GEL 3-5 %	Non-Formulary	
E.E.S. 400 ORAL TABLET 400 MG	1A	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
<i>ery pads topical swab 2 %</i>	1A	
ERYGEL TOPICAL GEL 2 %	Non-Formulary	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Non-Formulary	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1A	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1A	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	1A	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1A	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1A	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1A	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1A	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1A	
<i>erythromycin with ethanol topical gel 2 %</i>	1A	
<i>erythromycin with ethanol topical solution 2 %</i>	1A	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1A	

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<b>Extended-Spectrum Penicillins</b>		
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	7	SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	BB	
<b>Glycopeptide Antibiotics</b>		
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	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/250 ml</i>	BB	
<i>vancomycin intravenous recon soln 1,000 mg, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	7	
<i>vancomycin intravenous recon soln 1.25 gram</i>	Non-Formulary	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1A	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	7	QL (0.01 Vial per 1 day)
<b>Glycylcycline Antibiotics</b>		
<i>tigecycline intravenous recon soln 50 mg</i>	7	QL (0.01 Vial per 1 day)
TYGACIL INTRAVENOUS RECON SOLN 50 MG	Non-Formulary	
<b>Hcv Polymerase Inhibitor Antivirals</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
SOVALDI ORAL TABLET 200 MG, 400 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VOSEVI ORAL TABLET 400-100-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Hcv Protease Inhibitor Antivirals</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
MAVYRET ORAL TABLET 100-40 MG	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)

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

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<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VOSEVI ORAL TABLET 400-100-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ZEPATIER ORAL TABLET 50-100 MG	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)
<b>Hiv Entry And Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4A	PA; QL (0.01 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	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)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	BB	PA
<b>Hiv Integrase Inhibitor Antiretrovirals</b>		
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)

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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 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)
VOCABRIA ORAL TABLET 30 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Hiv Nonnucleoside Rev.Transcrip. Inhib.</b>		
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)
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-Formulary	
EDURANT ORAL TABLET 25 MG	4	QL (2 tablets per 1 day)
<i>efavirenz oral tablet 600 mg</i>	1A	QL (1 tablet per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Non-Formulary	
<i>etravirine oral tablet 100 mg, 200 mg</i>	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)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1A	QL (2 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	1A	QL (2 tablets per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	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	

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SYMFI LO ORAL TABLET 400-300-300 MG	Non-Formulary	
SYMFI ORAL TABLET 600-300-300 MG	Non-Formulary	
<b>Hiv Nucleoside, Nucleotide Rt Inhibitors</b>		
<i>abacavir oral solution 20 mg/ml</i>	1A	QL (16 ML per 1 day)
<i>abacavir oral tablet 300 mg</i>	1A	QL (2 tablets per 1 day)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	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	
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-Formulary	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	PA; QL (1 tablet per 1 day)
DOVATO ORAL TABLET 50-300 MG	4	QL (1 tablet per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	QL (1 tablet per 1 day)
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Non-Formulary	
<i>emtricitabine oral capsule 200 mg</i>	Non-Formulary	QL (2 capsules per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	QL (1 tablet per 1 day)
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)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (1 tablet per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	1A	QL (2 ML per 1 day)
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1A	QL (2 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	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)

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RETROVIR ORAL SYRUP 10 MG/ML	Non-Formulary	QL (16 ML 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	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1A	QL (1 tablet 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)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Non-Formulary	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG	Non-Formulary	QL (1 tablet per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	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)
<i>zidovudine oral capsule 100 mg</i>	1A	QL (3 capsules per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	1A	QL (16 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	1A	QL (2 tablets per 1 day)
<b>Hiv Protease Inhibitor Antiretrovirals</b>		
APTIVUS ORAL CAPSULE 250 MG	4	QL (4 capsules per 1 day)
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1A	QL (2 capsules per 1 day)
<i>darunavir oral tablet 600 mg, 800 mg</i>	1A	QL (2 Tablets per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	4A	QL (1 tablet per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	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)

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<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1A	QL (320 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1A	
NORVIR ORAL TABLET 100 MG	Non-Formulary	QL (2 tablets per 1 day)
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	
<i>ritonavir oral tablet 100 mg</i>	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)
<b>Interferon Antivirals</b>		
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)
<b>Lincomycin Antibiotics</b>		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	Non-Formulary	
CLEOCIN INJECTION SOLUTION 150 MG/ML	Non-Formulary	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Non-Formulary	
CLEOCIN T TOPICAL LOTION 1 %	Non-Formulary	
CLEOCIN VAGINAL CREAM 2 %	Non-Formulary	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindacin etz topical swab 1 %</i>	1A	QL (4 swabs per 1 day)
<i>clindacin p topical swab 1 %</i>	1A	MDL; QL (4 swabs per 1 day)

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

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CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Non-Formulary	
<b>Monoclonal Antibodies (08:18)</b>		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	BB	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	BB	PA
<b>Natural Penicillin Antibiotics</b>		
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	BB	
<i>penicillin g potassium injection recon soln 20 million unit</i>	7	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT	7	
<b>Neuraminidase Inhibitor Antivirals</b>		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1A	QL (10 capsules per fill ; 2 fills per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	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)
<b>Nitroimidazole Derivatives, Misc</b>		
FLAGYL ORAL CAPSULE 375 MG	Non-Formulary	
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	

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<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i>	1A	
<i>metronidazole topical cream 0.75 %</i>	1A	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1A	
<i>metronidazole topical gel with pump 1 %</i>	1A	
<i>metronidazole topical lotion 0.75 %</i>	1A	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1A	
NORITATE TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	
ROSDAN TOPICAL CREAM 0.75 %	Non-Formulary	
ROSDAN TOPICAL GEL 0.75 %	Non-Formulary	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1A	
<b>Nucleoside And Nucleotide Antivirals</b>		
<i>acyclovir in 0.9 % sodium chl r intravenous piggyback 200 mg/100 ml</i>	BB	
<i>acyclovir oral capsule 200 mg</i>	1A	MDL
<i>acyclovir oral suspension 200 mg/5 ml</i>	1A	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MDL
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	7	
<i>acyclovir topical ointment 5 %</i>	1A	QL (30 GM per 30 days)
<i>adefovir oral tablet 10 mg</i>	4	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	
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)

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DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	PA; QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	QL (1 tablet per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1A	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	7	
HEPSERA ORAL TABLET 10 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	0	
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (1 tablet per 1 day)
<i>ribavirin oral capsule 200 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 Capsules per 1 day)
<i>ribavirin oral tablet 200 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 Tablets per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Non-Formulary	HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1A	MDL
VALCYTE ORAL RECON SOLN 50 MG/ML	Non-Formulary	
VALCYTE ORAL TABLET 450 MG	Non-Formulary	
<i>valganciclovir oral tablet 450 mg</i>	1A	QL (2 tablets per 1 day)
VALTREX ORAL TABLET 1 GRAM, 500 MG	Non-Formulary	

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VEMLIDY ORAL TABLET 25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	QL (5 GM per 30 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	Non-Formulary	
ZOVIRAX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
ZOVIRAX TOPICAL OINTMENT 5 %	Non-Formulary	
<b>Other Macrolide Antibiotics</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1A	
<i>azithromycin oral packet 1 gram</i>	1A	QL (2 packets per 30 days)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1A	QL (120 ML per 1 fill)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1A	QL (8 tablets per 1 fill)
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1A	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	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)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
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)

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ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Non-Formulary	QL (8 tablets per 1 fill)
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Non-Formulary	QL (8 tablets per 1 fill)
<b>Other Misc. Antibacterial Agents</b>		
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	Non-Formulary	
<b>Oxazolidinone Antibiotics</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1A	QL (840 ML per 14 days)
<i>linezolid oral tablet 600 mg</i>	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)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1A	
<i>nafcillin injection recon soln 2 gram</i>	7	
<b>Pleuromutilins</b>		
XENLETA ORAL TABLET 600 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Polyene Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Non-Formulary	
<i>amphotericin b injection recon soln 50 mg</i>	7	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	1A	
<i>nyamyc topical powder 100,000 unit/gram</i>	1A	
<i>nystatin oral suspension 100,000 unit/ml</i>	1A	
<i>nystatin oral tablet 500,000 unit</i>	1A	
<i>nystatin topical cream 100,000 unit/gram</i>	1A	
<i>nystatin topical ointment 100,000 unit/gram</i>	1A	
<i>nystatin topical powder 100,000 unit/gram</i>	1A	

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<i>nystop topical powder 100,000 unit/gram</i>	1A	
<b>Polymyxin Antibiotics</b>		
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	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)
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Non-Formulary	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Non-Formulary	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1A	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1A	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1A	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1A	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1A	
<b>Pyrimidine Antifungals</b>		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Non-Formulary	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4A	PA; QL (1 capsule per 1 day)
<b>Quinolone Antibiotics</b>		
BAXDELA ORAL TABLET 450 MG	Non-Formulary	QL (Quantity Limits Apply)
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	QL (14 applicators per 7 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Non-Formulary	

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CIPRO ORAL TABLET 250 MG, 500 MG	Non-Formulary	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1A	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1A	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1A	QL (14 applicators per 7 days)
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	1A	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	1A	QL (7.5 ML per 1 fill)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1A	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1A	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1A	QL (3 ML per 1 fill)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1A	QL (3 ML per 1 fill)
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Non-Formulary	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1A	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
<b>Rifamycin Antibiotics</b>		
PRIFTIN ORAL TABLET 150 MG	2	
<i>rifabutin oral capsule 150 mg</i>	1A	
<i>rifampin oral capsule 150 mg, 300 mg</i>	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	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (9 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
XIFAXAN ORAL TABLET 550 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)
<b>Siderophore Cephalosporins</b>		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	Non-Formulary	
<b>Sulfonamide Antibiotics (Systemic)</b>		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
AZULFIDINE ORAL TABLET 500 MG	Non-Formulary	
BACTRIM DS ORAL TABLET 800-160 MG	Non-Formulary	
BACTRIM ORAL TABLET 400-80 MG	Non-Formulary	
<i>sulfadiazine oral tablet 500 mg</i>	1A	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	7	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1A	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MDL
<i>sulfasalazine oral tablet 500 mg</i>	1A	MDL
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1A	MDL
<b>Tetracycline Antibiotics</b>		
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply)
<i>avidoxy oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	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)
<i>doxycycline hyclate oral capsule 100 mg</i>	1A	MDL

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<i>doxycycline hyclate oral capsule 50 mg</i>	1A	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	1A	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	QL (1 Capsule per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1A	
<i>doxycycline monohydrate oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	1A	
<i>doxycycline monohydrate oral tablet 50 mg</i>	1A	QL (3 tablets per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1A	MDL
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1A	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1A	
MONDOXYNE NL ORAL CAPSULE 100 MG	1A	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
MONODOX ORAL CAPSULE 75 MG	Non-Formulary	
<i>morgidox oral capsule 50 mg</i>	1A	QL (90 capsules per 30 days)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (24 capsules per 1 day)
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1A	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Non-Formulary	QL (2 Tablets per 1 day)
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Triterpenoids</b>		
BREXAFEMME ORAL TABLET 150 MG	Non-Formulary	

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<b>Urinary Anti-Infectives</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1A	QL (1 packet per 30 days)
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	
MACROBID ORAL CAPSULE 100 MG	Non-Formulary	
<i>methenamine hippurate oral tablet 1 gram</i>	1A	MDL
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1A	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1A	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1A	QL (Quantity Limits Apply)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1A	
<i>nitrofurantoin oral suspension 25 mg/5 ml, 50 mg/5 ml</i>	Non-Formulary	QL (10 ML per 1 day)
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1A	MDL
URELLE ORAL TABLET 81-10.8-40.8 MG	Non-Formulary	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1A	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Non-Formulary	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Non-Formulary	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>Antineoplastic Agents</b>		
<i>abiraterone oral tablet 250 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (120 tablets per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (60 tablets per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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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
ALTRENO TOPICAL LOTION 0.05 %	Non-Formulary	
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)
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
AMTAGVI INTRAVENOUS SUSPENSION 7.5 X 10EXP9 TO 72X 10EXP9 CELL	BB	
<i>anastrozole oral tablet 1 mg</i>	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)
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	BB	PA
ARIMIDEX ORAL TABLET 1 MG	Non-Formulary	
AROMASIN ORAL TABLET 25 MG	Non-Formulary	

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ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	BB	
ATRALIN TOPICAL GEL 0.05 %	Non-Formulary	
AUGTYRO ORAL CAPSULE 40 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (8 Capsules per 1 day)
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
<i>avita topical cream 0.025 %</i>	1A	PA; QL (45 GM per 30 days)
<i>avita topical gel 0.025 %</i>	1A	PA; QL (45 GM per 30 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	BB	
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; up to a 30 day supply per fill [HFHS Only].); QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (1 tablet per 1 day)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
BESPOLNSA 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 [HFHS Only].)

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<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	BB	PA
<i>bexarotene oral capsule 75 mg</i>	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)
<i>bexarotene topical gel 1 %</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 GM per 1 day)
<i>bicalutamide oral tablet 50 mg</i>	1A	
BLNREP 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)
BRAFTOVI ORAL CAPSULE 75 MG	4A	PA; 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)

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CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	BB	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	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	
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	BB	
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)
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)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	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

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<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	4A	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 Tablets per 1 Fill)
<i>dasatinib oral tablet 20 mg</i>	4A	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (90 Tablets per 1 Fill)
<i>dasatinib oral tablet 70 mg</i>	4A	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (60 Tablets per 1 Fill)
DAURISMO ORAL TABLET 100 MG	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)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	QL (1 capsule per 1 day)
EFUDEX TOPICAL CREAM 5 %	Non-Formulary	
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	BB	PA
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
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	BB	PA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	BB	PA

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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 240 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)
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)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (1 tablet per 1 day)
<i>erlotinib oral tablet 25 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 tablets per 1 day)
<i>etoposide oral capsule 50 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1A	QL (10 Tablets per 1 day)
EVOMELA INTRAVENOUS RECON SOLN 50 MG	BB	PA

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<i>exemestane oral tablet 25 mg</i>	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)
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	Non-Formulary	PA
FLUOROPLEX TOPICAL CREAM 1 %	2	
<i>fluorouracil topical cream 0.5 %</i>	Non-Formulary	
<i>fluorouracil topical cream 5 %</i>	1A	
<i>fluorouracil topical solution 2 %, 5 %</i>	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)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (21 Capsules per 28 days)
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

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<i>gefitinib oral tablet 250 mg</i>	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)
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	
<i>hydroxyurea oral capsule 500 mg</i>	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)

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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; 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)
<i>imatinib oral tablet 100 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (180 tablets per 30 days)
<i>imatinib oral tablet 400 mg</i>	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; up to a 30 day supply per fill); QL (4 Capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); 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, 280 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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IMBRUVICA ORAL TABLET 420 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)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	BB	
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)
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	Non-Formulary	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
IWILFIN ORAL TABLET 192 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)
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)

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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	Non-Formulary	
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Non-Formulary	QL (20 ML per 30 days)
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 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

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<i>lapatinib oral tablet 250 mg</i>	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)
LAZCLUZE ORAL TABLET 240 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)
LAZCLUZE ORAL TABLET 80 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)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	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 X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	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)
<i>letrozole oral tablet 2.5 mg</i>	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)
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	BB	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	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)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	BB	PA

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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 240 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	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)
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)

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DRUG NAME	DRUG TIER	NOTES
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 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	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
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)
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)
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)

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DRUG NAME	DRUG TIER	NOTES
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)
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1A	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1A	QL (175 ML per 30 days)
<i>megestrol oral tablet 20 mg, 40 mg</i>	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	4A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
<i>mercaptopurine oral tablet 50 mg</i>	1A	MDL
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1A	MDL
MONJUVI INTRAVENOUS RECON SOLN 200 MG	BB	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
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
<i>nelarabine intravenous solution 250 mg/50 ml</i>	BB	

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DRUG NAME	DRUG TIER	NOTES
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 capsules 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
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 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)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3.2 ML per 1 day)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (0.58 Tablets per 1 day)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (0.72 Tablet per 1 day)

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OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (0.86 Tablet per 1 day)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 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)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
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 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	BB	
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	BB	PA
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)
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 Onco360: (877) 622-6633 or Biologics: (800) 850-4306; up to a 30 day supply per fill); PF; QL (1 Tablet per 1 day)
ORSERDU ORAL TABLET 86 MG	4A	PA; SP (Dispensed by Onco360: (877) 622-6633 or Biologics: (800) 850-4306; up to a 30 day supply per fill); PF; QL (3 Tablets per 1 day)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Non-Formulary	QL (Quantity Limits Apply)

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<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	BB	
PADCEV INTRAVENOUS RECON SOLN 20 MG	BB	PA
<i>pazopanib oral tablet 200 mg</i>	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)
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)
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)
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)

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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)
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)
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

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RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	BB	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	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); 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); QL (3 tablets per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RUBRACA ORAL TABLET 250 MG, 300 MG	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
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
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	BB	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
SCEMBLIX ORAL TABLET 100 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 Tablet per 1 Day)

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SCSEMBLIX 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)
<i>sorafenib oral tablet 200 mg</i>	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	Non-Formulary	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	Non-Formulary	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	Non-Formulary	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)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	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)
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)

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SYLVANT INTRAVENOUS RECON SOLN 100 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
TAGRISSE 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)
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)
<i>tamoxifen oral tablet 10 mg</i>	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL
<i>tamoxifen oral tablet 20 mg</i>	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	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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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; up to a 30 day supply per fill); QL (8 tablets per 1 day)
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	BB	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	BB	PA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	BB	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	BB	
<i>temozolomide oral capsule 100 mg, 140 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Capsules per 1 day)
<i>temozolomide oral capsule 180 mg, 250 mg</i>	1A	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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<i>temozolomide oral capsule 20 mg, 5 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Capsules per 1 day)
TEPMETKO ORAL TABLET 225 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
TIBSOVO ORAL TABLET 250 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
TIVDAK INTRAVENOUS RECON SOLN 40 MG	BB	PA
<i>toremifene oral tablet 60 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); 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
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (8 capsule per 1 day)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)

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<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.1 %</i>	1A	PA; QL (45 GM per 30 days)
<i>tretinoin topical cream 0.05 %</i>	1A	PA; QL (45 GM per 1 Fill)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1A	PA; QL (45 GM per 30 days)
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
TRUQAP ORAL TABLET 160 MG, 200 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (64 Tablets per 28 days)
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 Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (4 Capsules per 1 day)
TYKERB ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (180 tablets per 1 fill)
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
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	BB	PA

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VENCLEXTA ORAL TABLET 10 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)
VENCLEXTA ORAL TABLET 100 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablet per 1 day)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	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 Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	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)
VORANIGO 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)

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VORANIGO ORAL TABLET 40 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)
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)
VYLOY INTRAVENOUS RECON SOLN 100 MG	BB	PA
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)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF; QL (2 Pellets per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)

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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)
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
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	BB	
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
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Non-Formulary	
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)

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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)
<b>ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES</b>		
<b>Allergenic Extracts (Therapeutic)</b>		
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	

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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	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Non-Formulary	QL (Quantity Limits Apply)
<b>Antitoxins And Immune Globulins</b>		
ALYGLO INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP (Dispensed by Fairlane HFHS Home Infusion: (800) 884-1474; up to a 30 day supply per fill)
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)

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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)
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)

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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, GREATER THAN 312 UNIT/ML (5 ML)	BB	
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 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)
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)
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)

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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
<b>Toxoids</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
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.)

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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.)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
<b>Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)

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BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 19 years and older.)
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ENGRIX-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)
ENGRIX-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)
ENGRIX-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 TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)

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FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); AG (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 years and older but less than 46 years.)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 years and older but less than 46 years.)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)

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

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MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to 6 years of age.)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
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 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 years and older.)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	0	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
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 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older.)
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.)

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VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
<b>AUTONOMIC DRUGS</b>		
<b>Alpha- And Beta-Adrenergic Agonists</b>		
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	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	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	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	

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<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>ephedrine sulfate intravenous solution 5 mg/ml, 50 mg/ml</i>	BB	
<i>ephedrine sulfate intravenous syringe 25 mg/5 ml (5 mg/ml)</i>	BB	
<i>ephedrine sulfate-0.9%nacl(pf) intravenous syringe 15 mg/3 ml (5 mg/ml)</i>	BB	
<i>epinephrine hcl in 0.9 % nacl intravenous solution 4 mg/250 ml (16 mcg/ml)</i>	BB	
<i>epinephrine in 0.9 % sod chlor intravenous solution 8 mg/250 ml (32 mcg/ml)</i>	BB	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	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)
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	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
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Non-Formulary	QL (0.2 ML per 30 days)
<i>norepinephrine bitart in water intravenous solution 2 mg/ml</i>	BB	
<i>norepinephrine bitartrate-nacl intravenous solution 32 mg/250 ml (128 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	BB	

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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)
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
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1A	MDL
<i>lofexidine oral tablet 0.18 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
LUCEMYRA ORAL TABLET 0.18 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	MDL
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Non-Formulary	QL (4 ML per 1 Day)
<i>phenylephrine hcl in 0.9% nacl intravenous solution 10 mg/250 ml (40 mcg/ml)</i>	BB	
<i>phenylephrine hcl in 0.9% nacl intravenous syringe 5 mg/50 ml (100 mcg/ml)</i>	BB	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1A	
<b>Antimuscarinics/Antispasmodics</b>		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Non-Formulary	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	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)

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DRUG NAME	DRUG TIER	NOTES
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
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)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	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)
<i>dicyclomine oral capsule 10 mg</i>	1	MDL; QL (8 capsules per 1 day)
<i>dicyclomine oral solution 10 mg/5 ml</i>	1A	
<i>dicyclomine oral tablet 20 mg</i>	1	MDL; QL (8 tablets per 1 day)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1A	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1A	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	QL (1 Inhaler per 28 days)
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1A	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Non-Formulary	PA; QL (0.01 ML per 1 day)
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	BB	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	4	PA; QL (5 ML per 1 day)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1A	MDL
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1A	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1A	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1A	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1A	

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<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1A	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1A	
<i>hyosyne oral drops 0.125 mg/ml</i>	1A	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	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)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1A	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	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	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1A	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1A	QL (4 patches per 1 fill)
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)
<i>symax-sl sublingual tablet 0.125 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1A	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1A	MDL; QL (1 Capsule per 1 day)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Non-Formulary	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	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)
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)
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1A	MDL
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1A	MDL
<i>amantadine hcl oral tablet 100 mg</i>	1A	MDL
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1A	MDL
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1A	MDL

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<b>Botulinum Toxins</b>		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	BB	
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	BB	PA
<b>Centrally Acting Skeletal Muscle Relaxant</b>		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	Non-Formulary	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1A	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1A	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1A	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Non-Formulary	
<i>chlorzoxazone oral tablet 500 mg</i>	1A	QL (4 Tablets per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1A	MDL
LORZONE ORAL TABLET 375 MG, 750 MG	Non-Formulary	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1A	
<i>methocarbamol oral tablet 1,000 mg</i>	Non-Formulary	QL (4 Tablets per 1 Day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1A	MDL
SOMA ORAL TABLET 250 MG, 350 MG	Non-Formulary	
TANLOR ORAL TABLET 1,000 MG	Non-Formulary	QL (4 Tablets per 1 Day)
<i>tizanidine oral capsule 2 mg</i>	1A	QL (10 tablets per 1 day)
<i>tizanidine oral capsule 4 mg</i>	1A	QL (9 tablets per 1 day)
<i>tizanidine oral capsule 6 mg</i>	1A	QL (6 tablets per 1 day)
<i>tizanidine oral tablet 2 mg</i>	1A	QL (10 tablets per 1 day)
<i>tizanidine oral tablet 4 mg</i>	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	
<b>Direct-Acting Skeletal Muscle Relaxants</b>		
DANTRIUM ORAL CAPSULE 25 MG	Non-Formulary	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1A	

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<b>Gaba-Derivative Skeletal Muscle Relaxant</b>		
<i>baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml)</i>	BB	PA
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (80 ML per 1 day)
<i>baclofen oral tablet 10 mg</i>	1A	MDL; QL (8 tablets per 1 day)
<i>baclofen oral tablet 15 mg</i>	Non-Formulary	QL (5 Tablets per 1 Day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	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)
<b>Indirect-Acting Skeletal Muscle Relaxant</b>		
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1A	MDL
<b>Neuromuscular Blocking Agents</b>		
<i>succinylcholine chloride intravenous syringe 200 mg/10 ml (20 mg/ml)</i>	BB	
<b>Non-Sel. Beta-Adrenergic Blocking Agents</b>		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Formulary	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	MDL
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Formulary	PA

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<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1A	MDL
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP (Dispensed by Maxor Specialty Pharmacy (866) 629-6779; up to a 30 day supply per fill)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Non-Formulary	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Non-Formulary	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	MDL
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	MDL
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	MDL

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<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1A	
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
<i>sotalol af oral tablet 160 mg</i>	1A	MDL
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1A	MDL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL
<b>Non-Sel.Alpha-Adrenergic Blocking Agents</b>		
DIBENZYLINE ORAL CAPSULE 10 MG	Non-Formulary	
<i>dihydroergotamine injection solution 1 mg/ml</i>	1A	PA; QL (0.01 ML per 1 day)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1A	PA; QL (8 vials per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1A	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1A	QL (24 tablets per 1 fill)
<i>phenoxybenzamine (bulk) powder</i>	Non-Formulary	
<i>phenoxybenzamine oral capsule 10 mg</i>	Non-Formulary	
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Non-Formulary	
<b>Parasympathomimetic (Cholinergic Agents)</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Non-Formulary	
ARICEPT ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)
ARICEPT ORAL TABLET 23 MG	Non-Formulary	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1A	MDL
<i>cevimeline oral capsule 30 mg</i>	1A	
<i>donepezil oral tablet 10 mg, 5 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>donepezil oral tablet 23 mg</i>	1A	MDL
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1A	
EVOXAC ORAL CAPSULE 30 MG	Non-Formulary	

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EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Non-Formulary	QL (1 patch per 1 day)
FIRDAPSE ORAL TABLET 10 MG	4A	PA; SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1A	
<i>galantamine oral solution 4 mg/ml</i>	1A	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1A	
MESTINON ORAL TABLET 60 MG	Non-Formulary	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Non-Formulary	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1A	MDL
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1A	MDL
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1A	PA; QL (5 ML per 1 day)
<i>pyridostigmine bromide oral tablet 60 mg</i>	1A	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1A	PA; QL (3 tablets per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1A	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1A	QL (1 patch per 1 day)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	Non-Formulary	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	PA; QL (2.5 ML per 30 Days)
<b>Selective Alpha-1-Adrenergic Block.Agent</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1A	MDL
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL

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

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AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Non-Formulary	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	QL (10.7 GM per 30 Days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Non-Formulary	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1A	MDL
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MDL
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1A	MDL
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	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)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1A	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)
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	
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	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)

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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)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	MDL; QL (60 GM per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1A	QL (4 vials per 1 day)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1A	MDL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1A	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	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)
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)

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STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Non-Formulary	QL (4 GM per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	QL (10.3 GM per 1 Fill)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	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	
<b>Selective Beta-Adrenergic Blocking Agent</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	MDL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	MDL
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1A	MDL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	MDL
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (10 ML per 1 fill)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL
CORGARD ORAL TABLET 80 MG	Non-Formulary	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	MDL
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	MDL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	MDL
<i>metoprolol tartrate oral tablet 75 mg</i>	1A	MDL

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<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	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	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1A	QL (60 tablets per fill, 6 fills per 365 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Non-Formulary	
<i>naltrexone oral tablet 50 mg</i>	1A	MDL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	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.)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	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.)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	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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<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	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
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	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 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	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	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.)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1A	QL (1 pack per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	BB	PA
<b>BLOOD DERIVATIVES</b>		
<b>Blood Derivatives</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	BB	PA

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GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	BB	PA; QL (Quantity Limits Apply)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	BB	PA
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	BB	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	BB	PA
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>		
<b>Antianemia Drugs</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	BB	
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	BB	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 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	BB	
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG	BB	PA
REBLOZYL SUBCUTANEOUS RECON SOLN 75 MG	Non-Formulary	
VAFSEO ORAL TABLET 150 MG, 300 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 Day)
<b>Anticoagulants, Miscellaneous</b>		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	2	

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<b>Antithrombin Replacements</b>		
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	BB	
<b>Blood Form.,Coag,Thrombosis Agents Misc.</b>		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
PYRUKYND ORAL TABLET 20 MG, 5 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)
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4A	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)
<b>Coumarin Derivatives</b>		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MDL
<i>warfarin (bulk) powder 100 %</i>	3	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MDL
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	MDL; QL (74 Tablets per 30 days)
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)
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)

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XARELTO ORAL TABLET 2.5 MG	2	MDL
<b>Direct Thrombin Inhibitors</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1A	MDL; QL (75 Capsules per 1 Fill)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Non-Formulary	QL (75 Capsules per 1 Fill)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Non-Formulary	
<b>Hematopoietic Agents</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	BB	
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	BB	
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/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	BB	
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA

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FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	
LEUKINE INJECTION RECON SOLN 250 MCG	BB	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 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	BB	
MULPLETA ORAL TABLET 3 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
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	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Syringes per 1 Fill)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	BB	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	

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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	BB	
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 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	BB	
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	BB	
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	
VAFSEO ORAL TABLET 150 MG, 300 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 Day)
XOLREMDI ORAL CAPSULE 100 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Capsules per 1 Day)

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ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	1A	MDL
<b>Hemostatics</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
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)
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 Cascade: (734) 996-3300; up to a 30 day supply per fill)
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 Vial per 1 day)

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<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	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)
<i>aminocaproic acid oral tablet 1,000 mg</i>	1A	QL (1 tablet per 1 day)
<i>aminocaproic acid oral tablet 500 mg</i>	1A	QL (100 tablets per fill, 1 fill per 60 days)
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	BB	
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)
BEQVEZ INTRAVENOUS SUSPENSION 1 X 10EXP13 VG/ML	BB	PA
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
DDAVP INJECTION SOLUTION 4 MCG/ML	BB	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Non-Formulary	
<i>desmopressin injection solution 4 mcg/ml</i>	BB	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1A	QL (0.17 ML per 1 day)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	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)

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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)
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4 ML	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 Day)
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)

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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 Cascade: (734) 996-3300; 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)
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)
NOC DURNA (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)
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 unit per 1 day)
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)

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NUWIQ INTRAVENOUS RECON SOLN 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	7	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 ML per 1 day)
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Non-Formulary	
<i>tranexamic acid oral tablet 650 mg</i>	1A	QL (60 tablets per 30 days)
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 EA per 1 day)
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Non-Formulary	SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill)
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (1 unit per 1 day)
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 day)

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XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP (Dispensed by Cascade: (734) 996-3300; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
<b>Heparins</b>		
<i>aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution 3 %-10 %- 2.33 meq/250 ml</i>	BB	
<i>aa 3.5% no.2 ped-d10w-heparin intravenous parenteral solution 3.5 %-10 %- 125 unit/250 ml</i>	BB	
<i>aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution 2.5 %-10 %- 3.75 meq/250 ml</i>	BB	
<i>aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution 3.5 %-10 %- 2.33 meq/250 ml, 3.5 %-10 %- 3.75 meq/250 ml</i>	BB	
<i>aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 3.75 meq/250 ml</i>	BB	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1A	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1A	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1A	QL (48 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1A	QL (18 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1A	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	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 EA per 1 day)

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<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1A	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1A	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	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)
<b>Indirect Factor Xa Inhibitors</b>		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	Non-Formulary	QL (15 syringes per 180 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Non-Formulary	QL (15 syringes per 180 days)
<b>Iron Preparations</b>		
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	
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	Non-Formulary	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	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	

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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	
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	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
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron-800 mcg</i>	1A	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	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
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01- 1 MG	1A	

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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)
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin oral tablet 325 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>aspirin oral tablet,chewable 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>bayer aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	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)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1A	QL (4 tablets per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1A	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1A	MDL
EFFIENT ORAL TABLET 10 MG, 5 MG	Non-Formulary	
PLAVIX ORAL TABLET 75 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1A	MDL
<b>Platelet-Reducing Agents</b>		
AGRYLIN ORAL CAPSULE 0.5 MG	Non-Formulary	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1A	
<b>Thrombolytic Agents</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)

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<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1A	QL (4 tablets per 1 day)
<b>Von Willebrand Factor-Related Antithromb</b>		
CABLIVI INJECTION KIT 11 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 vial per 1 day)
CABLIVI INJECTION RECON SOLN 11 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 vial per 1 day)
<b>CARDIOVASCULAR DRUGS</b>		
<b>Acl Inhibitors</b>		
NEXLETOL ORAL TABLET 180 MG	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)
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Non-Formulary	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1A	MDL
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	MDL
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1A	MDL
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MDL
<b>Angiotensin II Recep Antagonist/Neprollys</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	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)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiiazid oral tablet 5-160-25 mg</i>	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	

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<i>candesartan oral tablet 16 mg, 4 mg</i>	1A	MDL
<i>candesartan oral tablet 32 mg, 8 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	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)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG	Non-Formulary	
EXFORGE HCT ORAL TABLET 5-160-25 MG	Non-Formulary	QL (2 tablets per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non-Formulary	QL (2 tablets per 1 day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non-Formulary	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1A	MDL
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1A	MDL
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MDL
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Non-Formulary	QL (2 tablets per 1 day)
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Formulary	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1A	MDL
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)

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

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DRUG NAME	DRUG TIER	NOTES
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1A	MDL
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MDL
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MDL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Formulary	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1A	MDL
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1A	MDL
QBRELIS ORAL SOLUTION 1 MG/ML	Non-Formulary	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MDL
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	MDL
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1A	MDL
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	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	
<b>Angptl3 Inhibitors (24:06)</b>		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	BB	PA
<b>Antiarrhythmics, Miscellaneous</b>		
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	7	

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DRUG NAME	DRUG TIER	NOTES
<b>Antilipemic Agents, Miscellaneous</b>		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	BB	PA
<i>niacin (inositol niacinate) oral capsule 500 mg</i>	Non-Formulary	
NIACIN FLUSH FREE ORAL CAPSULE 400 MG NIACIN (500 MG)	Non-Formulary	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet extended release 1,000 mg, 250 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1A	MDL
NIACOR ORAL TABLET 500 MG	1A	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	MDL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	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	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1A	MDL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	MDL
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)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL

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<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	
CORGARD ORAL TABLET 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	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	MDL
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	MDL
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	MDL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	MDL
<i>metoprolol tartrate oral tablet 75 mg</i>	1A	MDL
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1A	MDL
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	MDL
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	MDL

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<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1A	
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
<i>sotalol af oral tablet 160 mg</i>	1A	MDL
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	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	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1A	MDL; QL (13 GM per 1 day)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1A	MDL; QL (4 packets per 1 day)
<i>cholestyramine light oral powder 4 gram</i>	1A	MDL; QL (8 GM per 1 day)
<i>cholestyramine light oral powder in packet 4 gram</i>	1A	MDL; QL (4 packets per 1 day)
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	1A	MDL; QL (4 packets per 1 day)
<i>colesevelam oral powder in packet 3.75 gram</i>	1A	MDL; QL (1 packet per 1 day)
<i>colesevelam oral tablet 625 mg</i>	1A	MDL; QL (6 tablets per 1 day)
COLESTID ORAL GRANULES 5 GRAM	Non-Formulary	
COLESTID ORAL TABLET 1 GRAM	Non-Formulary	
<i>colestipol oral granules 5 gram</i>	1A	MDL
<i>colestipol oral packet 5 gram</i>	1A	MDL
<i>colestipol oral tablet 1 gram</i>	1A	MDL
<i>prevalite oral powder 4 gram</i>	1A	MDL; QL (8 GM per 1 day)
<i>prevalite oral powder in packet 4 gram</i>	1A	MDL; QL (4 packets per 1 day)
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Non-Formulary	QL (8 GM per 1 day)

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DRUG NAME	DRUG TIER	NOTES
QUESTRAN ORAL POWDER 4 GRAM	Non-Formulary	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Non-Formulary	QL (4 packets per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Non-Formulary	
WELCHOL ORAL TABLET 625 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Bradykinin Receptors Antagonists</b>		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	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)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Calcium-Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	MDL
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hctiazid oral tablet 5-160-25 mg</i>	1A	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	

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CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-Formulary	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	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)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	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	
<i>nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml)</i>	BB	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	MDL
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	1A	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg</i>	1A	MDL
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	1A	MDL; QL (3 tablets per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<b>Calcium-Channel Blocking Agents, Misc.</b>		
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1A	MDL
<b>Carbonic Anhydrase Inhibitors (24:36)</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1A	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1A	MDL
<b>Cardiac Drugs, Miscellaneous</b>		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	Non-Formulary	
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)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1A	MDL; QL (2 tablets per 1 day)
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; up to a 30 day supply per fill); QL (4 capsules per 1 day)
<b>Cardiotonic Agents</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Non-Formulary	PA; QL (2 tablets per 1 day)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1A	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	BB	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1A	MDL
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1A	MDL

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<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	7	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	3	QL (2 Tablets per 1 day)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	2	
<i>milrinone intravenous solution 1 mg/ml</i>	7	
<b>Cardiovascular Drugs, Nsaid Anti-Infl</b>		
<i>colchicine oral capsule 0.6 mg</i>	Non-Formulary	QL (4 Capsules per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	1A	MDL; QL (4 tablets per 1 day)
COLCRYS ORAL TABLET 0.6 MG	Non-Formulary	QL (4 tablets per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
LODOCO ORAL TABLET 0.5 MG	Non-Formulary	QL (1 Tablet per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Central Alpha-Agonists (25:24)</b>		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Non-Formulary	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	Non-Formulary	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	Non-Formulary	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MDL
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1A	MDL
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>	Non-Formulary	QL (1 Tablet per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1A	MDL; QL (4 patches per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1A	MDL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	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)
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1A	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Non-Formulary	QL (4 ML per 1 Day)
<b>Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe oral tablet 10 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1A	MDL; QL (30 tablets per 30 days)
VYTORIN 10-10 ORAL TABLET 10-10 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG	Non-Formulary	QL (30 tablets per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG	Non-Formulary	QL (30 tablets per 30 days)
<b>Class Ia Antiarrhythmics</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1A	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Non-Formulary	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1A	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1A	
<b>Class Ib Antiarrhythmics</b>		
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	
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i>	BB	
<i>mexiletine oral capsule 150 mg</i>	1A	MDL
<i>mexiletine oral capsule 200 mg, 250 mg</i>	1A	MDL; QL (3 capsules per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	

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<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1A	MDL
<i>phenytoin oral tablet, chewable 50 mg</i>	1A	MDL
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1A	MDL
<b>Class Ic Antiarrhythmics</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1A	MDL
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1A	MDL
<b>Class II Antiarrhythmics</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	MDL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	MDL
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1A	MDL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	MDL
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)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Formulary	
CORGARD ORAL TABLET 80 MG	Non-Formulary	
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	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1A	MDL
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP (Dispensed by Maxor Specialty Pharmacy (866) 629-6779; up to a 30 day supply per fill)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Non-Formulary	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Non-Formulary	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	MDL
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Formulary	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	MDL
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	MDL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	MDL
<i>metoprolol tartrate oral tablet 75 mg</i>	1A	MDL
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1A	MDL
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	MDL
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	MDL

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<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1A	
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
<b>Class Iii Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	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	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1A	MDL; QL (4 capsules per 1 day)
MULTAQ ORAL TABLET 400 MG	2	MDL; QL (2 tablets per 1 day)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
<i>sotalol af oral tablet 160 mg</i>	1A	MDL
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1A	MDL
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Non-Formulary	QL (4 capsules per 1 day)
<b>Class Iv Antiarrhythmics</b>		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	

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CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-Formulary	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MDL
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1A	MDL
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1A	MDL
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	MDL
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1A	MDL
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	MDL
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	MDL
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1A	MDL
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg</i>	1A	MDL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Non-Formulary	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Non-Formulary	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1A	MDL
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	MDL
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1A	MDL
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL

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<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	MDL
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hctiazid oral tablet 5-160-25 mg</i>	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)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1A	MDL
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	MDL
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	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	
<i>nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml)</i>	BB	

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<i>nicardipine oral capsule 20 mg, 30 mg</i>	1A	MDL
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	MDL
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	1A	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg</i>	1A	MDL
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	1A	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Non-Formulary	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Non-Formulary	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-Formulary	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	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	
<b>Direct Vasodilators</b>		
BIDIL ORAL TABLET 20-37.5 MG	Non-Formulary	QL (3 Tablets per 1 day)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	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)

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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)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Non-Formulary	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Non-Formulary	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1A	MDL
<b>Diuretics, Miscellaneous (24:36)</b>		
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
<i>theophylline oral elixir 80 mg/15 ml</i>	1A	
<i>theophylline oral solution 80 mg/15 ml</i>	1A	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1A	MDL
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	MDL
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 90 mg</i>	Non-Formulary	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Non-Formulary	QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg</i>	1A	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1A	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	1A	MDL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Non-Formulary	QL (1 capsule per 1 day)
LOPID ORAL TABLET 600 MG	Non-Formulary	

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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	
<b>Hmg-CoA Reductase Inhibitors</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Non-Formulary	QL (5 ML per 1 Day)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	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 40 MG	Non-Formulary	QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Non-Formulary	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	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)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Non-Formulary	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Non-Formulary	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	Non-Formulary	QL (30 tablets per 30 days)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
LIVALO ORAL TABLET 1 MG	Non-Formulary	QL (Quantity Limits Apply)
LIVALO ORAL TABLET 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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<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Non-Formulary	QL (1 Tablet per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	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)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	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)
<b>Kallikrein</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	BB	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Non-Formulary	SP (Dispensed by Optime Care Pharmacy: (855) 456-7596; up to a 30 day supply per fill)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (4 ML per 30 days)

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

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<i>isosorbide dinitrate oral tablet 40 mg</i>	1A	PA; MDL; QL (3 TABLET per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1A	MDL
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1A	MDL
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	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	Non-Formulary	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1A	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1A	QL (30 GM per 84 Days)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1A	MDL
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.6 mg/hr</i>	1A	QL (1 patch per 1 day)
<i>nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.4 mg/hr</i>	1A	MDL; QL (1 patch per 1 day)
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	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)
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1A	MDL
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Non-Formulary	QL (30 GM per 90 days)
<b>Omega-3-Mediated Antilipemics</b>		
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1A	QL (4 capsules per 1 day)
LOVAZA ORAL CAPSULE 1 GRAM	Non-Formulary	QL (4 capsules per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	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)

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<b>Osmotic Diuretics (24:36)</b>		
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	
<i>urea topical cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1A	
<i>urea topical lotion 40 %</i>	1A	
<b>Pcsk9 Inhibitors</b>		
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)
<b>Phosphodiesterase Type 5 Inhibitors</b>		
ADCIRCA ORAL TABLET 20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet 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)
CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (6 tablets per 30 days)
CIALIS ORAL TABLET 20 MG	Non-Formulary	

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LIQREV ORAL SUSPENSION 10 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
REVATIO ORAL TABLET 20 MG	Non-Formulary	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1A	MDL; QL (30 tablets per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1A	QL (6 tablets per 30 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>tadalafil oral tablet 10 mg, 5 mg</i>	1A	QL (6 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg, 20 mg</i>	Non-Formulary	
<i>varafenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Non-Formulary	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<b>Potassium-Sparing Diuretic</b>		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	QL (15 ML per 1 day)
<i>epplerenone oral tablet 25 mg, 50 mg</i>	1A	MDL
INSPIRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	MDL
<b>Potassium-Sparing Diuretics (Hypoten)</b>		
<i>amiloride oral tablet 5 mg</i>	1A	MDL
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL

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DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non-Formulary	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1A	MDL; QL (4 capsules per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MDL
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1A	MDL
<b>Renin Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	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 ORAL TABLET 150 MG, 300 MG	Non-Formulary	
<b>Renin-Angioten.-Aldost. Sys. Inhib, Misc</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Steroidal Mineralocorticoid Receptor Ant</b>		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	QL (15 ML per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1A	MDL
INSPIRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	MDL
<b>Thiazide Diuretics (24:36)</b>		
ACCURETIC ORAL TABLET 20-25 MG	Non-Formulary	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiiazid oral tablet 5-160-25 mg</i>	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)

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

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DRUG NAME	DRUG TIER	NOTES
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1A	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	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)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1A	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1A	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	MDL
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MDL
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	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	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	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	
<b>Thiazide-Like Diuretics (24:36)</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	MDL

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<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1A	MDL
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MDL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	
<b>Vasodilating Agents, Miscellaneous</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (3 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	MDL
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	MDL; QL (2 tablets per 1 day)
AURLUMYN INTRAVENOUS SOLUTION 100 MCG/ML	BB	PA
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	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)

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DRUG NAME	DRUG TIER	NOTES
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 ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non-Formulary	QL (2 tablets per 1 day)
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG	BB	PA
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	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)
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	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	
<i>nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml)</i>	BB	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	MDL
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	1A	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg</i>	1A	MDL
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	1A	MDL; QL (3 tablets per 1 day)
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)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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DRUG NAME	DRUG TIER	NOTES
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>phenoxybenzamine (bulk) powder</i>	Non-Formulary	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Non-Formulary	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML	Non-Formulary	
REMODULIN INJECTION SOLUTION 5 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 tablets per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1A	MDL
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	7	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
TYVASO 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)

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DRUG NAME	DRUG TIER	NOTES
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
<b>CELLULAR AND GENE THERAPY</b>		
<b>Cellular Therapy</b>		
AMTAGVI INTRAVENOUS SUSPENSION 7.5 X 10EXP9 TO 72X 10EXP9 CELL	BB	
OMISIRGE INTRAVENOUS SUSPENSION	BB	PA
<b>Gene Therapy</b>		
BEQVEZ INTRAVENOUS SUSPENSION 1 X 10EXP13 VG/ML	BB	PA
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	BB	
CASGEVY INTRAVENOUS SUSPENSION 4 X TO 13 X 10EXP6 CELL/ML	BB	PA
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	BB	PA
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	BB	PA
LENMELDY INTRAVENOUS SUSPENSION 2 X TO 11.8 X 10EXP6 CELL/ML	BB	
LUXTURN A SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	BB	PA

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LYFGENIA INTRAVENOUS SUSPENSION 1.7 X TO 20 X 10EXP6 CELL/ML	BB	
SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML	BB	PA
TECELRA INTRAVENOUS SUSPENSION 2.68X10EXP9 TO 10X10EXP9 CELL	BB	PA
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Non-Formulary	
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	BB	PA
ZYNTGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML	BB	PA
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>Adamantanes (Cns)</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1A	MDL
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1A	MDL
<i>amantadine hcl oral tablet 100 mg</i>	1A	MDL
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)
<b>Adenosine A2a Receptor Antagonists</b>		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Amphetamine Derivatives</b>		
ADIPEX-P ORAL TABLET 37.5 MG	Non-Formulary	
<i>diethylpropion oral tablet 25 mg</i>	1A	
<i>diethylpropion oral tablet extended release 75 mg</i>	1	
LOMAIRA ORAL TABLET 8 MG	Non-Formulary	
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	1A	

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<i>phendimetrazine tartrate oral tablet 35 mg</i>	1A	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1A	MDL
<i>phentermine oral tablet 37.5 mg</i>	1	MDL
<b>Amphetamines</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Non-Formulary	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Non-Formulary	QL (2 capsules per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>benzphetamine oral tablet 50 mg</i>	1A	
DESOXYN ORAL TABLET 5 MG	Non-Formulary	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	Non-Formulary	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1A	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1A	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Non-Formulary	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1A	MDL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
EVEKEO ORAL TABLET 10 MG, 5 MG	Non-Formulary	
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1A	QL (1 Capsule per 1 day)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1A	QL (1 Tablet per 1 day)
<i>methamphetamine oral tablet 5 mg</i>	1A	

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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	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 capsule per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	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)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Non-Formulary	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Non-Formulary	
<b>Amyotrophic Lateral Sclerosis(Als) Agent</b>		
<i>edaravone intravenous solution 30 mg/100 ml, 60 mg/100 ml</i>	BB	PA
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML)	BB	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	BB	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RILUTEK ORAL TABLET 50 MG	Non-Formulary	QL (4 tablets per 1 day)
<i>riluzole oral tablet 50 mg</i>	1A	QL (4 tablets per 1 day)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Non-Formulary	QL (20 ML per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Non-Formulary	QL (Quantity Limits Apply)
<b>Analgesics And Antipyretics, Misc.</b>		
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1A	QL (50 ML per 1 Day)

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<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1A	
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1A	QL (13 tablets per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1A	MDL
<i>gabapentin oral solution 250 mg/5 ml</i>	1A	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1A	MDL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1A	MDL
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Non-Formulary	
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)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Non-Formulary	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Non-Formulary	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Non-Formulary	
<b>Anorexic Agents</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Non-Formulary	QL (Quantity Limits Apply)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG	3	PA; QL (1 Capsule per 1 day)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 3.75-23 MG, 7.5-46 MG	3	QL (1 Capsule per 1 day)
<b>Anorexic Agents, Miscellaneous</b>		
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	3	PA; ST (Step Therapy Required); QL (0.3 ML per 1 Day)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	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)

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DRUG NAME	DRUG TIER	NOTES
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)
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)
<b>Anticholinergic Agents (Cns)</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1A	MDL
<b>Anticonvulsants, Miscellaneous</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1A	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1A	MDL
BRIVIACT ORAL SOLUTION 10 MG/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.)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA; QL (Medications with multiple dosage strengths: least number of tabs/caps used to achieve total daily dose apply); QL (2 Tablet per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1A	QL (8 capsules per 1 day)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1A	
<i>carbamazepine oral tablet 200 mg</i>	1A	MDL
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1A	MDL
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	1A	MDL
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Non-Formulary	QL (8 capsules per 1 day)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>epitol oral tablet 200 mg</i>	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)
<i>felbamate oral suspension 600 mg/5 ml</i>	1A	
<i>felbamate oral tablet 400 mg, 600 mg</i>	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)

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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)
KEPPRA ORAL SOLUTION 100 MG/ML	Non-Formulary	MDL
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Non-Formulary	MDL
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Non-Formulary	MDL; QL (4 tablets per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Non-Formulary	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Non-Formulary	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Non-Formulary	
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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DRUG NAME	DRUG TIER	NOTES
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)
magnesium sulfate injection solution 500 mg/ml (50 %)	7	
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	
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	

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TEGRETOL ORAL TABLET 200 MG	Non-Formulary	MDL
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 400 MG	Non-Formulary	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG	Non-Formulary	MDL
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Non-Formulary	QL (8 capsules per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1A	MDL; QL (8 capsules per 1 day)
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	Non-Formulary	QL (1 capsule per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Non-Formulary	QL (Quantity Limits Apply)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	MDL
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)
<b>Antidepressants, Miscellaneous</b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Non-Formulary	QL (Quantity Limits Apply)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Non-Formulary	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1A	QL (60 tablets per fill, 6 fills per 365 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1A	MDL
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1A	MDL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1A	MDL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Non-Formulary	QL (Quantity Limits Apply)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	Non-Formulary	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Non-Formulary	

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ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4A	PA; SP (Dispensed by Accredo: (800) 803-2523 up to a 30 day supply per fill); QL (2 Capsules per 1 Day)
ZURZUVAE ORAL CAPSULE 30 MG	4A	PA; SP (Dispensed by Accredo: (800) 803-2523 up to a 30 day supply per fill); QL (1 Capsule per 1 Day)
<b>Antimanic Agents</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	BB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	BB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	BB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	1A	PA; QL (20 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	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	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1A	QL (8 capsules per 1 day)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1A	
<i>carbamazepine oral tablet 200 mg</i>	1A	MDL

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<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1A	MDL
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	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	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Non-Formulary	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1A	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1A	MDL
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1A	MDL
<i>epitol oral tablet 200 mg</i>	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	
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	

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DRUG NAME	DRUG TIER	NOTES
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Non-Formulary	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Non-Formulary	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Non-Formulary	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Non-Formulary	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1A	MDL
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Non-Formulary	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1A	MDL
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Non-Formulary	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1A	QL (1 pack per 1 year)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1A	
<i>lithium carbonate oral tablet 300 mg</i>	1A	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1A	MDL
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Non-Formulary	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1A	QL (2 tablets per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	QL (1 capsule per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Non-Formulary	QL (1 Film per 1 Day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1A	MDL; QL (4 tablets per 1 day)

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<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	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)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	BB	
<i>risperidone oral solution 1 mg/ml</i>	1A	MDL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	MDL; QL (280 tablets per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	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)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
TEGRETOL ORAL TABLET 200 MG	Non-Formulary	MDL
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 400 MG	Non-Formulary	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG	Non-Formulary	MDL

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UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	BB	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1A	
<i>valproic acid oral capsule 250 mg</i>	1A	MDL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	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)
<b>Antimigraine Agents, Miscellaneous</b>		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Non-Formulary	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	Non-Formulary	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	MDL
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50- 325 mg</i>	1A	QL (60 tablets per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1A	
CAMBIA ORAL POWDER IN PACKET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
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	

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DRUG NAME	DRUG TIER	NOTES
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Non-Formulary	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	
<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	1A	MDL
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1A	MDL
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1A	MDL
<i>diclofenac sodium topical drops 1.5 %</i>	1A	
<i>diclofenac sodium topical gel 1 %</i>	1A	QL (10 GM per 1 day)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	Non-Formulary	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1A	MDL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1A	PA; QL (0.01 ML per 1 day)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1A	PA; QL (8 vials per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1A	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1A	MDL
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1A	MDL
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1A	MDL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1A	QL (24 tablets per 1 fill)
ESGIC ORAL TABLET 50-325-40 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
FIORICET ORAL CAPSULE 50-300-40 MG	Non-Formulary	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
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	
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)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	MDL
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	MDL
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	MDL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Non-Formulary	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1A	
<i>valproic acid oral capsule 250 mg</i>	1A	MDL
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Anxiolytics,Sedatives,And Hypnotics,Misc</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1A	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	1A	QL (Quantity Limits Apply); MDL
<i>hydroxyzine hcl oral tablet 25 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1A	MDL
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1A	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1A	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1A	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1A	
<b>Atypical Antipsychotics</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	BB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	BB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	BB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	1A	PA; QL (20 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	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	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)

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DRUG NAME	DRUG TIER	NOTES
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	QL (5 tablets per 1 day)
<i>clozapine oral tablet,disintegrating 100 mg, 150 mg, 200 mg, 25 mg</i>	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	
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, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	BB	
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)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	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)

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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)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1A	QL (2 tablets per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	QL (1 capsule per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Non-Formulary	QL (1 Film per 1 Day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1A	QL (30 tablets per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	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); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Non-Formulary	QL (Quantity Limits Apply)
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)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	BB	
<i>risperidone oral solution 1 mg/ml</i>	1A	MDL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	MDL; QL (280 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	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)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	BB	
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); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	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)
<b>Barbiturates (Anticonvulsants)</b>		
<i>methohexital injection recon soln 500 mg</i>	BB	
MYSOLINE ORAL TABLET 250 MG, 50 MG	Non-Formulary	

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<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1A	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1A	MDL
<i>primidone oral tablet 250 mg, 50 mg</i>	1A	MDL
<b>Barbiturates (Anxiolytic, Sedative/Hyp)</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1A	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1A	QL (4 tablets per 1 day)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1A	
ESGIC ORAL TABLET 50-325-40 MG	Non-Formulary	
FIORICET ORAL CAPSULE 50-300-40 MG	Non-Formulary	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1A	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1A	MDL
<b>Barbiturates (General Anesthetics)</b>		
<i>methohexital injection recon soln 500 mg</i>	BB	
<b>Benzodiazepines (Anticonvulsants)</b>		
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
<i>clobazam oral suspension 2.5 mg/ml</i>	1A	QL (16 ml per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1A	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1A	MDL
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1A	QL (1 twinpack per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	QL (2 films per 1 Day)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1A	
<i>lorazepam oral concentrate 2 mg/ml</i>	1A	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	QL (Quantity Limits Apply); QL (2 Devices per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Non-Formulary	
ONFI ORAL TABLET 10 MG, 20 MG	Non-Formulary	MDL
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Non-Formulary	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL (2 Doses per 30 days)
<b>Benzodiazepines (Anxiolytic, Sedative/Hyp)</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1A	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1A	

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ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1A	
<i>clobazam oral suspension 2.5 mg/ml</i>	1A	QL (16 ml per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1A	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1A	MDL
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1A	QL (1 twinpack per 30 days)
DORAL ORAL TABLET 15 MG	Non-Formulary	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1A	
HALCION ORAL TABLET 0.25 MG	Non-Formulary	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	QL (2 films per 1 Day)
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	Non-Formulary	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1A	
<i>lorazepam oral concentrate 2 mg/ml</i>	1A	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>midazolam oral syrup 2 mg/ml</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	QL (Quantity Limits Apply); QL (2 Devices per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Non-Formulary	
ONFI ORAL TABLET 10 MG, 20 MG	Non-Formulary	MDL
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1A	

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<i>quazepam oral tablet 15 mg</i>	Non-Formulary	ST (Step Therapy Required: Step through zolpidem, eszopiclone, zaleplon (Trial of 2 or more, 1 fill each))
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Non-Formulary	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1A	MDL
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	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	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	
<b>Butyrophenones</b>		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	BB	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	BB	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1A	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1A	
<b>Calcitonin Gene-Related Peptide Antag.</b>		
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)

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DRUG NAME	DRUG TIER	NOTES
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)
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 (10 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); QL (0.2 Units per 1 day)
<b>Catechol-O-Methyltransferase(Comt)Inhib.</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1A	QL (280 tablets per 30 days)
<i>entacapone oral tablet 200 mg</i>	1A	

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ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
TASMAR ORAL TABLET 100 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tolcapone oral tablet 100 mg</i>	Non-Formulary	
<b>Central Nervous System Agents, Misc.</b>		
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)
<i>carbidopa oral tablet 25 mg</i>	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)
LODOSYN ORAL TABLET 25 MG	Non-Formulary	
<i>memantine oral capsule,sprinkle,er 24hr 14 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
<i>memantine oral capsule,sprinkle,er 24hr 21 mg, 28 mg, 7 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<i>memantine oral solution 2 mg/ml</i>	1A	
<i>memantine oral tablet 10 mg</i>	1A	MDL; QL (60 tablets per 30 days)
<i>memantine oral tablet 5 mg</i>	1A	MDL; QL (4 Tablets per 1 day)
<i>memantine oral tablets,dose pack 5-10 mg</i>	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 7 MG	Non-Formulary	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Formulary	QL (Quantity Limits Apply)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 capsules per 30 days)
VEOZAH ORAL TABLET 45 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)

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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)
<b>Cyclooxygenase-2 (Cox-2) Inhibitors</b>		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	Non-Formulary	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1A	MDL
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Dibenzoxapines</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1A	
<b>Diphenylbutylperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	1A	
<b>Dopamine Precursors</b>		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1A	MDL
<i>carbidopa-levodopa oral tablet extended release 25- 100 mg, 50-200 mg</i>	1A	MDL
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1A	QL (8 tablets per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50- 200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125- 200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1A	QL (280 tablets per 30 days)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG	Non-Formulary	QL (15 Capsules per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG	Non-Formulary	QL (10 Capsules per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG	Non-Formulary	QL (7 Capsules per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG	Non-Formulary	QL (6 Capsules per 1 day)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	BB	PA

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INBRIJA INHALATION CAPSULE 42 MG	4A	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443, Sterling Specialty Pharmacy: (888) 618-4126; up to a 30 day supply per fill); QL (120 capsules per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4A	PA; SP (Dispensed by Walgreens Specialty: (888) 782-8443, Sterling Specialty Pharmacy: (888) 618-4126; up to a 30 day supply per fill); QL (120 capsules per 30 days)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Non-Formulary	QL (Quantity Limits Apply)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Non-Formulary	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	BB	PA
<b>Ergot-Deriv. Dopamine Receptor Agonists</b>		
<i>bromocriptine oral capsule 5 mg</i>	1A	MDL
<i>bromocriptine oral tablet 2.5 mg</i>	1A	MDL
<i>cabergoline oral tablet 0.5 mg</i>	1A	MDL
CYCLOSET ORAL TABLET 0.8 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Fibromyalgia Agents</b>		
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	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1A	MDL; QL (3 capsules per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Non-Formulary	MDL
DULOXICAIN 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	

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LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Non-Formulary	
LYRICA ORAL SOLUTION 20 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	Non-Formulary	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	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)
<b>Gaba-Mediated Anticonvulsants</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Non-Formulary	
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)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1A	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1A	MDL
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1A	MDL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1A	MDL
<i>gabapentin oral solution 250 mg/5 ml</i>	1A	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1A	MDL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1A	MDL
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Non-Formulary	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	Non-Formulary	

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HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	Non-Formulary	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Non-Formulary	
LYRICA ORAL SOLUTION 20 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Non-Formulary	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Non-Formulary	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Non-Formulary	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	Non-Formulary	
SABRIL ORAL POWDER IN PACKET 500 MG	Non-Formulary	
SABRIL ORAL TABLET 500 MG	Non-Formulary	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1A	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1A	
<i>valproic acid oral capsule 250 mg</i>	1A	MDL
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; QL (1 packet per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	4	PA; QL (6 tablets per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	4	PA; QL (1 packet per 1 day)
VIGAFYDE ORAL SOLUTION 100 MG/ML	Non-Formulary	QL (5 ML per 1 day)
VIGPODER ORAL POWDER IN PACKET 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)
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)

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<b>Hydantoins</b>		
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	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1A	MDL
<i>phenytoin oral tablet,chewable 50 mg</i>	1A	MDL
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1A	MDL
<b>Ion Channel Inhibition Agents</b>		
APTOM 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)
<i>lacosamide oral solution 10 mg/ml</i>	Non-Formulary	QL (40 ML per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1A	MDL; QL (3 Tablets per 1 Day)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Non-Formulary	QL (3 Capsules per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1A	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1A	MDL; QL (8 tablets per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	Non-Formulary	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1A	QL (280 tablets per 1 fill)
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	Non-Formulary	

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TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Non-Formulary	QL (8 tablets per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Non-Formulary	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 (1 Tablet per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL (1 Tablet per 1 day)
XCOPRI ORAL TABLET 25 MG	3	PA; QL (1 Tablet per 1 Day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL (1 Tablet per 1 day)
ZONEGRAN ORAL CAPSULE 100 MG	Non-Formulary	
ZONEGRAN ORAL CAPSULE 25 MG	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1A	MDL
<b>Melatonin Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Non-Formulary	QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (1 capsule per 1 day)
<i>ramelteon oral tablet 8 mg</i>	1A	QL (1 tablet per 1 day)
<b>Monoamine Oxidase B Inhibitors</b>		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non-Formulary	QL (1 tablet per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	QL (1 patch per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1A	MDL
<i>selegiline hcl oral tablet 5 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
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)
<b>Monoamine Oxidase Inhibitors</b>		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non-Formulary	QL (1 tablet per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	QL (1 patch per 1 day)
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	
<i>phenelzine oral tablet 15 mg</i>	1A	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1A	MDL
<i>selegiline hcl oral tablet 5 mg</i>	1A	MDL
<i>tranylcypromine oral tablet 10 mg</i>	1A	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Non-Formulary	QL (2 tablets per 1 day)
<b>Nmda Antagonists</b>		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	BB	PA
<b>Non-Benzodiazepine Anxiolytics</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MDL
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1A	
<b>Non-Benzodiazepine Hypnotics</b>		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG	Non-Formulary	
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 6.25 MG	Non-Formulary	QL (30 tablets per 30 days)
AMBIEN ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (30 tablets per 30 days)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Non-Formulary	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1A	QL (1 tablet per 1 day)

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LUNESTA ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1A	MDL
<i>zolpidem oral capsule 7.5 mg</i>	Non-Formulary	QL (1 Capsule per 1 day)
<i>zolpidem oral tablet 10 mg</i>	1A	MDL; QL (30 tablets per 30 days)
<i>zolpidem oral tablet 5 mg</i>	1A	MDL; QL (60 tablets per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1A	MDL; QL (30 tablets per 30 days)
<b>Nonergot-Deriv.Dopamine Receptor Agonist</b>		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (1 ML per 1 day)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	Non-Formulary	QL (1 tablet per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR	Non-Formulary	
NEUPRO TRANSDERMAL PATCH 24 HOUR 8 MG/24 HOUR	Non-Formulary	QL (1 patch per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1A	MDL
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1A	MDL
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1A	
<b>Non-Opioid Analgesics</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	

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<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1A	QL (60 tablets per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1A	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	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	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	Non-Formulary	QL (60 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1A	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1A	QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	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)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML	BB	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1A	QL (12 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non-Formulary	
<b>Nonsteroidal Anti-Inflamm. Agents, Misc</b>		
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	QL (12.9 grams per 1 day)
DUEXIS ORAL TABLET 800-26.6 MG	Non-Formulary	QL (Quantity Limits Apply)
TOLECTIN 600 ORAL TABLET 600 MG	Non-Formulary	QL (3 Tablets per 1 Day)
<i>tolmetin oral capsule 400 mg</i>	1A	

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<b>Opioid Agonists (28:08)</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1A	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1A	QL (50 ML per 1 Day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1A	
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1A	QL (13 tablets per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1A	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1A	QL (6 tablets per 1 day)
<i>codeine-bitalbitol-asa-caff oral capsule 30-50-325-40 mg</i>	1A	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	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)
<i>diskets oral tablet,soluble 40 mg</i>	1A	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (8 tablets per 1 day)
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %</i>	BB	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.125 %</i>	BB	
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>	BB	
<i>fentanyl citrate (pf) intravenous solution 50 mcg/ml</i>	BB	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 20 mcg/ml</i>	BB	

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<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1A	QL (10 patches per 30 days)
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>	BB	
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	1A	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Non-Formulary	
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Non-Formulary	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	Non-Formulary	QL (60 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1A	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1A	QL (12 tablets per 1 day)
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1A	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1A	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1A	QL (8 tablets per 1 day)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1A	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	BB	
<i>hydromorphone oral liquid 1 mg/ml</i>	1A	QL (31.5 ML per 1 day)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1A	QL (12 tablets per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Non-Formulary	QL (1 Tablet per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	1A	QL (6 suppositories per 1 day)

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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)
<i>levorphanol tartrate oral tablet 2 mg</i>	Non-Formulary	
<i>meperidine oral tablet 50 mg</i>	1A	
<i>methadone in 0.9 % sod.chlorid intravenous syringe 5 mg/5 ml</i>	BB	
<i>methadone intensol oral concentrate 10 mg/ml</i>	1A	
<i>methadone oral concentrate 10 mg/ml</i>	1A	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1A	QL (900 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	1A	QL (6 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	Non-Formulary	
<i>methadose oral tablet,soluble 40 mg</i>	1A	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1A	QL (10 ML per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1A	QL (1 capsule per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1A	QL (2 capsules per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1A	QL (10 ML per 1 day)
<i>morphine oral tablet 15 mg, 30 mg</i>	1A	QL (12 tablets per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1A	QL (3 tablets per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1A	QL (6 Tablets per 1 day)
<i>morphine oral tablet extended release 60 mg</i>	1A	QL (4 Tablets per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	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)

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<i>oxycodone oral capsule 5 mg</i>	1A	QL (9 capsules per 1 day)
<i>oxycodone oral concentrate 20 mg/ml</i>	1A	QL (5 ML per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	1A	QL (500 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1A	QL (9 tablets per 1 day)
<i>oxycodone oral tablet, oral only 15 mg</i>	Non-Formulary	QL (9 Tablets per 1 day)
<i>oxycodone oral tablet, oral only 30 mg, 5 mg</i>	Non-Formulary	QL (9 Tablets per 1 Day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1A	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	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)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1A	QL (6 tablets per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	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)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1A	
QDOLO ORAL SOLUTION 5 MG/ML	Non-Formulary	
ROXICODONE ORAL TABLET 15 MG, 30 MG	Non-Formulary	QL (9 tablets per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	Non-Formulary	QL (9 Tablets per 1 day)
<i>tramadol oral tablet 25 mg</i>	Non-Formulary	QL (12 Tablets per 1 Day)
<i>tramadol oral tablet 50 mg</i>	1A	MDL; QL (12 tablets per 1 day)
<i>tramadol oral tablet 75 mg</i>	Non-Formulary	QL (12 Tablet per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	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	

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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)
<b>Opioid Antagonists (28:10)</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Non-Formulary	
<i>naloxone injection solution 0.4 mg/ml</i>	1A	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1A	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1A	QL (2 doses per 90 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Non-Formulary	
<i>naltrexone oral tablet 50 mg</i>	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
<b>Opioid Partial Agonists</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Non-Formulary	QL (Quantity Limits Apply)
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
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1A	QL (Quantity Limits Apply)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1A	PA; QL (4 patches per 28 days)
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	1A	QL (4 patches per 28 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2- 0.5 mg, 4-1 mg, 8-2 mg</i>	1A	QL (3 films per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1A	QL (3 tablets per 1 day)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1A	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1A	

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BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Non-Formulary	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	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
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)
<b>Orexin Receptor Antagonists</b>		
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	
<b>Phenothiazines</b>		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
<i>compro rectal suppository 25 mg</i>	1A	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1A	MDL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1A	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1A	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1A	
<i>prochlorperazine rectal suppository 25 mg</i>	1A	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1A	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1A	MDL
<b>Respiratory And Cns Stimulants</b>		
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1A	QL (60 capsules per 30 days)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Non-Formulary	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1A	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1A	QL (4 tablets per 1 day)
CAFCIT INTRAVENOUS SOLUTION 60 MG/3 ML (20 MG/ML)	BB	
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	BB	
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1A	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Non-Formulary	
COTEMPLA XR-ODT ORAL TABLET,DISINTEGR 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	
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1A	QL (1 capsule per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	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	

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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 CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	QL (2 Tablets per 1 Day)
<i>metadate er oral tablet extended release 20 mg</i>	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)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1A	QL (30 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1A	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg</i>	Non-Formulary	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg</i>	1A	QL (3 tablets per 1 day)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1A	ST (Step Therapy Required- Tried and failed methylphenidate 54mg in the last 30 days); QL (1 patch per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
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.)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	Non-Formulary	QL (2 Tablets per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	Non-Formulary	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 30 MG, 40 MG	Non-Formulary	QL (60 capsules per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non-Formulary	
<b>Reversible Cox-1/Cox-2 Inhibitors</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Non-Formulary	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
ANAPROX DS ORAL TABLET 550 MG	Non-Formulary	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Non-Formulary	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	Non-Formulary	
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	
COXANTO ORAL CAPSULE 300 MG	Non-Formulary	QL (4 Capsules per 1 Day)
DAYPRO ORAL TABLET 600 MG	Non-Formulary	

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<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	
<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	1A	MDL
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1A	MDL
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1A	MDL
<i>diclofenac sodium topical drops 1.5 %</i>	1A	
<i>diclofenac sodium topical gel 1 %</i>	1A	QL (10 GM per 1 day)
<i>diclofenac sodium topical gel 3 %</i>	1A	QL (100 GM per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	Non-Formulary	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1A	MDL
<i>diflunisal oral tablet 500 mg</i>	1A	QL (3 tablets per 1 day)
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
<i>etodolac oral capsule 200 mg, 300 mg</i>	1A	MDL; QL (3 capsules per 1 day)
<i>etodolac oral tablet 400 mg, 500 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1A	MDL; QL (1 tablet per 1 day)
FELDENE ORAL CAPSULE 20 MG	Non-Formulary	
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Non-Formulary	
<i>fenoprofen oral tablet 600 mg</i>	Non-Formulary	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
<i>flurbiprofen oral tablet 100 mg</i>	1A	MDL
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1A	MDL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1A	QL (8 tablets per 1 day)

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IBU ORAL TABLET 400 MG, 600 MG, 800 MG	1	MDL
IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG	Non-Formulary	
<i>ibuprofen oral capsule 200 mg</i>	Non-Formulary	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MDL
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	PA; QL (1 suppository per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1A	MDL
<i>indomethacin oral capsule, extended release 75 mg</i>	1A	MDL
<i>indomethacin rectal suppository 100 mg</i>	Non-Formulary	QL (1 suppository per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	Non-Formulary	QL (12 Capsules per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	Non-Formulary	QL (6 Capsules per 1 day)
<i>ketoprofen oral capsule 75 mg</i>	Non-Formulary	QL (4 Capsules per 1 day)
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Non-Formulary	QL (1 Capsules per 1 day)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1A	QL (5 ML per 30 days)
<i>ketorolac injection solution 30 mg/ml</i>	1A	QL (10 ML per 30 days)
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1A	QL (5 syringes per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1A	QL (4 ML per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1A	QL (5 syringes per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1A	
<i>ketorolac oral tablet 10 mg</i>	1A	
KIPROFEN ORAL CAPSULE 25 MG	Non-Formulary	QL (12 Capsules per 1 Day)
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1A	
<i>mefenamic acid oral capsule 250 mg</i>	Non-Formulary	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Non-Formulary	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1A	MDL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1A	MDL
NALFON ORAL CAPSULE 400 MG	Non-Formulary	
NALFON ORAL TABLET 600 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	Non-Formulary	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Non-Formulary	QL (Quantity Limits Apply)
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	Non-Formulary	
NAPROSYN ORAL TABLET 500 MG	Non-Formulary	
<i>naproxen oral suspension 125 mg/5 ml</i>	1A	MDL
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1A	MDL
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1A	MDL
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1A	MDL
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg, 750 mg</i>	Non-Formulary	
<i>oxaprozin oral tablet 600 mg</i>	1A	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Non-Formulary	QL (Quantity Limits Apply)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	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)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1A	MDL
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 500-20 MG	Non-Formulary	
WAL-PROFEN ORAL TABLET 200 MG	Non-Formulary	
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Salicylates</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>aspirin oral tablet 325 mg</i>	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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<i>aspirin oral tablet,chewable 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1A	MDL; QL (90 tablets per 30 days)
<i>bayer aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1A	QL (4 tablets per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1A	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1A	
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1A	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1A	MDL
<b>Sel.Serotonin,Norepi Reuptake Inhibitor</b>		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	Non-Formulary	QL (3 capsules per 1 day)
<i>desvenlafaxine oral tablet extended release 24 hr 50 mg</i>	Non-Formulary	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	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	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1A	MDL; QL (3 capsules per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	Non-Formulary	MDL

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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), 20 MG (2)- 40 MG (5)	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)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1A	MDL; QL (5 capsules per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	MDL
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Non-Formulary	
<b>Selective Serotonin Agonists</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1A	QL (12 tablets per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1A	QL (12 tablets per 30 days)
FROVA ORAL TABLET 2.5 MG	Non-Formulary	
<i>frovatriptan oral tablet 2.5 mg</i>	1A	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	Non-Formulary	
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	Non-Formulary	QL (12 units per 30 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	Non-Formulary	
MAXALT ORAL TABLET 10 MG	Non-Formulary	QL (12 tablets per 30 days)

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MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	Non-Formulary	QL (12 tablets per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1A	QL (12 tablets per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Non-Formulary	QL (Quantity Limits Apply)
RELPAK 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)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1A	QL (12 nasal sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1A	MDL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1A	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1A	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1A	QL (6 ML per 30 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Non-Formulary	QL (Quantity Limits Apply)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	Non-Formulary	QL (Quantity Limits Apply)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	
<b>Selective-Serotonin Reuptake Inhibitors</b>		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	
<i>citalopram oral solution 10 mg/5 ml</i>	1A	MDL
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	MDL

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<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1A	MDL
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	MDL
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1A	MDL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1A	MDL
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	MDL
<i>fluoxetine oral tablet 60 mg</i>	Non-Formulary	QL (Quantity Limits Apply)
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Non-Formulary	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1A	MDL
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	QL (1 capsule per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MDL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1A	MDL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Non-Formulary	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Non-Formulary	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG	Non-Formulary	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	Non-Formulary	
<i>sertraline oral concentrate 20 mg/ml</i>	1A	MDL
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	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	
<b>Serotonin Modulators</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1A	

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<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	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	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1A	MDL
TRINTELLIX ORAL TABLET 10 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.); QL (1 Tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1A	MDL
<b>Succinimides</b>		
CELONTIN ORAL CAPSULE 300 MG	Non-Formulary	QL (120 capsules per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1A	QL (7 capsules per 1 day)
<i>ethosuximide oral solution 250 mg/5 ml</i>	1A	
<i>methsuximide oral capsule 300 mg</i>	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	
<b>Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1A	
<b>Tricyclics, Other Norepi-Ru Inhibitors</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	MDL
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1A	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1A	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Non-Formulary	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1A	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	

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<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	MDL
<i>doxepin oral concentrate 10 mg/ml</i>	1A	
<i>doxepin oral tablet 3 mg, 6 mg</i>	Non-Formulary	
<i>doxepin topical cream 5 %</i>	Non-Formulary	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1A	MDL
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1A	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Non-Formulary	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1A	MDL; QL (4 capsules per 1 day)
<i>nortriptyline oral solution 10 mg/5 ml</i>	1A	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Non-Formulary	QL (4 capsules per 1 day)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1A	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1A	
PRUDOXIN TOPICAL CREAM 5 %	Non-Formulary	
SILENOR ORAL TABLET 3 MG, 6 MG	Non-Formulary	
<b>Vesicular Monoamine Transport2 Inhibitor</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 tablets per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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INGREZZA INITIATION PK(TARDIV) 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	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)
<b>Wakefulness-Promoting Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1A	QL (30 tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	1A	QL (2 Tablets per 1 day)
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Packet per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	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	
<i>sodium oxybate oral solution 500 mg/ml</i>	1A	PA; SP (Dispensed by Accredo: (800) 803-2523 or Express Scripts SDS (314) 587-4050; up to a 30 day supply per fill); QL (18 ML per 1 day)

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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)
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)
<b>DENTAL AGENTS</b>		
<b>Dental Agents</b>		
<i>salese mucous membrane lozenge,extended release</i>	Non-Formulary	QL (100 lozenges per 30 days)
<b>Nutritional Supplements</b>		
<i>clinpro 5000 dental paste 1.1 %</i>	1A	QL (100 GM per 30 days)
DENTA 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Non-Formulary	QL (100 ml per 30 Days)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	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
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	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

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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.)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Non-Formulary	QL (100 GM per 30 days)
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	Non-Formulary	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Non-Formulary	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT DENTAL GEL 1.1 %	Non-Formulary	
<i>prevident dental solution 0.2 %</i>	Non-Formulary	
SF 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
SF DENTAL GEL 1.1 %	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<b>DEVICES</b>		
<b>Devices</b>		
AEROCHAMBER MINI SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER MV SPACER	7	QL (1 spacer per 365 days)
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)

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AEROCHAMBER PLUS Z STAT SM MSK SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	7	QL (1 spacer per 365 days)
AEROVENT PLUS SPACER	7	
ASSURE PLATINUM GLUCOSE METER	Non-Formulary	
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
BLULINK DIABETIC TEST BUNDLE KIT	Non-Formulary	
BLULINK GLUCOSE MONITOR SYSTEM	Non-Formulary	
BREATHERITE MDI SPACER SPACER	7	QL (1 spacer per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER	7	QL (1 spacer per 365 days)
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Non-Formulary	
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)
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)
CONTOUR PLUS BLUE METER	Non-Formulary	
DEXCOM G6 RECEIVER	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 Receiver per 1 Year)
DEXCOM G6 SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (3 Sensors per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 Receiver per 1 Year)
DEXCOM G7 SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (3 Sensors per 30 days)
EASIVENT HOLDING CHAMBER SPACER	7	QL (1 spacer per 365 days)
EASY TRAK II BLOOD GLUCOSE MTR	Non-Formulary	
EASYMAX T1 KIT	Non-Formulary	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLEXICHAMBER SPACER	7	QL (1 spacer per 365 days)
FORA TN'G ADV MOBILE MULTI MTR DEVICE	Non-Formulary	

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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	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 reader per 1 year)
FREESTYLE LIBRE 14 DAY SENSOR KIT	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 Sensors per 30 Days)
FREESTYLE LIBRE 2 READER	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR KIT	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 Sensors per 30 days)
FREESTYLE LIBRE 3 READER	0	ST (Step Therapy Required- Tried and failed any insulin products in the last 120 days); QL (1 Reader per 1 Year)

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FREESTYLE LIBRE 3 SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (2 sensors per 28 days)
FREESTYLE LITE METER KIT	0	QL (1 meter per 1 year)
FREESTYLE PRECISION NEO METER	0	QL (1 meter per 1 year)
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Non-Formulary	
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 GLUCO PLUS METER KIT	Non-Formulary	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	1A	QL (Quantity Limits Apply); MDL
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 30, 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 5/16, 1/2 ml 29</i>	1A	QL (Quantity Limits Apply); MDL
<i>insulin syringe-needle u-100 syringe 1/2 ml 30 gauge</i>	1A	QL (Quantity Limits Apply)
I-PORT ADVANCE 6 MM INJEC PORT	Non-Formulary	QL (Quantity Limits Apply)
KELO-COTE TOPICAL GEL	Non-Formulary	
<i>lancets</i>	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
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)

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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 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)
OMNIPOD 5 G6-G7 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)
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
<i>pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 5/16"</i>	1A	QL (Quantity Limits Apply); MDL
PLATINUM GLUCOSE METER KIT	Non-Formulary	
POCKET CHAMBER SPACER	7	QL (1 spacer per 365 days)

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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	Non-Formulary	QL (1 spacer per 365 days)
PROCHAMBER SPACER	7	QL (1 spacer per 365 days)
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	7	
RECEDO TOPICAL GEL	Non-Formulary	
RITEFLO AEROCHAMBER SPACER	7	QL (1 spacer per 365 days)
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	1A	
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	7	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	Non-Formulary	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Non-Formulary	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	Non-Formulary	
<b>DIAGNOSTIC AGENTS</b>		
<b>Adrenocortical Insufficiency</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Non-Formulary	
<b>Cardiac Function</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1A	MDL; QL (90 tablets per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1A	MDL
<b>Diabetes Mellitus</b>		
ASSURE PLATINUM TEST STRIP STRIP	Non-Formulary	

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BLULINK GLUCOSE TEST STRIP STRIP	Non-Formulary	
CONTOUR PLUS TEST STRIP STRIP	Non-Formulary	
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)
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)
PLATINUM TEST STRIP STRIP	Non-Formulary	
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)
<b>Pheochromocytoma</b>		
<i>metirosine oral capsule 250 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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<b>Pituitary Function</b>		
METOPIRONE ORAL CAPSULE 250 MG	Non-Formulary	SP (Dispensed by AllianceRX (888) 347-3416; up to a 30 day supply per fill)
<b>Roentgenography And Other Imaging Agents</b>		
<i>diatrizoate meg-diatrizoat sod oral solution 66-10 %</i>	BB	
GASTROGRAFIN ORAL SOLUTION 66-10 %	BB	
<i>iopamidol injection solution 200 mg iodine /ml (41 %)</i>	BB	
<i>iopamidol intrathecal solution 200 mg iodine /ml (41 %), 300 mg iodine /ml (61 %)</i>	BB	
<i>iopamidol intravenous solution 250 mg iodine /ml (51 %), 300 mg iodine /ml (61 %), 370 mg iodine /ml (76 %)</i>	BB	
MD-GASTROVIEW ORAL SOLUTION 66-10 %	BB	
<b>Thyroid Function</b>		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG	BB	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>Acidifying Agents</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<b>Alkalinizing Agents</b>		
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1A	MDL
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	Non-Formulary	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Non-Formulary	

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<b>Ammonia Detoxicants</b>		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
BUPHENYL ORAL TABLET 500 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	1A	MDL
<i>enulose oral solution 10 gram/15 ml</i>	1	MDL
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	2	QL (1 Packet per 1 day)
<i>lactulose oral packet 10 gram</i>	Non-Formulary	QL (1 Packet per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i>	1	MDL
<i>lactulose oral solution 20 gram/30 ml</i>	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)
PHEBURANE ORAL GRANULES 483 MG/GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); 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)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 GRAM per 1 day)

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<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Caloric Agents</b>		
<i>aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution 3 %-10 %- 2.33 meq/250 ml</i>	BB	
<i>aa 3%no.2ped-d10w-calcium gluc intravenous parenteral solution 3 %-10 %- 3.75 meq/250 ml</i>	BB	
<i>aa 3.5% no.2 ped-d10w-heparin intravenous parenteral solution 3.5 %-10 %- 125 unit/250 ml</i>	BB	
<i>aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution 2.5 %-10 %- 3.75 meq/250 ml</i>	BB	
<i>aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution 3.5 %-10 %- 2.33 meq/250 ml, 3.5 %-10 %- 3.75 meq/250 ml</i>	BB	
<i>aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 3.75 meq/250 ml</i>	BB	
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)
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1A	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1A	MDL
<b>Diuretics, Miscellaneous</b>		
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
<i>theophylline oral elixir 80 mg/15 ml</i>	1A	
<i>theophylline oral solution 80 mg/15 ml</i>	1A	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1A	MDL
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	MDL

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<b>Electrolytic, Caloric, Water Balance Misc,</b>		
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)
<b>Irrigating Solutions</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	7	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Non-Formulary	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	7	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	7	
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	1A	
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	7	
<i>sodium chloride injection syringe 0.9 %</i>	BB	
<b>Loop Diuretics (40:28)</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
EDECIN ORAL TABLET 25 MG	Non-Formulary	QL (480 tablets per 30 days)
<i>ethacrynic acid oral tablet 25 mg</i>	1A	QL (2 tablets per 1 day)
<i>furosemide oral solution 10 mg/ml</i>	1A	MDL
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MDL
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Formulary	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1A	MDL
<b>Osmotic Diuretics</b>		
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	

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<i>urea topical cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1A	
<i>urea topical lotion 40 %</i>	1A	
<b>Phosphate-Removing Agents</b>		
AURYXIA ORAL TABLET 210 MG IRON	3	PA; QL (6 tablets per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1A	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1A	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Non-Formulary	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1A	QL (5 tablets per 1 day)
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Non-Formulary	QL (3.5 packets per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1A	QL (3.5 packets per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>	1A	QL (10 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	Non-Formulary	
<i>sevelamer hcl oral tablet 800 mg</i>	Non-Formulary	QL (7 tablets per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Potassium-Removing Agents</b>		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	PA; QL (2 packets per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1A	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	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)
<b>Potassium-Sparing Diuretics</b>		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<i>amiloride oral tablet 5 mg</i>	1A	MDL
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL

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CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	QL (15 ML per 1 day)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non-Formulary	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1A	MDL
INSPIRA ORAL TABLET 25 MG, 50 MG	Non-Formulary	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	MDL
<i>triamterene oral capsule 100 mg, 50 mg</i>	1A	MDL; QL (4 capsules per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MDL
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1A	MDL
<b>Replacement Preparations</b>		
<i>aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution 3 %-10 %- 2.33 meq/250 ml</i>	BB	
<i>aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution 2.5 %-10 %- 3.75 meq/250 ml</i>	BB	
<i>aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution 3.5 %-10 %- 2.33 meq/250 ml, 3.5 %-10 %- 3.75 meq/250 ml</i>	BB	
<i>aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 3.75 meq/250 ml</i>	BB	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	MDL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1A	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1A	MDL
<i>klor-con 8 oral tablet extended release 8 meq</i>	1A	MDL
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1A	MDL
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	1A	MDL
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1A	MDL

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KLOR-CON ORAL PACKET 20 MEQ	1A	MDL; QL (1 packet per 1 day)
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	1A	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG	Non-Formulary	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+)	Non-Formulary	
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml</i>	7	
<i>potassium chloride intravenous solution 2 meq/ml</i>	Non-Formulary	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1A	MDL
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1A	
<i>potassium chloride oral packet 20 meq</i>	1A	MDL; QL (1 packet per 1 day)
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1A	MDL
<i>potassium chloride oral tablet extended release 20 meq</i>	1A	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1A	
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1A	MDL
<i>potassium gluconate oral tablet 500 mg (83 mg), 550 mg (90 mg), 595 mg (99 mg)</i>	Non-Formulary	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	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 VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	3	MDL
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	7	
<i>sodium chloride injection syringe 0.9 %</i>	BB	
<i>sodium chloride intravenous solution 4 meq/ml</i>	7	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	MDL
<b>Thiazide Diuretics</b>		
ACCURETIC ORAL TABLET 20-25 MG	Non-Formulary	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiiazid oral tablet 5-160-25 mg</i>	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	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1A	MDL
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL

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

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<i>olmesartan-amlodipin-hcthiiazid oral tablet 40-5-12.5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 day of enrolling with HAP.)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1A	MDL
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1A	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	MDL
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	MDL
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MDL
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	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	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	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	
<b>Thiazide-Like Diuretics</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	MDL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1A	MDL
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MDL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	MDL
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Formulary	
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Formulary	

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<b>Uricosuric Agents</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Non-Formulary	
<i>probenecid oral tablet 500 mg</i>	1A	MDL
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1A	MDL
<b>Vasopressin Antagonists</b>		
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)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	BB	PA
<b>ENZYMES</b>		
<b>Enzyme Cofactors/Chaperones</b>		
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)
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)

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MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Capsules per 1 day)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	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)
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)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 packet per 1 day)
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Enzyme Inhibitors</b>		
CERDELGA ORAL CAPSULE 84 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
OPFOLDA ORAL CAPSULE 65 MG	3	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4 Capsules per 1 day)

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VIJOICE ORAL TABLET 125 MG, 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Enzymes</b>		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	BB	PA
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	BB	PA
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

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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)
POMBILITI INTRAVENOUS RECON SOLN 105 MG	BB	PA
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)
REVCIVI 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)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	BB	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (30GM per fill, 2 fills per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)

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XENPOZYME INTRAVENOUS RECON SOLN 20 MG	BB	PA
XIAFLEX INJECTION RECON SOLN 0.9 MG	BB	
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>Alpha-Adrenergic Agonists (Eent)</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MDL; QL (15 ML per 1 Fill)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	Non-Formulary	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1A	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	1A	MDL; QL (15 ML per 1 Fill)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1A	MDL; QL (15 ML per 30 days)
<i>brimonidine topical gel with pump 0.33 %</i>	1A	PA; QL (1 GM per 1 day)
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1A	MDL; QL (1 ML per 30 days)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Non-Formulary	QL (10 ML per 30 days)
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Non-Formulary	QL (1 GM per 1 day)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
<b>Antiallergic Agents</b>		
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	3	QL (5 ML per 1 fill)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1A	MDL
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1A	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1A	QL (0.2 ML per 1 day)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Non-Formulary	QL (0.2 ML per 1 day)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1A	MDL
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply)

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<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1A	
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	Non-Formulary	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1A	QL (5 ML per 1 fill)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1A	QL (5 ML per 1 fill)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	1A	QL (2.5 ML per 1 fill)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 %, 0.7 %	Non-Formulary	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	QL (1 gram per 1 day)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Antibacterials (52:04)</b>		
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply)
<i>avidoxy oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	QL (2.5 ML per 7 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1A	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1A	
BENZAMYCIN TOPICAL GEL 3-5 %	Non-Formulary	
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	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Non-Formulary	
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Formulary	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1A	

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<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1A	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1A	QL (14 applicators per 7 days)
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	1A	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1A	QL (7.5 ML per 1 fill)
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)
<i>doxycycline hyclate oral capsule 100 mg</i>	1A	MDL
<i>doxycycline hyclate oral capsule 50 mg</i>	1A	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	1A	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	QL (1 Capsule per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1A	
<i>doxycycline monohydrate oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	1A	
<i>doxycycline monohydrate oral tablet 50 mg</i>	1A	QL (3 tablets per 1 day)
E.E.S. 400 ORAL TABLET 400 MG	1A	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
<i>ery pads topical swab 2 %</i>	1A	
ERYGEL TOPICAL GEL 2 %	Non-Formulary	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	

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ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Non-Formulary	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1A	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1A	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	1A	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1A	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1A	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1A	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1A	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1A	
<i>erythromycin with ethanol topical gel 2 %</i>	1A	
<i>erythromycin with ethanol topical solution 2 %</i>	1A	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1A	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1A	
<i>gentamicin injection solution 40 mg/ml</i>	7	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	7	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1A	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	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	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1A	MDL
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1A	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1A	
MONDOXYNE NL ORAL CAPSULE 100 MG	1A	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
MONODOX ORAL CAPSULE 75 MG	Non-Formulary	
<i>morgidox oral capsule 50 mg</i>	1A	QL (90 capsules per 30 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1A	QL (3 ML per 1 fill)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1A	QL (3 ML per 1 fill)
<i>moxifloxacin oral tablet 400 mg</i>	1A	
<i>neomycin oral tablet 500 mg</i>	1A	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1A	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1A	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1A	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1A	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1A	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1A	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1A	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1A	

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<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1A	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1A	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Non-Formulary	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1A	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1A	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1A	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1A	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1A	
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1A	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	QL (1 tube per 1 fill)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	

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<b>Antiglaucoma Agents, Miscellaneous</b>		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	BB	
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)
<b>Anti-Infectives, Miscellaneous (52:04)</b>		
<i>acetic acid otic (ear) solution 2 %</i>	1A	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1A	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	BB	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	4A	PA; SP (Dispensed by AllianceRX (888) 347-3416; up to a 30 day supply per fill); QL (10 ML per 30 days)
<b>Anti-Inflammatory Agents (Eent)</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Non-Formulary	QL (Quantity Limits Apply)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1A	MDL
<i>cyclosporine modified oral solution 100 mg/ml</i>	1A	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1A	MDL; QL (2 Units per 1 day)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1A	MDL
<i>gengraf oral capsule 100 mg, 25 mg</i>	1A	MDL
<i>gengraf oral solution 100 mg/ml</i>	1A	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Non-Formulary	QL (0.2 ML per 1 day)
NEORAL ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
NEORAL ORAL SOLUTION 100 MG/ML	Non-Formulary	
OXERVATE 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)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	QL (5.5 ML per 24 days)

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RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Non-Formulary	QL (2 drops per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	BB	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Non-Formulary	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; QL (60 units per 30 days)
<b>Antivirals (Eent)</b>		
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	7	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1A	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	QL (5 GM per 30 days)
<b>Astringents (52:04)</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1A	MDL
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1A	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	Non-Formulary	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1A	MDL
<b>Beta-Adrenergic Blocking Agents (Eent)</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1A	MDL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	MDL
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)
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1A	MDL; QL (1 ML per 30 days)
<i>carteolol ophthalmic (eye) drops 1 %</i>	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)

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COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Non-Formulary	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1A	MDL
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1A	MDL; QL (1 ML per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	Non-Formulary	
<i>timolol maleate ophthalmic (eye) drops 0.25 %</i>	1	MDL
<i>timolol maleate ophthalmic (eye) drops 0.5 %</i>	1A	MDL
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Non-Formulary	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1A	MDL
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-Formulary	
<b>Carbonic Anhydrase Inhibitors (Eent)</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1A	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1A	MDL
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	QL (10 ML per 1 fill)
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	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	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1A	MDL
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Non-Formulary	

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<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1A	MDL
<i>methazolamide oral tablet 25 mg, 50 mg</i>	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.)
<b>Corticosteroids (Eent)</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	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	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	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	QL (10.7 GM per 30 Days)
ALA-CORT TOPICAL CREAM 1 %	1A	
ALA-SCALP TOPICAL LOTION 2 %	Non-Formulary	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non-Formulary	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Non-Formulary	QL (0.4 ML per 1 day)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (6.1 GM per 28 days)
<i>anti-itch (hc) topical ointment 1 %</i>	1A	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	

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ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Non-Formulary	QL (30 Blisters per 28 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	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	1A	MDL; QL (10.3 GM per 1 Fill)
BREYNA INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	1A	QL (10.3 GM per 1 Fill)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1A	MDL; QL (10.3 GM per 1 Fill)
CAPEX TOPICAL SHAMPOO 0.01 %	Non-Formulary	QL (Quantity Limits Apply)
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1A	QL (7.5 ML per 1 fill)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
CORTIZONE-10 TOPICAL OINTMENT 1 %	Non-Formulary	
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	Non-Formulary	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Non-Formulary	QL (20 ML per 30 days)
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1A	QL (30 ML per 1 fill)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1A	

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<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1A	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1A	
<i>dexamethasone sodium phos (pf) injection solution 4 mg/ml</i>	BB	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	7	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1A	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1A	
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)
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	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1A	MDL
<i>fluocinolone acetone oil otic (ear) drops 0.01 %</i>	1A	QL (20 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1A	
<i>fluocinolone topical oil 0.01 %</i>	1A	
<i>fluocinolone topical ointment 0.025 %</i>	1A	
<i>fluocinolone topical solution 0.01 %</i>	1A	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	1A	
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	

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<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>	2	QL (1 Inhaler per 30 days); AG (Max 4 Years)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1A	MDL
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	MDL; QL (60 GM per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Non-Formulary	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Non-Formulary	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	1	MDL
<i>hydrocortisone oral tablet 20 mg</i>	1A	MDL
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	7	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical lotion 2.5 %</i>	1A	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical solution 2.5 %</i>	Non-Formulary	QL (1 ML per 1 Day)
<i>hydrocortisone valerate topical cream 0.2 %</i>	1A	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Non-Formulary	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Non-Formulary	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1A	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	QL (Quantity Limits Apply)
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	

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KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Non-Formulary	
LOCOID TOPICAL LOTION 0.1 %	Non-Formulary	
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)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1A	QL (0.17 ml per 1 day)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1A	QL (0.4 ML per 1 day)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	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	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1A	QL (17 GM per 30 days)
<i>mometasone topical cream 0.1 %</i>	1A	
<i>mometasone topical ointment 0.1 %</i>	1A	
<i>mometasone topical solution 0.1 %</i>	1A	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1A	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1A	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1A	

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

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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)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-Formulary	
SINUVA SINUS IMPLANT 1,350 MCG	BB	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	7	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Non-Formulary	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1A	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	QL (10.3 GM per 1 Fill)
SYNALAR TOPICAL CREAM 0.025 %	Non-Formulary	
SYNALAR TOPICAL OINTMENT 0.025 %	Non-Formulary	
SYNALAR TOPICAL SOLUTION 0.01 %	Non-Formulary	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1A	
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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<i>triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1A	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	7	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-Formulary	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1A	MDL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1A	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1A	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Non-Formulary	
TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	
TRIDERM TOPICAL CREAM 0.1 %	Non-Formulary	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	MDL; QL (60 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>Eent Drugs, Miscellaneous</b>		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	BB	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1A	MDL
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1A	MDL
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	BB	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Non-Formulary	

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<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	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.)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	1A	QL (1 pack per 365 days)
<b>Eent Nonsteroidal Anti-Inflam. Agents</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Non-Formulary	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	2	
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	1A	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	1A	QL (10 ML per 365 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1A	QL (3.4 ML per 30 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Non-Formulary	QL (10 ML per 365 days)
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-2.5 %- 0.5 %</i>	BB	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1A	MDL
<i>flurbiprofen oral tablet 100 mg</i>	1A	MDL
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1A	MDL
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	QL (3 ML per 1 fill)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1A	QL (5 ML per 30 days)
<i>ketorolac injection solution 30 mg/ml</i>	1A	QL (10 ML per 30 days)
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1A	QL (5 syringes per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1A	QL (4 ML per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1A	QL (5 syringes per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1A	
<i>ketorolac oral tablet 10 mg</i>	1A	

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NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Non-Formulary	
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Local Anesthetics (Eent)</b>		
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1A	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	1A	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1A	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1A	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	1A	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1A	
<b>Macular Degeneration Agents</b>		
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)
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML	BB	PA
<b>Miotics</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1A	MDL
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1A	MDL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	Non-Formulary	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	PA; QL (2.5 ML per 30 Days)

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<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Non-Formulary	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1A	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-2.5 %- 0.5 %</i>	BB	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Non-Formulary	QL (0.05 ML per 1 Day)
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Non-Formulary	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1A	
<b>Osmotic Agents</b>		
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	
<i>urea topical cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1A	
<i>urea topical lotion 40 %</i>	1A	
<b>Prostaglandin Analogs</b>		
<i>bimatoprost base of the eyelashes drops with applicator 0.03 %</i>	Non-Formulary	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1A	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (7.5 ML per 30 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG	BB	PA
IDOSE TR INTRACAMERAL IMPLANT 75 MCG	BB	PA
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Non-Formulary	QL (1 Dropperette per 1 Day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1A	MDL

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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)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Non-Formulary	QL (1 dropperette per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1A	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)
<b>Rho Kinase Inhibitors</b>		
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)
<b>Vascular Endothelial Growth Factor Antag</b>		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	BB	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml</i>	BB	PA
<i>bevacizumab intravitreal syringe 2 mg/0.08 ml, 2.75 mg/0.11 ml</i>	BB	
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

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DRUG NAME	DRUG TIER	NOTES
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	BB	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	BB	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	BB	PA
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	BB	PA
<b>Vasoconstrictors</b>		
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-2.5 %- 0.5 %</i>	BB	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1A	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Non-Formulary	
<b>GASTROINTESTINAL DRUGS</b>		
<b>5-Ht3 Receptor Antagonists</b>		
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	
<i>granisetron hcl oral tablet 1 mg</i>	1A	QL (10 tablets per 30 days)
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	7	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1A	QL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1A	
<i>ondansetron oral tablet,disintegrating 16 mg</i>	Non-Formulary	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1A	
<i>palonosetron intravenous solution 0.25 mg/2 ml</i>	BB	PA
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5 ML	BB	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply)

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<b>Antidiarrhea Agents</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1A	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1A	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Non-Formulary	
<i>loperamide oral capsule 2 mg</i>	1A	MDL
VIBERZI ORAL TABLET 100 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply)
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)
<b>Antiemetics, Miscellaneous</b>		
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1A	QL (6 Fills per 365 Days); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (120 tablets per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1A	QL (2 tablets per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	QL (1 capsule per 1 day)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1A	QL (4 patches per 1 fill)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG	Non-Formulary	QL (1 capsule per 1 day)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Non-Formulary	
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	

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ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Non-Formulary	QL (2 tablets per 1 day)
<b>Antihistamines (Gi Drugs)</b>		
<i>compro rectal suppository 25 mg</i>	1A	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1A	QL (6 Fills per 365 Days); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (120 tablets per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1A	MDL
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1A	
<i>prochlorperazine rectal suppository 25 mg</i>	1A	
<i>trimethobenzamide oral capsule 300 mg</i>	1A	QL (2 capsules per 1 day)
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1A	PA; QL (1 tablet per 1 day)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Non-Formulary	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
AZULFIDINE ORAL TABLET 500 MG	Non-Formulary	
<i>balsalazide oral capsule 750 mg</i>	1A	MDL
CANASA RECTAL SUPPOSITORY 1,000 MG	Non-Formulary	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE 750 MG	Non-Formulary	
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)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1A	QL (12 capsules per 1 day)

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<i>mesalamine oral capsule, extended release 500 mg</i>	1A	MDL; QL (8 capsules per 1 day)
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1A	MDL; QL (4 capsules per 1 day)
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1A	MDL; QL (4 tablets per 1 day)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	1A	MDL; QL (6 tablets per 1 day)
<i>mesalamine rectal enema 4 gram/60 ml</i>	1A	MDL; QL (60 ML per 1 day)
<i>mesalamine rectal suppository 1,000 mg</i>	1A	QL (1 suppository per 1 day)
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	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	
<i>sulfasalazine oral tablet 500 mg</i>	1A	MDL
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1A	MDL
<b>Antiulcer Agents And Acid Suppress., Misc</b>		
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1A	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1A	

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<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1A	
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	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1A	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1A	
FLAGYL ORAL CAPSULE 375 MG	Non-Formulary	
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i>	1A	
<i>metronidazole topical cream 0.75 %</i>	1A	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1A	
<i>metronidazole topical gel with pump 1 %</i>	1A	
<i>metronidazole topical lotion 0.75 %</i>	1A	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1A	
NORITATE TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (24 capsules per 1 day)
ROSADAN TOPICAL CREAM 0.75 %	Non-Formulary	

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ROSADAN TOPICAL GEL 0.75 %	Non-Formulary	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1A	
<b>Cathartics And Laxatives</b>		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	1A	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	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	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	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)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	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)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	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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DRUG NAME	DRUG TIER	NOTES
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	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)
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1A	QL (Quantity Limits Apply); MDL
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	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)
<b>Chloride Channel Activators</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Non-Formulary	QL (60 capsules per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1A	QL (2 tablets per 1 day)
<b>Cholelitholytic Agents</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523, PantheRx: (855) 726-8479, Optum Specialty: (877) 977-9118; up to a 30 day supply per fill)
BYLVAY ORAL 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)
CHENODAL ORAL TABLET 250 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
IQIRVO ORAL TABLET 80 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)

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LIVDELZI ORAL CAPSULE 10 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); QL (3 ML per 1 day)
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)
URSO FORTE ORAL TABLET 500 MG	Non-Formulary	
<i>ursodiol oral capsule 300 mg</i>	1A	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1A	MDL
<b>Digestants</b>		
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	QL (8 capsules per 1 day)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ml per 1 day)
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. OR Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ml per 1 day)

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PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	Non-Formulary	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)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	2	QL (8 Capsules per 1 day)
<b>Dopamine Receptor Antagonists</b>		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1A	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1A	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1A	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1A	
<b>Gi Drugs, Miscellaneous</b>		
ALLI ORAL CAPSULE 60 MG	1A	QL (6 Capsules per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1A	QL (2 capsules per 1 day)

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IBSRELA ORAL TABLET 50 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)
<i>orlistat oral capsule 120 mg</i>	3	PA
SYNDROS ORAL SOLUTION 5 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
XENICAL ORAL CAPSULE 120 MG	Non-Formulary	QL (3 capsules per 1 day)
<b>Guanylate Cyclase C (Gcc) Recept Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	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 capsule per 1 day)
TRULANCE ORAL TABLET 3 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Histamine H2-Antagonists</b>		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1A	
DUEXIS ORAL TABLET 800-26.6 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1A	QL (5 ML per 1 day)
<i>famotidine oral tablet 20 mg</i>	1	MDL; QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	MDL; QL (3 tablets per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1A	
PEPCID ORAL TABLET 20 MG	Non-Formulary	QL (4 tablets per 1 day)
PEPCID ORAL TABLET 40 MG	Non-Formulary	QL (3 tablets per 1 day)
<b>Immunomodulatory Agents (56:44)</b>		
OMVOH 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)

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VELSIPITY ORAL TABLET 2 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
<b>Lipotropic Agents</b>		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1A	QL (4 patches per 1 fill)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Non-Formulary	
<b>Neurokinin-1 Receptor Antagonists</b>		
AKYNZEO (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	
<i>aprepitant oral capsule 125 mg</i>	1A	QL (1 Capsules per 1 Fill)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	1A	QL (2 Capsules per 1 Fill)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1A	QL (1 Capsule per 1 day)
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (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)
<b>Opioid Antagonists (56:18)</b>		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; QL (1 tablet per 1 day)
RELISTOR ORAL TABLET 150 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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

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VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Non-Formulary	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Non-Formulary	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
<b>Prokinetic Agents</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1A	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	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)
<b>Prostaglandins</b>		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Non-Formulary	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1A	
<b>Protectants</b>		
CARAFATE ORAL TABLET 1 GRAM	Non-Formulary	QL (4 tablets per 1 day)
<i>sucralfate oral suspension 100 mg/ml</i>	1A	
<i>sucralfate oral tablet 1 gram</i>	1A	MDL; QL (4 tablets per 1 day)
<b>Proton-Pump Inhibitors</b>		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1A	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Non-Formulary	QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1A	MDL; QL (2 capsules per 1 day)
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Non-Formulary	QL (10 ML per 1 Day)

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<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	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)
<i>omeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1A	QL (2 capsules per 1 day)
<i>omeprazole magnesium oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (1 tablet per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MDL; QL (42 tablets per 90 days)
<i>pantoprazole in 0.9% sod chlor intravenous piggyback 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml)</i>	BB	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	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)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	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 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	
<b>GOLD COMPOUNDS</b>		
<b>Gold Compounds</b>		
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)
<b>HEAVY METAL ANTAGONISTS</b>		
<b>Heavy Metal Antagonists</b>		
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	
CUVRIOR ORAL TABLET 300 MG	Non-Formulary	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF

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<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	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 [HFHS Only]; OR Accredo: (800) 803-2523; 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 [HFHS Only]; OR Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>penicillamine oral capsule 250 mg</i>	Non-Formulary	
<i>penicillamine oral tablet 250 mg</i>	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)

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<i>trientine oral capsule 250 mg</i>	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
<i>trientine oral capsule 500 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>Adrenals</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	MDL; QL (12 GM per 30 days)
AGAMREE ORAL SUSPENSION 40 MG/ML	Non-Formulary	SP (Dispensed by AnovoRx: (901) 201-5470; up to a 30 day supply per fill); QL (7.5 ML per 1 day)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Non-Formulary	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	QL (10.7 GM per 30 Days)
ALA-CORT TOPICAL CREAM 1 %	1A	
ALA-SCALP TOPICAL LOTION 2 %	Non-Formulary	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non-Formulary	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (6.1 GM per 28 days)
<i>anti-itch (hc) topical ointment 1 %</i>	1A	

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ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-Formulary	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Non-Formulary	QL (1 Inahler per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Non-Formulary	QL (30 Blisters per 28 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	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)
<i>betamethasone dipropionate topical cream 0.05 %</i>	1A	QL (60 GM per 1 fill)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1A	QL (2 GM per 1 day)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone valerate topical foam 0.12 %</i>	Non-Formulary	
<i>betamethasone valerate topical lotion 0.1 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone valerate topical ointment 0.1 %</i>	1A	QL (60 GM per 1 fill)
<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1A	QL (60 GM per 1 fill)
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	1A	MDL; QL (10.3 GM per 1 Fill)
BREYNA INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	1A	QL (10.3 GM per 1 Fill)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1A	MDL; QL (2 inhalations per 1 day)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1A	MDL; QL (3 capsules per 1 day)

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<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1A	QL (1 Tablet per Day. 8 Weeks of Treatment per 180 Days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1A	MDL; QL (10.3 GM per 1 Fill)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	
CORTIZONE-10 TOPICAL OINTMENT 1 %	Non-Formulary	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1A	QL (30 ML per 1 fill)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1A	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1A	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1A	
<i>dexamethasone sodium phos (pf) injection solution 4 mg/ml</i>	BB	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	7	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1A	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Non-Formulary	
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)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
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); QL (2 Tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (20 ML per 1 Day)
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	Non-Formulary	
<i>fludrocortisone oral tablet 0.1 mg</i>	1A	MDL
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1A	MDL
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>	2	QL (1 Inhaler per 30 days); AG (Max 4 Years)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1A	MDL
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	MDL; QL (60 GM per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Non-Formulary	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	1	MDL
<i>hydrocortisone oral tablet 20 mg</i>	1A	MDL
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	7	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical lotion 2.5 %</i>	1A	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical solution 2.5 %</i>	Non-Formulary	QL (1 ML per 1 Day)
<i>hydrocortisone valerate topical cream 0.2 %</i>	1A	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Non-Formulary	

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<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1A	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Non-Formulary	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1A	
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; QL (1 applicator per 1 day)
ISTURISA ORAL TABLET 1 MG, 5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Non-Formulary	
LOCOID TOPICAL LOTION 0.1 %	Non-Formulary	
LUXIQ TOPICAL FOAM 0.12 %	Non-Formulary	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
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	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1A	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1A	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	7	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1A	QL (17 GM per 30 days)
<i>mometasone topical cream 0.1 %</i>	1A	
<i>mometasone topical ointment 0.1 %</i>	1A	
<i>mometasone topical solution 0.1 %</i>	1A	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1A	QL (1.4 GM per 1 day)

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<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1A	QL (1.4 GM per 1 day)
<i>oralone dental paste 0.1 %</i>	1A	
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)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	QL (5 ML per 1 fill)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1A	MDL
<i>prednisolone oral solution 15 mg/5 ml</i>	1A	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1A	QL (16 ML per 1 day)
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1A	QL (48 tablets per 1 fill)
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1A	MDL; QL (1 ML per 1 day)
<i>prednisone oral solution 5 mg/5 ml</i>	1A	MDL
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1A	MDL
<i>prednisone oral tablets,dose pack 10 mg</i>	1	MDL
<i>prednisone oral tablets,dose pack 5 mg</i>	1A	MDL
PROCTOCORT TOPICAL CREAM 1 %	Non-Formulary	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1A	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1A	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	

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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	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
QVAR 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)
RECORLEV ORAL TABLET 150 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	QL (1 gram per 1 day)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-Formulary	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
SINUVA SINUS IMPLANT 1,350 MCG	BB	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	7	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Non-Formulary	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	7	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML	7	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1A	

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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)
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)
<i>triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1A	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	7	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-Formulary	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1A	MDL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1A	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1A	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Non-Formulary	
TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	
TRIDERM TOPICAL CREAM 0.1 %	Non-Formulary	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	MDL; QL (60 GM per 30 days)

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XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG	BB	PA
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1A	MDL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<b>Amylinomimetics</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (19 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (11 pens per 30 days)
<b>Androgens</b>		
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Non-Formulary	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	BB	PA
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	BB	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1A	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1A	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1A	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Non-Formulary	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1A	
<i>eemt oral tablet 1.25-2.5 mg</i>	1A	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Non-Formulary	QL (1 Tablet per 1 Day)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1A	MDL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Non-Formulary	QL (Quantity Limits Apply)

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KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Non-Formulary	
TESTOPEL IMPLANT PELLETT 75 MG	BB	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1A	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1A	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1A	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1A	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1A	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1A	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1A	PA; QL (2.5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1A	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1A	PA; QL (60 packets per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1A	PA; QL (30 packets per 30 days)
UNDECATREX ORAL CAPSULE 200 MG	Non-Formulary	QL (2 Capsules per 1 Day)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Non-Formulary	
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	Non-Formulary	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Non-Formulary	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Non-Formulary	QL (Quantity Limits Apply)
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>colesevelam oral powder in packet 3.75 gram</i>	1A	MDL; QL (1 packet per 1 day)
<i>colesevelam oral tablet 625 mg</i>	1A	MDL; QL (6 tablets per 1 day)

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KORLYM ORAL TABLET 300 MG	Non-Formulary	SP (Dispensed by Optime Care Pharmacy: (855) 456-7596; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
<i>mifepristone oral tablet 300 mg</i>	Non-Formulary	SP (Dispensed by Optime Care Pharmacy: (855) 456-7596; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Non-Formulary	
WELCHOL ORAL TABLET 625 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Antiestrogens</b>		
<i>anastrozole oral tablet 1 mg</i>	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	
<i>exemestane oral tablet 25 mg</i>	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)
<i>letrozole oral tablet 2.5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<b>Antigonadotropins</b>		
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
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	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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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
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
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Non-Formulary	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aubra oral tablet 0.1-20 mg-mcg</i>	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
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	BB	PA

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<i>aviane oral tablet 0.1-20 mg-mcg</i>	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
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	BB	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>camila oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>cetorelix subcutaneous kit 0.25 mg</i>	4	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 1 day)
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
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	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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<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1A	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>deblitane oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Non-Formulary	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	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)
EMZAHH ORAL TABLET 0.35 MG	1A	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>errin oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	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)

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<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (7 Syringes per 28 days)
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 Syringes per 28 days)
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
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>jencycla oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)

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<i>june1 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>june1 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Non-Formulary	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	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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<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	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)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lyza oral tablet 0.35 mg</i>	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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<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MYFEMBREE ORAL TABLET 40-1-0.5 MG	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nora-be oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1A	MDL
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	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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<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	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)
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)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Non-Formulary	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	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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<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>sharobel oral tablet 0.35 mg</i>	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)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TESTOPEL IMPLANT PELLETT 75 MG	BB	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1A	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1A	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1A	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1A	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1A	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1A	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1A	PA; QL (2.5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1A	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1A	PA; QL (60 packets per 30 days)

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<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1A	PA; QL (30 packets per 30 days)
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	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
UNDECATREX ORAL CAPSULE 200 MG	Non-Formulary	QL (2 Capsules per 1 Day)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Non-Formulary	
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	Non-Formulary	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Non-Formulary	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	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)
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)

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

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JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	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)
<i>metformin oral solution 500 mg/5 ml</i>	Non-Formulary	QL (20 ML per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	MDL
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	MDL; QL (120 tablets per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Non-Formulary	
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	Non-Formulary	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1A	MDL; QL (4 tablets per 1 day)
RIOMET ORAL SOLUTION 500 MG/5 ML	Non-Formulary	
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (2 Tablets per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Tablet per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Non-Formulary	QL (Quantity Limits Apply)

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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)
<b>Contraceptives</b>		
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
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	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
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	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)

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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)
<i>apri oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	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
<i>aubra oral tablet 0.1-20 mg-mcg</i>	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

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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
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
<i>aviane oral tablet 0.1-20 mg-mcg</i>	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
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	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)
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	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)

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<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>camila oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	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)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	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)
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	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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<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	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
<i>cyred oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	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)
<i>deblitane oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	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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<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	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)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	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)
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)
EMZAHH ORAL TABLET 0.35 MG	1A	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>enskyce oral tablet 0.15-0.03 mg</i>	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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<i>errin oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	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)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
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	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HAILEY ORAL TABLET 1.5-30 MG-MCG	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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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
<i>jencycla oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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	
<i>juleber oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	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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<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
KALLIGA ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	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

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<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	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)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	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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<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	Non-Formulary	
<i>levonorgestrel oral tablet 1.5 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	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)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	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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<i>levora-28 oral tablet 0.15-0.03 mg</i>	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)
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)
<i>loryna (28) oral tablet 3-0.02 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	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

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<i>luteal (28) oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lyza oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1A	MDL
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	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
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	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.)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	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)
<i>nikki (28) oral tablet 3-0.02 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nora-be oral tablet 0.35 mg</i>	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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<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	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)
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1A	MDL
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1A	MDL
<i>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</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	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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<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	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)
<i>ocella oral tablet 3-0.03 mg</i>	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	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	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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<i>portia 28 oral tablet 0.15-0.03 mg</i>	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)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	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)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>sharobel oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	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

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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)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>syeda oral tablet 3-0.03 mg</i>	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
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	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 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)
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	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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<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	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
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
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	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
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	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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<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	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
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	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
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	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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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
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	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)
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)
<i>zarah oral tablet 3-0.03 mg</i>	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

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<b>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</b>		
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)
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)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Non-Formulary	QL (Quantity Limits Apply)
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)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Tablet per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (2 Tablets per 1 day)

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<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 Tablet per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Non-Formulary	QL (1 Tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non-Formulary	QL (Quantity Limits Apply)
TRADJENTA ORAL TABLET 5 MG	Non-Formulary	QL (Quantity Limits Apply); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	QL (1 Tablet per 1 Day)
<b>Estrogen Agonist-Antagonists</b>		
CLOMID ORAL TABLET 50 MG	2	QL (30 tablets per 30 days)
<i>clomiphene citrate oral tablet 50 mg</i>	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)
<i>raloxifene oral tablet 60 mg</i>	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)
<i>tamoxifen oral tablet 10 mg</i>	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL
<i>tamoxifen oral tablet 20 mg</i>	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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<i>toremifene oral tablet 60 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Estrogens</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	Non-Formulary	
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
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	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
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
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	QL (30 tablets per 30 days)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	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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<i>aubra oral tablet 0.1-20 mg-mcg</i>	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
<i>aviane oral tablet 0.1-20 mg-mcg</i>	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
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BIJUVA ORAL CAPSULE 0.5-100 MG	Non-Formulary	QL (1 Capsule per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Non-Formulary	QL (Quantity Limits Apply); QL (1 Capsule per 1 day)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (4 patches per 30 days)

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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)
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1A	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1A	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 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)
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1A	
<i>eemt oral tablet 1.25-2.5 mg</i>	1A	
ELESTRIN TRANSDERMAL GEL IN METERED- DOSE PUMP 0.87 GRAM/ACTUATION	3	QL (52 GM per 30 days)

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<i>elinest oral tablet 0.3-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	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)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Non-Formulary	QL (42.5 GM per 1 fill)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1A	QL (50 GM per 30 Days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	1A	QL (30 packets per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1A	QL (30 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1A	MDL; QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1A	MDL; QL (4 patches per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1A	QL (42.5 GM per 1 fill)
<i>estradiol vaginal tablet 10 mcg</i>	1A	MDL; QL (0.29 Tablets per 1 day)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	1A	QL (5 ML per 28 days)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	1A	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1A	MDL

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ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Non-Formulary	QL (1 Tablet per 1 Day)
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	MDL; QL (1 ring per 90 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Non-Formulary	QL (50 GM per 30 days)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1A	MDL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	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)
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (8.1 ML per 1 fill)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	MDL; QL (1 ring per 1 fill)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	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
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)
<i>jinteli oral tablet 1-5 mg-mcg</i>	1A	MDL

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<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>june1 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>june1 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	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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<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	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)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	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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<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	MDL
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (4 patches per 28 days)
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>mimvey oral tablet 1-0.5 mg</i>	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)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg</i>	1A	MDL
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	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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<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	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)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Non-Formulary	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	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
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	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)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VAGIFEM VAGINAL TABLET 10 MCG	Non-Formulary	QL (0.29 Tablets per 1 Day)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-Formulary	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	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)
<i>yuvafem vaginal tablet 10 mcg</i>	1A	MDL

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<b>Glycogenolytic Agents</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL (1 kit per 1 fill)
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 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 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)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	QL (1.2 ML per 1 fill)
<b>Gonadotropins</b>		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	BB	PA
<i>chorionic gonadotropin, human injection recon soln 6,000 unit</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Vials per 28 days)
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	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

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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	Non-Formulary	PA
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (5 Cartridges per 28 days)
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)
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)
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	BB	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	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

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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
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 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

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<b>Incretin Mimetics</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Non-Formulary	QL (Quantity Limits Apply); QL (0.13 ml per 1 day)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Non-Formulary	
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Non-Formulary	QL (0.04 ML per 1 day)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Non-Formulary	QL (1 Fill per 30 Days); QL (0.04 ML per 1 Day)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	3	PA; ST (Step Therapy Required); QL (0.3 ML per 1 Day)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	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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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)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Non-Formulary	QL (0.08 ML per 1 Day)
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML, 5 MG/0.5 ML	Non-Formulary	QL (0.08 ML per 1 day)
<b>Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Non-Formulary	QL (3 cartridges per 1 day)

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APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Non-Formulary	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	QL (1 ML per 1 day)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Non-Formulary	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)
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)

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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, SENSOR 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.); 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.)
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)

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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.); QL (1 ML per 1 day)
HUMULIN R REGULAR U-100 INSULIN 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.); 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)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Non-Formulary	QL (1 ml per 1 day)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Non-Formulary	QL (1 ml per 1 day)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml), 300 unit/ml (3 ml)</i>	Non-Formulary	QL (0.3 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Non-Formulary	

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<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	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.); 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, SENSOR 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)
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)

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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 INSULIN 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)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	
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)
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)

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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)
<b>Intermediate-Acting Insulins</b>		
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.)
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.); QL (1 ML per 1 day)

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<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	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 INSULIN 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)
<b>Leptins</b>		
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)
<b>Long-Acting Insulins</b>		
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.)
BASAGLAR TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Non-Formulary	QL (1 ml per 1 day)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Non-Formulary	QL (1 ml per 1 day)

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<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Non-Formulary	QL (1 ml per 1 day)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml), 300 unit/ml (3 ml)</i>	Non-Formulary	QL (0.3 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	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.); QL (1 ML per 1 day)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	
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)
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)

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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)
<b>Meglitinides</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1A	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL; QL (240 tablets per 30 days)
<b>Melanocortin Receptor Antagonists</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (2 ML per 1 day)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	BB	PA
<b>Parathyroid Agents</b>		
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)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.09 ML per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	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)

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YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.1 ML per 1 day)
<b>Pituitary</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Accredo: (800) 803- 2523; up to a 30 day supply per fill)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Non-Formulary	
DDAVP INJECTION SOLUTION 4 MCG/ML	BB	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Non-Formulary	
<i>desmopressin injection solution 4 mcg/ml</i>	BB	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1A	QL (0.17 ML per 1 day)
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1A	QL (0.17 ML per 1 day)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1A	MDL
GENOTROPIN MINIQUECK 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)

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HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NOC DURNA (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)
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
NORDITROPIN FLEXPEN 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)
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)

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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)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Progestins</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	Non-Formulary	
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
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	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

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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
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
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	QL (30 tablets per 30 days)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>aubra oral tablet 0.1-20 mg-mcg</i>	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
<i>aviane oral tablet 0.1-20 mg-mcg</i>	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

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<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BIJUVA ORAL CAPSULE 0.5-100 MG	Non-Formulary	QL (1 Capsule per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Non-Formulary	QL (Quantity Limits Apply); QL (1 Capsule per 1 day)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>camila oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	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)
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	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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<i>deblitane oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
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)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	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)
EMZAHH ORAL TABLET 0.35 MG	1A	
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)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>errin oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1A	MDL

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<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	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)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	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
<i>jencycla oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>jinteli oral tablet 1-5 mg-mcg</i>	1A	MDL
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	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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<i>june1 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	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)

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<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lutea (28) oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>lyza oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	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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<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1A	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1A	QL (175 ML per 30 days)
<i>megestrol oral tablet 20 mg, 40 mg</i>	1A	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>mimvey oral tablet 1-0.5 mg</i>	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)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nora-be oral tablet 0.35 mg</i>	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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<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>norethindrone acetate oral tablet 5 mg</i>	1A	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg</i>	1A	MDL
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	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)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Non-Formulary	

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<i>philith oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>progesterone intramuscular oil 50 mg/ml</i>	7	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1A	MDL
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Non-Formulary	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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)
<i>sharobel oral tablet 0.35 mg</i>	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)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	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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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
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	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)
<b>Rapid-Acting Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Non-Formulary	QL (3 cartridges per 1 day)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (1 ML per 1 day)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
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	QL (1 ML per 1 day)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Non-Formulary	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)
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)

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DRUG NAME	DRUG TIER	NOTES
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 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.); 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)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Non-Formulary	QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Non-Formulary	MDL; QL (1 ML per 1 day)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	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, SENSOR 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)

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DRUG NAME	DRUG TIER	NOTES
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)
<b>Short-Acting Insulins</b>		
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.)
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.); 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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DRUG NAME	DRUG TIER	NOTES
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)
<b>Sodium-Gluc Cotransport 2 (Sgt2) Inhib</b>		
<i>bexagliflozin oral tablet 20 mg</i>	Non-Formulary	QL (1 Tablet per 1 Day)
BRENZAVVY ORAL TABLET 20 MG	Non-Formulary	QL (1 Tablet per 1 Day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>	Non-Formulary	QL (1 Tablet per 1 Day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	Non-Formulary	QL (2 Tablets per 1 Day)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Non-Formulary	QL (1 Tablet per 1 Day)
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	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 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)

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DRUG NAME	DRUG TIER	NOTES
SEGLUOMET 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)
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)
<b>Somatostatin Agonists</b>		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	BB	PA
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)
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	1A	QL (0.01 ML per 1 day)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Non-Formulary	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1A	QL (2 ML per 1 day)
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i>	BB	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Non-Formulary	

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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
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
<b>Somatotropin Agonists</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
<b>Somatotropin Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].)
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)
<b>Sulfonylureas</b>		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>glimepiride oral tablet 3 mg</i>	Non-Formulary	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MDL
<i>glipizide oral tablet 2.5 mg</i>	Non-Formulary	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	MDL; QL (8 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	Non-Formulary	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	MDL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	MDL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1A	QL (1 tablet per 1 day)
<b>Thiazolidinediones</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non-Formulary	QL (4 tablets per 1 day)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Non-Formulary	QL (1 tablet per 1 day)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Non-Formulary	QL (1 tablet per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1A	QL (1 tablet per 1 day)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<b>Thyroid Agents</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	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
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MDL
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1A	MDL
NP THYROID ORAL TABLET 120 MG	1A	MDL; QL (2 tablets per 1 day)
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	1A	MDL; QL (2 tablets per 1 day)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4A	PA; SP (Dispensed by Optum Specialty: (877) 977-9118; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	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, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MDL
UNITHROID ORAL TABLET 25 MCG	2	MDL

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<b>IMMUNOMODULATORY AGENTS (90:00)</b>		
<b>Amino Acid Polymers</b>		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (12 ML per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (12 ML per 30 days)
<b>Antimetabolites</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	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 (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)

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DRUG NAME	DRUG TIER	NOTES
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)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Antimetabolites, Immunosupp Therapy Misc</b>		
AZASAN ORAL TABLET 100 MG, 75 MG	Non-Formulary	
<i>azathioprine oral tablet 50 mg</i>	1A	MDL
CELLCEPT ORAL CAPSULE 250 MG	Non-Formulary	QL (8 capsules per 1 day)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Non-Formulary	
CELLCEPT ORAL TABLET 500 MG	Non-Formulary	QL (8 tablets per 1 day)
IMURAN ORAL TABLET 50 MG	Non-Formulary	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1A	MDL; QL (8 capsules per 1 day)
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1A	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1A	MDL; QL (8 tablets per 1 day)

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<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1A	MDL
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Non-Formulary	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Non-Formulary	QL (15 ML per 1 Day)
<b>Bone-Modifying Agents</b>		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)	BB	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	BB	QL (1 ML per 180 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	BB	QL (0.07 ml per 1 Day)
<b>Calcineurin Inhibitors, Misc (90:28)</b>		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Non-Formulary	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Non-Formulary	QL (Quantity Limits Apply)
<i>cyclosporine (bulk) powder</i>	3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1A	MDL
<i>cyclosporine modified oral solution 100 mg/ml</i>	1A	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1A	MDL; QL (2 Units per 1 day)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1A	MDL
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Non-Formulary	
<i>engraforal capsule 100 mg, 25 mg</i>	1A	MDL
<i>engraforal solution 100 mg/ml</i>	1A	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
NEORAL ORAL SOLUTION 100 MG/ML	Non-Formulary	
PROGRAF ORAL CAPSULE 0.5 MG	Non-Formulary	MDL
PROGRAF ORAL CAPSULE 1 MG, 5 MG	Non-Formulary	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	QL (5.5 ML per 24 days)

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RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Non-Formulary	QL (2 drops per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	MDL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1A	MDL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1A	
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Non-Formulary	
<b>Complement Inhibitor Agents (90:20)</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
FABHALTA ORAL CAPSULE 200 MG	Non-Formulary	SP (Dispensed by Onco360: (877) 622-6633 or Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (2 Capsules per 1 Day)
PIASKY INJECTION SOLUTION 340 MG/2 ML	BB	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	BB	PA
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML	BB	PA
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)
<b>Complement Inhibitors (90:08)</b>		
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML	4A	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (0.416 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML	4A	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (0.574 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SYRINGE 32.4 MG/0.81 ML	4A	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (0.81 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<b>Disease-Modifying Antirheumat Drugs Misc</b>		
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)
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)
<b>Disease-Modifying Antirheumatic Drugs</b>		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Non-Formulary	
AZULFIDINE ORAL TABLET 500 MG	Non-Formulary	
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Non-Formulary	
<i>hydroxychloroquine oral tablet 200 mg</i>	1A	MDL; QL (6 tablets per 1 day)
<i>hydroxychloroquine oral tablet 300 mg</i>	Non-Formulary	QL (1 Tablets per 1 day)
JYLAMVO ORAL SOLUTION 2 MG/ML	Non-Formulary	QL (20 ML per 30 days)
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Non-Formulary	QL (1 kit per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1A	MDL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Non-Formulary	QL (Quantity Limits Apply)
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	QL (6 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
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)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
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)
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
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	BB	
SOVUNA ORAL TABLET 200 MG	Non-Formulary	QL (6 Tablets per 1 Day)
SOVUNA ORAL TABLET 300 MG	Non-Formulary	QL (1 Tablets per 1 Day)
<i>sulfasalazine oral tablet 500 mg</i>	1A	MDL
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1A	MDL
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	BB	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 Day)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	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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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)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 Day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	BB	
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Fumarates</b>		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 capsules per 1 day)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Igg1 Monoclonal Antibodies</b>		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	BB	PA

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DRUG NAME	DRUG TIER	NOTES
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)
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)
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	BB	PA
<b>Immunomodulatory Agents (90:00)</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); PF
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1A	QL (2 capsules per 1 day)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1A	QL (10 Tablets per 1 day)
<i>mercaptopurine oral tablet 50 mg</i>	1A	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)
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Non-Formulary	
<b>Interferon Gamma Inhibitor Agents, Misc</b>		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	BB	

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<b>Interferons</b>		
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)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	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)
PLEGRIDY INTRAMUSCULAR 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 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)

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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)
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)
<b>Interleukin Inhibitor Agents, Misc</b>		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 1 Fill)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 Fill)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	BB	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 1 Fill)

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XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 1 Fill)
<b>Interleukin-Mediated Agents, Misc</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	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)
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 INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
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	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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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 (0.02 ML per 1 day)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	4A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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 Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only]. Or Dispensed by Biologics: (800) 850-4306; up to a 30 day supply per fill); QL (19 ML per 28 days)
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)

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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)
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 20 MG/0.25 ML, 40 MG/0.5 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
TYENNE 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
TYENNE 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)
<b>Janus Kinase Inhibitors, Miscellaneous</b>		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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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)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
XELJANZ ORAL SOLUTION 1 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	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)
<b>Monocarboxylic Acid Amide Agents</b>		
ARAVA ORAL TABLET 10 MG, 20 MG	Non-Formulary	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1A	MDL
<b>Monoclonal Antibodies (90:04)</b>		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	BB	
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)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	BB	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	BB	PA

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TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	BB	PA; QL (15 ML per 28 days)
<b>Monoclonal Antibodies (90:10)</b>		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML	BB	PA
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	BB	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	BB	PA
<b>Monoclonal Antibodies (90:12)</b>		
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)
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
<b>Mtor Inhibitors, Miscellaneous</b>		
HYFTOR TOPICAL GEL 0.2 %	Non-Formulary	
<i>sirolimus oral solution 1 mg/ml</i>	1A	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<b>Neonatal Fc Receptor Blockers</b>		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	BB	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	BB	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
<b>Phosphodiesterase-4 Inhibitors, Misc</b>		
OTEZLA ORAL TABLET 20 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)
OTEZLA ORAL TABLET 30 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)

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OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG(19)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 1 Year)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 kit per 365 days)
<b>Sphingosine 1-Phosphate (S1p) Agents</b>		
<i>fingolimod oral capsule 0.5 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 capsule per 1 day)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); 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)
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)
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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TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Non-Formulary	QL (1 tablet per 1 day)
ZEPOSIA ORAL CAPSULE 0.92 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
<b>T-Cell Blockers (90:24)</b>		
LUPKYNIS ORAL CAPSULE 7.9 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
<b>Tumor Necrosis Factor Inhibitors, Misc</b>		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
<i>adalimumab-aacf subcutaneous syringe 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
<i>adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 28 days)

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ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Kit per 28 days)
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 Days)
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)

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

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AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	BB	PA
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)
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 (0.15 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
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 (0.15 ML per 1 day)
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 (0.15 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (4.8 ML per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2.4 ML per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); 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)

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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) 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)
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); QL (2 Syringe/Pen per 28 days)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringe/Pen per 28 days)
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); QL (2 Syringe/Pen per 28 days)
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); QL (2 Syringe/Pen per 28 days)

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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); QL (2 Syringe/Pen per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringe/Pen per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringe/Pen per 28 days)
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); QL (1 kit per 28 days)
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); QL (1 kit per 28 days)
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); QL (1 kit per 28 days)
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); QL (1 kit per 28 days)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	BB	PA
<i>infliximab intravenous recon soln 100 mg</i>	BB	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG	BB	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	BB	PA; QL (5 vials per 30 days)

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SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
SIMLANDI(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)
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)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Syringes per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 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); QL (2 Syringes per 28 days)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	BB	
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	BB	

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<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
<b>Local Anesthetics (Parenteral)</b>		
<i>bupivacaine-lidocaine-sod chl injection syringe 0.375 % - 2 % (10 ml)</i>	BB	
<i>dermacinrx prizopak topical kit 2.5-2.5 %</i>	1A	
DULOXICAIN KIT 30 MG- 4%	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %</i>	BB	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.125 %</i>	BB	
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>	BB	
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i>	BB	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1A	
<i>lidocaine hcl topical cream 3 %</i>	1A	QL (1.06 GM per 1 day)
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1A	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Non-Formulary	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1A	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1A	QL (3 Patches per 1 day)
<i>lidocaine topical ointment 5 %</i>	1A	QL (39 gm per 1 fill)
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1A	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Non-Formulary	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1A	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1A	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (1 Patch per 1 Day)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (1 Patch per 1 Day)

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LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (1 Patch per 1 Day)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	Non-Formulary	
<i>ropivacaine (pf) injection solution 7.5 mg/ml (0.75 %)</i>	BB	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1A	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-Alpha-Reductase Inhibitors (92:04)</b>		
AVODART ORAL CAPSULE 0.5 MG	Non-Formulary	QL (1 capsule per 1 day)
<i>dutasteride oral capsule 0.5 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Non-Formulary	
<i>finasteride oral tablet 5 mg</i>	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)
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1A	MDL
<i>allopurinol oral tablet 200 mg</i>	Non-Formulary	
ANAPROX DS ORAL TABLET 550 MG	Non-Formulary	
<i>colchicine oral capsule 0.6 mg</i>	Non-Formulary	QL (4 Capsules per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	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
<i>febuxostat oral tablet 40 mg</i>	1A	QL (3 Tablets per 1 day)

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<i>febuxostat oral tablet 80 mg</i>	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	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	PA; QL (1 suppository per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1A	MDL
<i>indomethacin oral capsule, extended release 75 mg</i>	1A	MDL
<i>indomethacin rectal suppository 100 mg</i>	Non-Formulary	QL (1 suppository per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	BB	PA
LODOCO ORAL TABLET 0.5 MG	Non-Formulary	QL (1 Tablet per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG	Non-Formulary	QL (Quantity Limits Apply)
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	Non-Formulary	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Non-Formulary	QL (Quantity Limits Apply)
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	Non-Formulary	
NAPROSYN ORAL TABLET 500 MG	Non-Formulary	
<i>naproxen oral suspension 125 mg/5 ml</i>	1A	MDL
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1A	MDL
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1A	MDL
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1A	MDL
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg, 750 mg</i>	Non-Formulary	
<i>probenecid oral tablet 500 mg</i>	1A	MDL
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1A	MDL
ULORIC ORAL TABLET 40 MG, 80 MG	Non-Formulary	
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 500-20 MG	Non-Formulary	
ZYLOPRIM ORAL TABLET 100 MG	Non-Formulary	

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<b>Antisense Oligonucleotides</b>		
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)
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Packet per 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i>	1A	PA; SP (Dispensed by Accredo: (800) 803-2523 or Express Scripts SDS (314) 587-4050; up to a 30 day supply per fill); QL (18 ML per 1 day)
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	BB	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.8 ML per 30 days)
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)
<b>Bone Anabolic Agents</b>		
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)

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<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.09 ML per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	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)
<b>Bone Resorption Inhibitors</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	Non-Formulary	
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)
<i>alendronate oral solution 70 mg/75 ml</i>	1A	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1A	MDL
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	QL (30 tablets per 30 days)
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	Non-Formulary	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1A	
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 SEMI-WEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	MDL; QL (8 patches per 30 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	Non-Formulary	

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DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Non-Formulary	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Non-Formulary	QL (1 Packet per 1 day)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	QL (52 GM per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Non-Formulary	QL (42.5 GM per 1 fill)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1A	QL (50 GM per 30 Days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	1A	QL (30 packets per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1A	QL (30 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1A	MDL; QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1A	MDL; QL (4 patches per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1A	QL (42.5 GM per 1 fill)
<i>estradiol vaginal tablet 10 mcg</i>	1A	MDL; QL (0.29 Tablets per 1 day)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	1A	QL (5 ML per 28 days)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	1A	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	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	Non-Formulary	QL (50 GM per 30 days)

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EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (8.1 ML per 1 fill)
EVISTA ORAL TABLET 60 MG	Non-Formulary	QL (1 tablet per 1 day)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	MDL; QL (1 ring per 1 fill)
FOSAMAX ORAL TABLET 70 MG	Non-Formulary	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	2	ST (Step Therapy Required- Tried and failed 90 days treatment of alendronate or ibandronate); QL (4 tablet per 30 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1A	MDL
<i>ibandronate oral tablet 150 mg</i>	1A	MDL; QL (1 tablet per 30 days)
<i>jinteli oral tablet 1-5 mg-mcg</i>	1A	MDL
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (4 patches per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	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	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1A	MDL
<i>raloxifene oral tablet 60 mg</i>	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)
<i>risedronate oral tablet 150 mg</i>	1A	MDL; QL (1 tablet per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>risedronate oral tablet 35 mg</i>	1A	MDL
VAGIFEM VAGINAL TABLET 10 MCG	Non-Formulary	QL (0.29 Tablets per 1 Day)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-Formulary	
<i>yuvafem vaginal tablet 10 mcg</i>	1A	MDL

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<b>Bradykinin Receptor Antagonists</b>		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	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)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Carbonic Anhydrase Inhibitors (Misc.)</b>		
KEVEYIS ORAL TABLET 50 MG	Non-Formulary	SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill)
<b>Cariostatic Agents</b>		
<i>clinpro 5000 dental paste 1.1 %</i>	1A	QL (100 GM per 30 days)
DENTA 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Non-Formulary	QL (100 ml per 30 Days)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	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
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	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.)

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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.)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Non-Formulary	QL (100 GM per 30 days)
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	Non-Formulary	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Non-Formulary	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT DENTAL GEL 1.1 %	Non-Formulary	
<i>prevident dental solution 0.2 %</i>	Non-Formulary	
SF 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
SF DENTAL GEL 1.1 %	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<b>Complement Inhibitors</b>		
VOYDEYA ORAL TABLET 100 MG	Non-Formulary	SP (Dispensed by Onco360: (877) 622-6633; up to a 30 day supply per fill); QL (6 Tablets per 1 day)
VOYDEYA ORAL TABLET 150 MG (50 MG X 1-100 MG X 1)	Non-Formulary	SP (Dispensed by Onco360: (877) 622-6633; up to a 30 day supply per fill)
<b>Complement Inhibitors (92:32)</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	BB	PA
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)

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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)
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)
<b>Immunomodulatory Agents</b>		
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)
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Non-Formulary	
<i>hydroxychloroquine oral tablet 200 mg</i>	1A	MDL; QL (6 tablets per 1 day)
<i>hydroxychloroquine oral tablet 300 mg</i>	Non-Formulary	QL (1 Tablets per 1 day)
JOENJA ORAL TABLET 70 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 day)
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Non-Formulary	QL (1 kit per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 Capsule per 1 day)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	BB	PA
PLAQUENIL ORAL TABLET 200 MG	Non-Formulary	QL (6 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)
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)

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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)
SOVUNA ORAL TABLET 200 MG	Non-Formulary	QL (6 Tablets per 1 Day)
SOVUNA ORAL TABLET 300 MG	Non-Formulary	QL (1 Tablets per 1 Day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP (Dispensed by HFHS Discharge; up to a 30 day supply per fill); QL (1 capsule per 1 day)
VELSIPITY ORAL TABLET 2 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 day)
<b>Other Miscellaneous Therapeutic Agents</b>		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	BB	PA
<i>betaine oral powder 1 gram/scoop</i>	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	
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)
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	4A	PA; SP (Dispensed by PANTHERx: (855) 726-8479; up to a 30 day supply per fill); QL (6 ML per 1 day)

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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)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	BB	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1A	
<i>levocarnitine oral tablet 330 mg</i>	1A	
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
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)
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
REZUROCK ORAL TABLET 200 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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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)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); QL (10 Tablets per 1 day)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); QL (4 Tablets per 1 day)
THIOLA ORAL TABLET 100 MG	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill)
<i>tiopronin oral tablet 100 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (20 TABLET per 1 day)
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg</i>	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); QL (10 Tablets per 1 Day)
<i>tiopronin oral tablet, delayed release (dr/ec) 300 mg</i>	Non-Formulary	SP (Dispensed by Eversana (636) 519-2400; up to a 30 day supply per fill); QL (4 Tablets per 1 Day)
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)
XPHOZAH ORAL TABLET 20 MG, 30 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 Tablets per 1 Day)
<b>Protective Agents</b>		
<i>adapalene topical cream 0.1 %</i>	1A	PA; QL (45 GM per 30 days); AG (Max 30 Years)

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<i>adapalene topical gel 0.1 %, 0.3 %</i>	1A	PA; MDL; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical gel with pump 0.3 %</i>	1A	PA; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical lotion 0.1 %</i>	Non-Formulary	AG (Max 30 Years)
<i>adapalene topical solution 0.1 %</i>	Non-Formulary	AG (Max 30 Years)
<i>adapalene topical swab 0.1 %</i>	Non-Formulary	AG (Max 30 Years)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Non-Formulary	SP (Dispensed by Optum Specialty: (877) 977-9118, Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1A	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)
DIFFERIN TOPICAL CREAM 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	Non-Formulary	
DIFFERIN TOPICAL LOTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	BB	PA
<b>NONHORMONAL CONTRACEPTIVES</b>		
<b>Nonhormonal Contraceptives</b>		
AIMSCO LATEX CONDOM DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
DUREX AIR CONDOM DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DUREX AVANTI BARE REAL FEEL	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (10 condoms per 30 days)

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DUREX EXTRA SENSITIVE CONDOM DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DUREX TROPICAL CONDOM DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FANTASY CONDOM DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
FC2 FEMALE CONDOM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
KIMONO LUBRICATED CONDOMS DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
KIMONO MICROTHIN AQUA LUBE CON DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
KIMONO MICROTHIN CONDOMS DEVICE	Non-Formulary	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)

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DRUG NAME	DRUG TIER	NOTES
KIMONO MICROTHIN LARGE CONDOMS DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
KIMONO TEXTURED CONDOMS DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
KIMONO THIN LUBRICATED CONDOMS DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN BARESKIN DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN EXTENDED PLEASURE DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN MAGNUM CONDOMS DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN PLEASURE PACK DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN ULTRA RIBBED CONDOM DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN ULTRA THIN DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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TROJAN ULTRA THIN SPERMICIDAL DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN VERY THIN LUB CONDOMS DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN-ENZ (NON-LUB) CONDOMS DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN-ENZ LUBRICATED CONDOMS DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TROJAN-ENZ/SPERMICIDAL CONDOMS DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUE COVER CONDOM DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUSTEX LATEX CONDOM DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
TRUSTEX LUBRICATED CONDOMS DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
TRUSTEX NON-LUB CONDOMS DEVICE	3	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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TRUSTEX-RIA LUB/SPERMICIDE DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (12 condoms per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
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	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	0	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<b>OXYTOCICS</b>		
<b>Oxytocics</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	1A	QL (28 tablets per 365 days)
<b>PHARMACEUTICAL AIDS</b>		
<b>Pharmaceutical Aids</b>		
DILUENT FOR RABAERT INTRAMUSCULAR SYRINGE	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>diluent for treprostinil (gly) intravenous solution</i>	7	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
STRATACTX TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
STRATAGRT TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
STRATAXRT TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
TEGADERM FRAME STYLE TOPICAL BANDAGE 2 3/8 X 2 3/4 "	7	ST (Step Therapy Required- Use of Freestyle Libre in the last 180 days); QL (20 patches per 30 days)
TEGADERM TRANSPARENT DRESSING TOPICAL BANDAGE 2 3/8 X 2 3/4 "	7	ST (Step Therapy Required- Use of Freestyle Libre in the last 180 days); QL (20 patches per 30 days)

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<b>RESPIRATORY TRACT AGENTS</b>		
<b>Alpha And Beta Adrenergic Agonist(Respr)</b>		
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	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	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	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	
<i>ephedrine sulfate intravenous solution 5 mg/ml, 50 mg/ml</i>	BB	
<i>ephedrine sulfate intravenous syringe 25 mg/5 ml (5 mg/ml)</i>	BB	
<i>ephedrine sulfate-0.9%nacl(pf) intravenous syringe 15 mg/3 ml (5 mg/ml)</i>	BB	
<i>epinephrine hcl in 0.9 % nacl intravenous solution 4 mg/250 ml (16 mcg/ml)</i>	BB	
<i>epinephrine in 0.9 % sod chlor intravenous solution 8 mg/250 ml (32 mcg/ml)</i>	BB	

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<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	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)
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	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
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Non-Formulary	QL (0.2 ML per 30 days)
PRIMATENE MIST INHALATION HFA AEROSOL INHALER 0.125 MG/ACTUATION	Non-Formulary	QL (11.7 GM per 28 days)
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
<b>Anticholinergic Agents (Respir. Tract)</b>		
ANASPAZ ORAL TABLET, DISINTEGRATING 0.125 MG	Non-Formulary	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (60 Blisters per 28 days)
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (2 inhalers per 30 days)

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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; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	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)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	QL (1 Inhaler per 28 days)
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1A	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Non-Formulary	PA; QL (0.01 ML per 1 day)
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	BB	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	4	PA; QL (5 ML per 1 day)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1A	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1A	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	1A	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1A	
<i>hyosyne oral drops 0.125 mg/ml</i>	1A	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	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)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1A	

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<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	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	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	Non-Formulary	
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)
<i>symax-sl sublingual tablet 0.125 mg</i>	1A	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1A	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	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)
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)
<b>Antifibrotic Agents</b>		
ESBRIET ORAL CAPSULE 267 MG	Non-Formulary	

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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; up to a 30 day supply per fill [HFHS Only].); QL (60 capsules per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 Capsules per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (6 Tablets per 1 day)
<i>pirfenidone oral tablet 534 mg</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (3 Tablets per 1 day)
<b>Antitussives</b>		
<i>benzonatate oral capsule 100 mg</i>	1A	QL (6 capsules per 1 day)
<i>benzonatate oral capsule 150 mg</i>	Non-Formulary	
<i>benzonatate oral capsule 200 mg</i>	1A	QL (3 capsules per 1 day)
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1A	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1A	QL (6 tablets per 1 day)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1A	
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	1A	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1A	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	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)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1A	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1A	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
<b>Corticosteroids (Respiratory Tract)</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	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	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	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	QL (10.7 GM per 30 Days)
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	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)

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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	1A	MDL; QL (10.3 GM per 1 Fill)
BREYNA INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	1A	QL (10.3 GM per 1 Fill)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	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)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply)
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	Non-Formulary	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1A	MDL
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>	2	QL (1 Inhaler per 30 days); AG (Max 4 Years)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1A	MDL
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	MDL; QL (1 inhaler per 30 days)

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<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	MDL; QL (60 GM per 30 days)
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
<i>mometasone topical cream 0.1 %</i>	1A	
<i>mometasone topical ointment 0.1 %</i>	1A	
<i>mometasone topical solution 0.1 %</i>	1A	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1A	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1A	QL (1.4 GM per 1 day)
<i>oralone dental paste 0.1 %</i>	1A	
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)
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.)
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)
<i>triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1A	

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<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	7	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-Formulary	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1A	MDL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1A	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1A	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Non-Formulary	
TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	
TRIDERM TOPICAL CREAM 0.1 %	Non-Formulary	
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)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
<b>Cystic Fibrosis (Cftr) Correctors</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 packets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Non-Formulary	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 Tablets per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 tablets per 1 day)

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

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<b>Dual Phosphodiesterase Inhibitor (48:34)</b>		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Non-Formulary	QL (5 ML per 1 Day)
<b>Endothelin Receptor Antagonists</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<b>Expectorants</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1A	
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	1A	
STRONG IODINE ORAL SOLUTION 5 %	1	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
<b>First Generation Antihist.(Respir Tract)</b>		
<i>allergy relief(diphenhydramin) oral capsule 25 mg</i>	1A	
<i>banophen oral capsule 25 mg</i>	1A	
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-Formulary	
BENADRYL ORAL CAPSULE 25 MG	Non-Formulary	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-Formulary	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1A	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1A	
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Non-Formulary	QL (40 ML per 1 Day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1A	
<i>clemastine oral tablet 2.68 mg</i>	1A	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1A	
<i>cyproheptadine oral tablet 4 mg</i>	1A	MDL

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DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	PA; QL (120 tablets per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	7	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1A	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1A	QL (6 Fills per 365 Days); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (120 tablets per 30 days)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1A	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non-Formulary	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1A	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1A	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1A	
<b>Interleukin Antagonists</b>		
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)
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

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ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	BB	PA
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)
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
<b>Leukotriene Modifiers</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Non-Formulary	
<i>montelukast oral granules in packet 4 mg</i>	1A	MDL; QL (1 packet per 1 day)
<i>montelukast oral tablet 10 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	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)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1A	MDL
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1A	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET 600 MG	3	PA; QL (4 tablets per 1 day)

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<b>Mast-Cell Stabilizers</b>		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	QL (5 ML per 1 fill)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1A	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1A	MDL
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1A	MDL
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Non-Formulary	
<b>Mucolytic Agents</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	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)
<b>Phosphodiesterase Type 4 Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non-Formulary	QL (1 tablet per 1 day)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1A	QL (1 tablet per 1 day)
ZORYVE TOPICAL CREAM 0.15 %	Non-Formulary	QL (2 GM per 1 Day)
ZORYVE TOPICAL CREAM 0.3 %	Non-Formulary	QL (2 GM per 1 day)
ZORYVE TOPICAL FOAM 0.3 %	Non-Formulary	QL (2 GM per 1 day)
<b>Phosphodiesterase-5 Inhibitors (Respir)</b>		
ADCIRCA ORAL TABLET 20 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet 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)
CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (6 tablets per 30 days)
CIALIS ORAL TABLET 20 MG	Non-Formulary	

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LIQREV ORAL SUSPENSION 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	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1A	MDL; QL (30 tablets per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1A	QL (6 tablets per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 tablet per 1 day)
<i>tadalafil oral tablet 10 mg, 5 mg</i>	1A	QL (6 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg, 20 mg</i>	Non-Formulary	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	
<b>Prostacyclin &amp; Prostacyclin Derivatives</b>		
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)
<b>Respiratory Tract Agents, Miscellaneous</b>		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	4A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (2 vials per 21 days)
<b>Second Generation Antihist(Respir Tract)</b>		
24HOUR ALLERGY ORAL TABLET 10 MG	1A	MDL
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	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
ALLERCLEAR ORAL TABLET 10 MG	1A	MDL

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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	
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
<i>cetirizine oral solution 1 mg/ml, 5 mg/5 ml</i>	1A	MDL
<i>cetirizine oral tablet 10 mg, 5 mg</i>	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)
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>desloratadine oral tablet 5 mg</i>	1A	MDL
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	1A	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1A	

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<i>levocetirizine oral tablet 5 mg</i>	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
<i>loratadine oral solution 5 mg/5 ml</i>	1A	QL (300 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	1A	MDL
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
QUZYTIR 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
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
ZYRTEC ORAL TABLET 10 MG	Non-Formulary	
<b>Select.Beta-2-Adrenergic Agonist(Respir)</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	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	Non-Formulary	QL (1 Inahler per 28 days)

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AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Non-Formulary	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	QL (10.7 GM per 30 Days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Non-Formulary	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1A	MDL
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MDL
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1A	MDL
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	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)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1A	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)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	1A	MDL; QL (10.3 GM per 1 Fill)
BREYNA INHALATION HFA AEROSOL INHALER 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; TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (10.7 GM per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Non-Formulary	

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<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	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)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	MDL; QL (60 GM per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1A	QL (4 vials per 1 day)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1A	MDL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1A	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	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)

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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)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	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)
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	
<b>Vasodilating Agents (Respiratory Tract)</b>		
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)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (30 tablets per 30 days)
AURLUMYN INTRAVENOUS SOLUTION 100 MCG/ML	BB	PA

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<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1A	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 tablets per 30 days)
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG	BB	PA
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)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 Tablet per 1 Day)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML	Non-Formulary	
REMODULIN INJECTION SOLUTION 5 MG/ML	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (60 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Non-Formulary	SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	7	PA; SP (Dispensed by Accredo: (800) 803-2523; up to a 30 day supply per fill); QL (0.01 ML per 1 day)
TYVASO 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
<b>Xanthine Derivatives</b>		
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
<i>theophylline oral elixir 80 mg/15 ml</i>	1A	
<i>theophylline oral solution 80 mg/15 ml</i>	1A	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1A	MDL
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	MDL

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<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>Adrenergic Agonists</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MDL; QL (15 ML per 1 Fill)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	Non-Formulary	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	1A	MDL; QL (15 ML per 1 Fill)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1A	MDL; QL (15 ML per 30 days)
<i>brimonidine topical gel with pump 0.33 %</i>	1A	PA; QL (1 GM per 1 day)
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Non-Formulary	QL (1 GM per 1 day)
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Non-Formulary	
<b>Allylamines (Skin And Mucous Membrane)</b>		
<i>naftifine topical cream 1 %</i>	1A	
<i>naftifine topical cream 2 %</i>	1A	QL (1.5 GM per 1 day)
<i>naftifine topical gel 2 %</i>	1A	QL (1.5 GM per 1 day)
NAFTIN TOPICAL GEL 2 %	Non-Formulary	QL (45 GM per 1 Fill)
<i>terbinafine hcl oral tablet 250 mg</i>	1A	MDL
<i>terbinafine hcl topical cream 1 %</i>	Non-Formulary	
<b>Antibacterials (84:04)</b>		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
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)
<i>avidoxy oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
<i>azelaic acid topical gel 15 %</i>	1A	
AZELEX TOPICAL CREAM 20 %	3	PA; QL (1 GM per 1 day)
BENZAMYCIN TOPICAL GEL 3-5 %	Non-Formulary	

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CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Non-Formulary	QL (50 GM per 30 Days)
CENTANY TOPICAL OINTMENT 2 %	Non-Formulary	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	Non-Formulary	
CLEOCIN INJECTION SOLUTION 150 MG/ML	Non-Formulary	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Non-Formulary	
CLEOCIN T TOPICAL LOTION 1 %	Non-Formulary	
CLEOCIN VAGINAL CREAM 2 %	Non-Formulary	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindacin etz topical swab 1 %</i>	1A	QL (4 swabs per 1 day)
<i>clindacin p topical swab 1 %</i>	1A	MDL; QL (4 swabs per 1 day)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	Non-Formulary	QL (Quantity Limits Apply)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1A	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1A	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	7	
<i>clindamycin phosphate topical foam 1 %</i>	1A	
<i>clindamycin phosphate topical gel 1 %</i>	1A	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Non-Formulary	
<i>clindamycin phosphate topical lotion 1 %</i>	1A	
<i>clindamycin phosphate topical solution 1 %</i>	1A	QL (4 ML per 1 day)
<i>clindamycin phosphate topical swab 1 %</i>	1A	MDL; QL (2 swabs per 1 day)
<i>clindamycin phosphate vaginal cream 2 %</i>	1A	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	1A	QL (Quantity Limits Apply); MDL
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Non-Formulary	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1A	MDL
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Non-Formulary	

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CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Non-Formulary	QL (Quantity Limits Apply)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1A	
<i>dapsone topical gel 5 %</i>	1A	QL (2 GM per 1 day)
<i>dapsone topical gel with pump 7.5 %</i>	1A	QL (2 GM per 1 day)
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)
<i>doxycycline hyclate oral capsule 100 mg</i>	1A	MDL
<i>doxycycline hyclate oral capsule 50 mg</i>	1A	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	1A	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	QL (1 Capsule per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1A	
<i>doxycycline monohydrate oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	1A	
<i>doxycycline monohydrate oral tablet 50 mg</i>	1A	QL (3 tablets per 1 day)
E.E.S. 400 ORAL TABLET 400 MG	1A	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
<i>ery pads topical swab 2 %</i>	1A	
ERYGEL TOPICAL GEL 2 %	Non-Formulary	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Non-Formulary	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Non-Formulary	

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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	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1A	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	1A	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1A	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1A	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1A	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1A	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1A	
<i>erythromycin with ethanol topical gel 2 %</i>	1A	
<i>erythromycin with ethanol topical solution 2 %</i>	1A	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1A	
EVOCLIN TOPICAL FOAM 1 %	Non-Formulary	
FINACEA TOPICAL FOAM 15 %	Non-Formulary	QL (Quantity Limits Apply)
FLAGYL ORAL CAPSULE 375 MG	Non-Formulary	
<i>gentamicin injection solution 40 mg/ml</i>	7	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	7	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1A	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	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	
METROCREAM TOPICAL CREAM 0.75 %	Non-Formulary	
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
METROLOTION TOPICAL LOTION 0.75 %	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i>	1A	
<i>metronidazole topical cream 0.75 %</i>	1A	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1A	
<i>metronidazole topical gel with pump 1 %</i>	1A	
<i>metronidazole topical lotion 0.75 %</i>	1A	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1A	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1A	MDL
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1A	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1A	
MONDOXYNE NL ORAL CAPSULE 100 MG	1A	
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
MONODOX ORAL CAPSULE 75 MG	Non-Formulary	
<i>morgidox oral capsule 50 mg</i>	1A	QL (90 capsules per 30 days)
<i>moxifloxacin oral tablet 400 mg</i>	1A	
<i>mupirocin calcium topical cream 2 %</i>	Non-Formulary	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	1A	QL (44 GM per 30 days)
<i>neomycin oral tablet 500 mg</i>	1A	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1A	

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<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1A	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1A	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1A	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1A	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1A	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1A	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	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)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1A	
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (24 capsules per 1 day)
ROSADAN TOPICAL CREAM 0.75 %	Non-Formulary	
ROSADAN TOPICAL GEL 0.75 %	Non-Formulary	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
SULFAMYLON TOPICAL PACKET 50 GRAM	Non-Formulary	
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1A	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Non-Formulary	QL (2 Tablets per 1 day)
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1A	
VELTIN TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply)

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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)
<b>Anti-Inflammatory Agents, Misc (Skin)</b>		
WINLEVI TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Antiproliferants</b>		
<i>bexarotene oral capsule 75 mg</i>	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)
<i>bexarotene topical gel 1 %</i>	4	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 GM per 1 day)
CARAC TOPICAL CREAM 0.5 %	Non-Formulary	
EFUDEX TOPICAL CREAM 5 %	Non-Formulary	
FLUOROPLEX TOPICAL CREAM 1 %	2	
<i>fluorouracil topical cream 0.5 %</i>	Non-Formulary	
<i>fluorouracil topical cream 5 %</i>	1A	
<i>fluorouracil topical solution 2 %, 5 %</i>	1A	
<i>imiquimod topical cream in packet 3.75 %</i>	1A	
<i>imiquimod topical cream in packet 5 %</i>	1A	QL (1 box per 30 days)
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)
PANRETIN TOPICAL GEL 0.1 %	3	
TARGRETIN ORAL CAPSULE 75 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
TARGRETIN TOPICAL GEL 1 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)

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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)
<b>Antipruritics And Local Anesthetics</b>		
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	Non-Formulary	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Non-Formulary	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	2	
<i>dermacinrx prizopak topical kit 2.5-2.5 %</i>	1A	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	MDL
<i>doxepin oral concentrate 10 mg/ml</i>	1A	
<i>doxepin topical cream 5 %</i>	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)
<i>ethyl chloride topical aerosol,spray 100 %</i>	1A	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1A	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1A	
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	BB	PA
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i>	BB	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1A	
<i>lidocaine hcl topical cream 3 %</i>	1A	QL (1.06 GM per 1 day)
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1A	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Non-Formulary	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1A	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1A	QL (3 Patches per 1 day)
<i>lidocaine topical ointment 5 %</i>	1A	QL (39 gm per 1 fill)
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1A	

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<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Non-Formulary	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1A	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1A	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (1 Patch per 1 Day)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (1 Patch per 1 Day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (1 Patch per 1 Day)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	Non-Formulary	
<i>phenazopyridine oral tablet 100 mg</i>	1	
<i>phenazopyridine oral tablet 200 mg</i>	1A	
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	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	Non-Formulary	
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>acyclovir in 0.9 % sodium chlr intravenous piggyback 200 mg/100 ml</i>	BB	
<i>acyclovir oral capsule 200 mg</i>	1A	MDL
<i>acyclovir oral suspension 200 mg/5 ml</i>	1A	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MDL
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	7	
<i>acyclovir topical ointment 5 %</i>	1A	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	Non-Formulary	QL (5 gm per 28 days)
<i>penciclovir topical cream 1 %</i>	1A	PA; QL (5 gm per 28 days)
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	

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YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	BB	PA
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	Non-Formulary	
ZOVIRAX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
ZOVIRAX TOPICAL OINTMENT 5 %	Non-Formulary	
<b>Astringents (84:12)</b>		
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (10.7 GM per 28 days)
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Non-Formulary	PA; QL (5 ML per 1 day)
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Non-Formulary	PA; QL (0.01 ML per 1 day)
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	BB	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	4	PA; QL (5 ML per 1 day)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1A	MDL
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)
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Astringents, Anti-Infective</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1A	MDL
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1A	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	Non-Formulary	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1A	MDL
<i>selenium sulfide topical lotion 2.5 %</i>	1A	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1A	
SILVADENE TOPICAL CREAM 1 %	Non-Formulary	

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<i>silver sulfadiazine topical cream 1 %</i>	1A	
<i>ssd topical cream 1 %</i>	1A	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Non-Formulary	
<b>Azoles (Skin And Mucous Membrane)</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	1A	
<i>clotrimazole topical cream 1 %</i>	1A	QL (60 GM per 30 days)
<i>clotrimazole topical solution 1 %</i>	1A	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1A	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1A	
<i>econazole topical cream 1 %</i>	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	
<i>fungi cure topical spray,non-aerosol 1 %</i>	1A	
GYNAZOLE-1 VAGINAL CREAM 2 %	Non-Formulary	QL (Quantity Limits Apply)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Non-Formulary	QL (Quantity Limits Apply)
<i>ketoconazole oral tablet 200 mg</i>	1A	
<i>ketoconazole topical cream 2 %</i>	1A	
<i>ketoconazole topical foam 2 %</i>	Non-Formulary	
<i>ketoconazole topical shampoo 2 %</i>	1A	MDL
LUZU TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	1A	
<i>oxiconazole topical cream 1 %</i>	1A	PA; QL (2 GM per 1 day)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1A	
<i>terconazole vaginal suppository 80 mg</i>	1A	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL (50 GM per 30 days)
XOLEGEL TOPICAL GEL 2 %	Non-Formulary	
<b>Basic Lotions And Liniments</b>		
<i>ammonium lactate topical lotion 12 %</i>	1A	MDL

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<i>lac-hydrin five topical lotion 5 %</i>	1	
<b>Basic Ointments And Protectants</b>		
<i>ammonium lactate topical cream 12 %</i>	1A	
<i>calcipotriene scalp solution 0.005 %</i>	1A	QL (60 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1A	MDL; QL (60 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1A	QL (60 GM per 30 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1A	QL (60 GM per 30 days)
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Non-Formulary	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Non-Formulary	QL (Quantity Limits Apply)
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	MDL
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1A	QL (30 GM per 84 Days)
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Non-Formulary	QL (30 GM per 90 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (30GM per fill, 2 fills per 30 days)
SORILUX TOPICAL FOAM 0.005 %	Non-Formulary	QL (Quantity Limits Apply)
STRATAMARK TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
STRATATRIZ TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Non-Formulary	
VTAMA TOPICAL CREAM 1 %	Non-Formulary	
<b>Benzylamines (Skin And Mucous Membrane)</b>		
MENTAX TOPICAL CREAM 1 %	3	PA; QL (30 GM per 1 fill)
<b>Cell Stimulants And Proliferants</b>		
ALTRENO TOPICAL LOTION 0.05 %	Non-Formulary	
ATRALIN TOPICAL GEL 0.05 %	Non-Formulary	
<i>avita topical cream 0.025 %</i>	1A	PA; QL (45 GM per 30 days)
<i>avita topical gel 0.025 %</i>	1A	PA; QL (45 GM per 30 days)
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Non-Formulary	
<i>finasteride oral tablet 5 mg</i>	1A	MDL; QL (2 tablets per 1 day)

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<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1A	MDL
PROSCAR ORAL TABLET 5 MG	Non-Formulary	QL (2 tablets per 1 day)
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)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.1 %</i>	1A	PA; QL (45 GM per 30 days)
<i>tretinoin topical cream 0.05 %</i>	1A	PA; QL (45 GM per 1 Fill)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	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)
<b>Corticosteroids (Skin, Mucous Membrane)</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	QL (60 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	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	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	

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AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	QL (10.7 GM per 30 Days)
ALA-CORT TOPICAL CREAM 1 %	1A	
ALA-SCALP TOPICAL LOTION 2 %	Non-Formulary	
<i>alclometasone topical cream 0.05 %</i>	1A	
<i>alclometasone topical ointment 0.05 %</i>	1A	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non-Formulary	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	Non-Formulary	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Non-Formulary	
<i>anti-itch (hc) topical ointment 1 %</i>	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)
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)
<i>betamethasone dipropionate topical cream 0.05 %</i>	1A	QL (60 GM per 1 fill)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1A	QL (2 GM per 1 day)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone valerate topical foam 0.12 %</i>	Non-Formulary	
<i>betamethasone valerate topical lotion 0.1 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone valerate topical ointment 0.1 %</i>	1A	QL (60 GM per 1 fill)
<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1A	QL (60 GM per 1 fill)

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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	1A	MDL; QL (10.3 GM per 1 Fill)
BREYNA INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	1A	QL (10.3 GM per 1 Fill)
BRYHALI TOPICAL LOTION 0.01 %	Non-Formulary	QL (Quantity Limits Apply)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1A	MDL; QL (10.3 GM per 1 Fill)
CAPEX TOPICAL SHAMPOO 0.01 %	Non-Formulary	QL (Quantity Limits Apply)
<i>clobetasol scalp solution 0.05 %</i>	1A	QL (60 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	1A	QL (2.1 GM per 1 day)
<i>clobetasol topical foam 0.05 %</i>	1A	
<i>clobetasol topical gel 0.05 %</i>	Non-Formulary	
<i>clobetasol topical lotion 0.05 %</i>	1A	
<i>clobetasol topical ointment 0.05 %</i>	1A	
<i>clobetasol topical shampoo 0.05 %</i>	1A	QL (118 ML per 30 days)
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1A	QL (4.2 ML per 1 day)
<i>clobetasol-emollient topical cream 0.05 %</i>	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	
<i>clocortolone pivalate topical cream 0.1 %</i>	Non-Formulary	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1A	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	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	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Formulary	

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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-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	Non-Formulary	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	Non-Formulary	
<i>desonide topical cream 0.05 %</i>	1A	
<i>desonide topical lotion 0.05 %</i>	1A	
<i>desonide topical ointment 0.05 %</i>	1A	QL (2 GM per 1 day)
DESOWEN TOPICAL CREAM 0.05 %	Non-Formulary	
<i>desoximetasone topical cream 0.05 %</i>	Non-Formulary	
<i>desoximetasone topical cream 0.25 %</i>	1A	QL (15 GM per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Non-Formulary	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Non-Formulary	
<i>diflorasone topical cream 0.05 %</i>	1A	PA; QL (30 GM per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	1A	QL (15 GM per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Non-Formulary	
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)
DUOBRII TOPICAL LOTION 0.01-0.045 %	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1A	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1A	
<i>fluocinolone topical oil 0.01 %</i>	1A	
<i>fluocinolone topical ointment 0.025 %</i>	1A	
<i>fluocinolone topical solution 0.01 %</i>	1A	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	1A	QL (60 GM per 30 days)

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<i>fluocinonide topical ointment 0.05 %</i>	1A	QL (90 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1A	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1A	QL (60 GM per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>flurandrenolide topical cream 0.05 %</i>	Non-Formulary	
<i>flurandrenolide topical lotion 0.05 %</i>	Non-Formulary	
<i>flurandrenolide topical ointment 0.05 %</i>	Non-Formulary	
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	
<i>fluticasone propionate topical cream 0.05 %</i>	1A	
<i>fluticasone propionate topical lotion 0.05 %</i>	1A	
<i>fluticasone propionate topical ointment 0.005 %</i>	1A	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	MDL; QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	MDL; QL (60 GM per 30 days)
<i>halcinonide topical cream 0.1 %</i>	Non-Formulary	
<i>halobetasol propionate topical cream 0.05 %</i>	1A	
<i>halobetasol propionate topical foam 0.05 %</i>	Non-Formulary	QL (Quantity Limits Apply); QL (50 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	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)
<i>hemmorex-hc rectal suppository 25 mg</i>	1A	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1A	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Non-Formulary	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	1	MDL
<i>hydrocortisone oral tablet 20 mg</i>	1A	MDL

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<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1A	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	7	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical lotion 2.5 %</i>	1A	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1A	
<i>hydrocortisone topical solution 2.5 %</i>	Non-Formulary	QL (1 ML per 1 Day)
<i>hydrocortisone valerate topical cream 0.2 %</i>	1A	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Non-Formulary	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1A	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Non-Formulary	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1A	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1A	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1A	
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1A	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Non-Formulary	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1A	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1A	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Non-Formulary	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Non-Formulary	
LOCOID TOPICAL LOTION 0.1 %	Non-Formulary	
LUXIQ TOPICAL FOAM 0.12 %	Non-Formulary	

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<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1A	QL (17 GM per 30 days)
<i>mometasone topical cream 0.1 %</i>	1A	
<i>mometasone topical ointment 0.1 %</i>	1A	
<i>mometasone topical solution 0.1 %</i>	1A	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1A	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1A	QL (1.4 GM per 1 day)
OLUX TOPICAL FOAM 0.05 %	Non-Formulary	
OLUX-E TOPICAL FOAM 0.05 %	Non-Formulary	
<i>oralone dental paste 0.1 %</i>	1A	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Non-Formulary	QL (Quantity Limits Apply)
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	
<i>prednicarbate topical cream 0.1 %</i>	1A	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Non-Formulary	
PROCTOCORT TOPICAL CREAM 1 %	Non-Formulary	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1A	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1A	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	QL (1 gram per 1 day)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-Formulary	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
SINUVA SINUS IMPLANT 1,350 MCG	BB	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	7	

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SOLU-CORTEF INJECTION RECON SOLN 100 MG	Non-Formulary	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	QL (10.3 GM per 1 Fill)
SYNALAR TOPICAL CREAM 0.025 %	Non-Formulary	
SYNALAR TOPICAL OINTMENT 0.025 %	Non-Formulary	
SYNALAR TOPICAL SOLUTION 0.01 %	Non-Formulary	
TOPICORT TOPICAL CREAM 0.05 %, 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	
<i>triamcinolone acetonide 0.9% nacl injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1A	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	7	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-Formulary	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1A	MDL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1A	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1A	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	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	
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)

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XERESE TOPICAL CREAM 5-1 %	Non-Formulary	
<b>Depigmenting Agents</b>		
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %	Non-Formulary	QL (Quantity Limits Apply)
<b>Emollients, Demulcents, And Protectants</b>		
CELACYN TOPICAL GEL WITH PUMP	Non-Formulary	
<b>Hydroxypyridones (Skin, Mucous Membrane)</b>		
CICLODAN KIT TOPICAL SOLUTION 8 %	Non-Formulary	
CICLODAN TOPICAL CREAM 0.77 %	Non-Formulary	
<i>ciclodan topical solution 8 %</i>	1A	
<i>ciclopirox topical cream 0.77 %</i>	1A	
<i>ciclopirox topical gel 0.77 %</i>	1A	
<i>ciclopirox topical shampoo 1 %</i>	1A	
<i>ciclopirox topical solution 8 %</i>	1A	MDL
<i>ciclopirox topical suspension 0.77 %</i>	1A	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	Non-Formulary	
<b>Immunomodulatory Agents (84:06)</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 ML per 30 Days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill [HFHS Only].); QL (4 ML per 30 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Non-Formulary	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 56 days)

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BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (2 ML per 56 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 day)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Non-Formulary	
HYFTOR TOPICAL GEL 0.2 %	Non-Formulary	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (1 ML per 90 days)
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Non-Formulary	QL (0.036 Pens per 1 day)
<i>pimecrolimus topical cream 1 %</i>	1A	QL (30 GM per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG	Non-Formulary	MDL
PROGRAF ORAL CAPSULE 1 MG, 5 MG	Non-Formulary	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4A	PA; QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<i>sirolimus oral solution 1 mg/ml</i>	1A	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	BB	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (Maintenance dosing - 0.02 mL/day; Loading/induction dose PLA required (0.04 mL/day x 4 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)

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SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (Maintenance dosing - 0.02 mL/day; Loading/induction dose PLA required (0.04 mL/day x 4 weeks)); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.012 ML per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	BB	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 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)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1A	MDL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1A	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	BB	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 Day)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	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)

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TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4A	PA; SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.072 ML per 1 Day)
<b>Janus Kinase Inhibitors (84:06)</b>		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
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)
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)
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)
SOTYKTU ORAL TABLET 6 MG	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
<b>Keratolytic Agents</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Non-Formulary	QL (Quantity Limits Apply)
ABSORICA ORAL CAPSULE 25 MG, 35 MG	Non-Formulary	QL (Quantity Limits Apply)
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1A	QL (2 capsules per 1 day)
<i>adapalene topical cream 0.1 %</i>	1A	PA; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1A	PA; MDL; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical gel with pump 0.3 %</i>	1A	PA; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical lotion 0.1 %</i>	Non-Formulary	AG (Max 30 Years)

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<i>adapalene topical solution 0.1 %</i>	Non-Formulary	AG (Max 30 Years)
<i>adapalene topical swab 0.1 %</i>	Non-Formulary	AG (Max 30 Years)
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)
AVAR LS TOPICAL CLEANSER 10-2 %	Non-Formulary	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	1A	
<i>avar-e topical cream 10-5 % (w/w)</i>	1A	
<i>benzepto topical towelette 6 %</i>	1A	
<i>benzoyl peroxide topical gel 10 %</i>	1A	
<i>bp 10-1 topical cleanser 10-1 %</i>	1A	
CICLODAN KIT TOPICAL SOLUTION 8 %	Non-Formulary	
<i>claravis oral capsule 10 mg</i>	1A	QL (2 capsules per 1 day)
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1A	QL (2 capsules per 1 day)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	1A	QL (Quantity Limits Apply); MDL
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Non-Formulary	
CONDYLOX TOPICAL GEL 0.5 %	Non-Formulary	QL (3.5 GM per 30 days)
DIFFERIN TOPICAL CREAM 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL 0.1 %	Non-Formulary	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	Non-Formulary	
DIFFERIN TOPICAL LOTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
DUOBRII TOPICAL LOTION 0.01-0.045 %	Non-Formulary	QL (Quantity Limits Apply); SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill)
FABIOR TOPICAL FOAM 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
HYDRO 35 TOPICAL FOAM 35 %	Non-Formulary	
HYDRO 40 TOPICAL FOAM 40 %	Non-Formulary	

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<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Non-Formulary	
KERALYT RX TOPICAL GEL 6 %	Non-Formulary	
METDRAY TOPICAL GEL 17-2 %	Non-Formulary	QL (1 Pump per 30 days)
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	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	
PODOCON TOPICAL LIQUID 25 %	1A	
<i>podofilox topical gel 0.5 %</i>	Non-Formulary	QL (3.5 GM per 30 Days)
<i>podofilox topical solution 0.5 %</i>	1A	
SALICATE TOPICAL LIQUID 10 %	Non-Formulary	QL (30 ML per 30 days)
<i>salicylic acid topical cream 6 %</i>	1A	
<i>salicylic acid topical cream,extended release 6 %</i>	1A	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1A	
<i>salicylic acid topical foam 6 %</i>	Non-Formulary	
<i>salicylic acid topical gel 6 %</i>	Non-Formulary	
<i>salicylic acid topical lotion 6 %</i>	1A	
<i>salicylic acid topical lotion,extended release 6 %</i>	1A	
<i>salicylic acid topical ointment 3 %</i>	Non-Formulary	
<i>salicylic acid topical shampoo 6 %</i>	1A	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Non-Formulary	
SALVAX TOPICAL FOAM 6 %	Non-Formulary	
SALYCIM TOPICAL CREAM 6 %	Non-Formulary	QL (454 GM per 30 Days)
<i>silver nitrate topical solution 10 %</i>	1A	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1A	

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<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %</i>	Non-Formulary	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %</i>	1A	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Non-Formulary	QL (454 GM per 30 Days)
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1A	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1A	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1A	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Non-Formulary	
SUMADAN TOPICAL CLEANSER 9-4.5 %	Non-Formulary	
SUMADAN TOPICAL KIT 9-4.5 %	Non-Formulary	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Non-Formulary	
SUMAXIN TOPICAL CLEANSER 9-4 %	Non-Formulary	QL (454 GM per 30 days)
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	Non-Formulary	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	Non-Formulary	
<i>tazarotene topical cream 0.05 %</i>	1A	PA; QL (1 GM per 1 day)
<i>tazarotene topical cream 0.1 %</i>	1A	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); MDL; QL (1 GM per 1 day)
<i>tazarotene topical foam 0.1 %</i>	Non-Formulary	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1A	PA; QL (1 GM per 1 day)
TAZORAC TOPICAL CREAM 0.05 %	Non-Formulary	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)
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Non-Formulary	
URAMAXIN TOPICAL GEL 45 %	Non-Formulary	

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<i>urea topical cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1A	
<i>urea topical lotion 40 %</i>	1A	
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL (60 GM per 365 days)
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	Non-Formulary	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
<b>Keratoplastic Agents</b>		
DRITHOCREME HP TOPICAL CREAM 1 %	1A	
<b>Local Anti-Infectives, Miscellaneous</b>		
AVAR LS TOPICAL CLEANSER 10-2 %	Non-Formulary	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	1A	
<i>avar-e topical cream 10-5 % (w/w)</i>	1A	
<i>bp 10-1 topical cleanser 10-1 %</i>	1A	
FEM PH VAGINAL GEL 0.9-0.025 %	1A	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	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 %	Non-Formulary	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	1A	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1A	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1A	

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<i>sulfacetamide sodium topical cleanser 10 %</i>	1A	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1A	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %</i>	Non-Formulary	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %</i>	1A	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Non-Formulary	QL (454 GM per 30 Days)
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1A	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1A	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1A	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Non-Formulary	
SUMADAN TOPICAL CLEANSER 9-4.5 %	Non-Formulary	
SUMADAN TOPICAL KIT 9-4.5 %	Non-Formulary	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Non-Formulary	
SUMAXIN TOPICAL CLEANSER 9-4 %	Non-Formulary	QL (454 GM per 30 days)
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	Non-Formulary	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	Non-Formulary	
ULESFIA TOPICAL LOTION 5 %	3	QL (227 GM per 7 days)
<b>Nonsteroidal Anti-Inflammat.Agents(Skin)</b>		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Non-Formulary	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	Non-Formulary	
CAMBIA ORAL POWDER IN PACKET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	

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<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	1A	MDL
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1A	MDL
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1A	MDL
<i>diclofenac sodium topical drops 1.5 %</i>	1A	
<i>diclofenac sodium topical gel 1 %</i>	1A	QL (10 GM per 1 day)
<i>diclofenac sodium topical gel 3 %</i>	1A	QL (100 GM per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1A	MDL
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)
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
<b>Oxaboroles</b>		
<i>tavaborole topical solution with applicator 5 %</i>	Non-Formulary	QL (10 ML per 30 days)
<b>Phosphodiesterase-4 Inhibitors (84:06)</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non-Formulary	QL (1 tablet per 1 day)
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)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1A	QL (1 tablet per 1 day)
ZORYVE TOPICAL CREAM 0.15 %	Non-Formulary	QL (2 GM per 1 Day)
ZORYVE TOPICAL CREAM 0.3 %	Non-Formulary	QL (2 GM per 1 day)
ZORYVE TOPICAL FOAM 0.3 %	Non-Formulary	QL (2 GM per 1 day)
<b>Pigmenting Agents</b>		
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1A	PA; QL (1 CAPSULE per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<b>Polyenes (Skin And Mucous Membrane)</b>		
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	1A	
<i>nyamyc topical powder 100,000 unit/gram</i>	1A	
<i>nystatin oral suspension 100,000 unit/ml</i>	1A	
<i>nystatin oral tablet 500,000 unit</i>	1A	
<i>nystatin topical cream 100,000 unit/gram</i>	1A	
<i>nystatin topical ointment 100,000 unit/gram</i>	1A	
<i>nystatin topical powder 100,000 unit/gram</i>	1A	
<i>nystop topical powder 100,000 unit/gram</i>	1A	
<b>Scabicides And Pediculicides</b>		
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)
<i>ivermectin topical lotion 0.5 %</i>	1A	
<i>malathion topical lotion 0.5 %</i>	1A	
OVIDE TOPICAL LOTION 0.5 %	Non-Formulary	
<i>permethrin topical cream 5 %</i>	1A	QL (60 GM per 7 days)
<i>spinosad topical suspension 0.9 %</i>	1A	
ULESFIA TOPICAL LOTION 5 %	3	QL (227 GM per 7 days)
<b>Skin And Mucous Membrane Agents, Misc.</b>		
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)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1A	PA; QL (45 GM per 30 days); AG (Max 30 Years)
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Non-Formulary	QL (50 GM per 30 Days)
<i>calcitriol topical ointment 3 mcg/gram</i>	Non-Formulary	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1A	
<i>dapsone topical gel 5 %</i>	1A	QL (2 GM per 1 day)
<i>dapsone topical gel with pump 7.5 %</i>	1A	QL (2 GM per 1 day)

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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)
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)
FILSUEVZ TOPICAL GEL 10 %	Non-Formulary	SP (Dispensed by Pharmacy Advantage: (800) 456-2112; up to a 30 day supply per fill); QL (0.8 GM per 1 Day)
<i>minoxidil topical solution 2 %, 5 %</i>	Non-Formulary	
MOUTHKOTE MUCOUS MEMBRANE SPRAY WITH PUMP	Non-Formulary	
QUTENZA TOPICAL KIT 8 %	BB	PA
SOOLANTRA TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	Non-Formulary	QL (Quantity Limits Apply)
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Non-Formulary	
<b>Sunscreen Agents</b>		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	BB	PA
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Non-Formulary	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>Antimuscarinics</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1A	QL (1 tablet per 1 day)

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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)
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Non-Formulary	
<i>flavoxate oral tablet 100 mg</i>	1A	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MDL; QL (2 tablets per 1 day)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1A	MDL; QL (90 tablets per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>tolterodine oral tablet 1 mg</i>	1A	MDL
<i>tolterodine oral tablet 2 mg</i>	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.)
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1A	QL (1 capsule per 1 day)
<i>trospium oral tablet 20 mg</i>	1A	
VESICARE ORAL TABLET 10 MG, 5 MG	Non-Formulary	
<b>Respiratory Smooth Muscle Relaxants</b>		
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
<i>theophylline oral elixir 80 mg/15 ml</i>	1A	
<i>theophylline oral solution 80 mg/15 ml</i>	1A	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1A	MDL
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
<b>Selective Beta-3-Adrenergic Agonists</b>		
GEMTESA ORAL TABLET 75 MG	Non-Formulary	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	1A	MDL; ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 Tablet per 1 Day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	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	Non-Formulary	ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 Tablet per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	Non-Formulary	TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 Tablet per 1 day)
<b>VITAMINS</b>		
<b>Multivitamin Preparations</b>		
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	

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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.)
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	
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	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
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

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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
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron-800 mcg</i>	1A	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	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)
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	

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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)
<b>Vitamin B Complex</b>		
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	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1A	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	1A	PA; QL (0.14 ml per 1 day)
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)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1A	QL (6 Fills per 365 Days); TF (FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.); QL (120 tablets per 30 days)
FOLBEE ORAL TABLET 2.5-25-1 MG	1A	MDL
FOLBEE PLUS ORAL TABLET 5 MG	1A	
FOLBIC ORAL TABLET 2.5-25-2 MG	1A	MDL
<i>folic acid injection solution 5 mg/ml</i>	0	
<i>folic acid oral capsule 0.8 mg</i>	3	
<i>folic acid oral tablet 1 mg</i>	1	

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<i>folic acid oral tablet 400 mcg, 800 mcg</i>	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	Non-Formulary	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet extended release 1,000 mg, 250 mg, 500 mg</i>	Non-Formulary	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1A	MDL
NIACOR ORAL TABLET 500 MG	1A	
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)

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ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG	Non-Formulary	
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	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
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
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron-800 mcg</i>	1A	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	3	MDL
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)

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PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRIMACARE ORAL CAPSULE 30-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
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	
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	
<i>thiamine in 0.9 % sod chloride intravenous solution 500 mg/100 ml</i>	BB	
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
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON- 1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
<b>Vitamin C</b>		
DIALYVITE ORAL TABLET 100-1 MG	3	

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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	
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	
<b>Vitamin D</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1A	MDL
<i>calcitriol oral solution 1 mcg/ml</i>	1A	MDL
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	1A	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)</i>	1A	
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit), 75 mcg (3,000 unit)</i>	1A	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1A	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1A	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	MDL
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit), 50 mcg (2,000 unit)</i>	Non-Formulary	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	2	ST (Step Therapy Required- Tried and failed 90 days treatment of alendronate or ibandronate); QL (4 tablet per 30 days)

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.

PF= Partial Fill Program

AG= Age Restriction

DRUG NAME	DRUG TIER	NOTES
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	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 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)
<b>Vitamin K Activity</b>		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Non-Formulary	

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

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