

Community Care Plan Florida Healthy Kids

Preferred Drug List

Effective October 1, 2025

The plan covers the drugs Florida Medicaid covers even if not specified in the PDL (see Section 409.815(2)(n)2, Florida Statutes). If your drug is not on the plan's preferred drug list: First, please call the member's services number located on your Community Care Plan-Florida Healthy Kids ID card.

If the plan does not cover the drug, then:

- Ask your doctor for a similar drug that is covered.
- Your doctor can ask the plan to cover your drug through the prior approval process.

****ATTENTION FHK PROVIDERS AND ENROLLEES**** ANY medication not seen on the current formulary is eligible for a prior authorization (PA) review for medical necessity. Providers, please complete the required PA form and submit supporting documentation to Prime Therapeutics via fax at 866-291-3728.

TYPE	DESCRIPTION
 Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
 Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a "step" to other drug options.
 Custom	This drug has unique restrictions.
 Specialty Drug	These Specialty medications are available at Magellan Specialty Pharmacy, Memorial Pharmacy, or BHMC Out Patient Pharmacy.
 PA Applies	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
 Quantity Per Day	Quantity Per Day.

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>dihydroergotamine 1 mg/ml amp</i>	Generics	
<i>phenoxybenzamine hcl 10 mg cap</i>	Generics	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl er 10 mg tablet</i>	Preferred Generics	
<i>silodosin 4 mg capsule</i>	Generics	
<i>silodosin 8 mg capsule</i>	Generics	
<i>tamsulosin hcl 0.4 mg capsule</i>	Preferred Generics	
ANALGESICS AND ANTIPYRETICS		
NON-OPIOID ANALGESICS		
<i>butalbital-acetaminophn 50-325</i>	Generics	QPD 6.0 per day
OPIOID AGONISTS (28:08)		
<i>acetaminop-codeine 120-12 mg/5</i>	Preferred Generics	QPD 90 per day
<i>acetaminophen-cod #2 tablet</i>	Preferred Generics	QPD 12.0 per day
<i>acetaminophen-cod #3 tablet</i>	Preferred Generics	QPD 12.0 per day
<i>acetaminophen-cod #4 tablet</i>	Generics	QPD 6.0 per day
<i>asa-bitalb-caff-cod #3 capsule</i>	Generics	QPD 6 per day
ASCOMP WITH CODEINE CAPSULE <i>codeine phosphate/butalbital/aspirin/cafeine</i>	Generics	QPD 6 per day
<i>butalb-acetamin-caf-cod 50-325</i>	Generics	QPD 6 per day
<i>codeine sulfate 30 mg tablet</i>	Generics	QPD 6 per day
DISKETTS 40 MG TABLET DISPR <i>methadone hcl</i>	Generics	QPD 3 per day
ENDOCET 10-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	Generics	QPD 6 per day
ENDOCET 2.5-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	Generics	QPD 12 per day
ENDOCET 5-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	Preferred Generics	QPD 12 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENDOCET 7.5-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	Generics	 8 per day
<i>fentanyl 100 mcg/hr patch</i>	Generics	  0.5 per day
<i>fentanyl 12 mcg/hr patch</i>	Generics	  0.5 per day
<i>fentanyl 25 mcg/hr patch</i>	Generics	  0.5 per day
<i>fentanyl 50 mcg/hr patch</i>	Generics	  0.5 per day
<i>fentanyl 75 mcg/hr patch</i>	Generics	  0.5 per day
<i>fentanyl cit otfc 1,200 mcg</i>	Generics	  4 per day
<i>fentanyl cit otfc 1,600 mcg</i>	Generics	  4 per day
<i>fentanyl citrate otfc 200 mcg</i>	Generics	  4 per day
<i>fentanyl citrate otfc 400 mcg</i>	Generics	  4 per day
<i>fentanyl citrate otfc 600 mcg</i>	Generics	  4 per day
<i>fentanyl citrate otfc 800 mcg</i>	Generics	  4 per day
<i>hydrocodone-acetamin 10-325 mg</i>	Preferred Generics	 6.0 per day
<i>hydrocodone-acetamin 2.5-108/5</i>	Generics	 90 per day
<i>hydrocodone-acetamin 2.5-325</i>	Generics	 8.0 per day
<i>hydrocodone-acetamin 5-217/10</i>	Generics	 90 per day
<i>hydrocodone-acetamin 5-325 mg</i>	Preferred Generics	 8.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetamin 7.5-325</i>	Preferred Generics	 6.0 per day
<i>hydrocodone-acetamin 7.5-325/15</i>	Generics	 90.0 per day
<i>hydrocodone-ibuprofen 7.5-200</i>	Generics	 5 per day
<i>hydromorphone 1 mg/ml solution</i>	Generics	 48 per day
<i>hydromorphone 2 mg tablet</i>	Preferred Generics	 6 per day
<i>hydromorphone 4 mg tablet</i>	Preferred Generics	 6 per day
<i>hydromorphone 5 mg/5 ml soln</i>	Generics	 48 per day
<i>hydromorphone 8 mg tablet</i>	Generics	 6 per day
<i>methadone 10 mg/5 ml solution</i>	Generics	 15 per day
<i>methadone 10 mg/ml oral conc</i>	Generics	 3 per day
<i>methadone 40 mg tablet dispr</i>	Generics	 3 per day
<i>methadone 5 mg/5 ml solution</i>	Generics	 30 per day
<i>methadone hcl 10 mg tablet</i>	Generics	 3.0 per day
<i>methadone hcl 5 mg tablet</i>	Preferred Generics	 3 per day
METHADONE INTENSOL 10 MG/ML <i>methadone hcl</i>	Generics	 3 per day
METHADOSE 40 MG TABLET DISPR <i>methadone hcl</i>	Generics	 3 per day
<i>morphine sulf 10 mg/5 ml cup</i>	Preferred Generics	 90.0 per day
<i>morphine sulf 10 mg/5 ml soln</i>	Preferred Generics	 90.0 per day
<i>morphine sulf 100 mg/5 ml conc</i>	Generics	 9.0 per day
<i>morphine sulf 20 mg/5 ml soln</i>	Generics	 45.0 per day
<i>morphine sulf er 100 mg tablet</i>	Generics	  3 per day
<i>morphine sulf er 15 mg tablet</i>	Preferred Generics	  3 per day
<i>morphine sulf er 200 mg tablet</i>	Generics	  3 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulf er 30 mg tablet</i>	Generics	PA QPD 3 per day
<i>morphine sulf er 60 mg tablet</i>	Generics	PA QPD 3 per day
<i>morphine sulfate ir 15 mg tab</i>	Preferred Generics	QPD 12.0 per day
<i>morphine sulfate ir 15 mg tab (west-ward/hikma)</i>	Preferred Brands	QPD 12 per day
<i>morphine sulfate ir 30 mg tab</i>	Generics	QPD 6.0 per day
<i>morphine sulfate ir 30 mg tab (west-ward/hikma)</i>	Preferred Brands	QPD 6 per day
NUCYNTA ER 100 MG TABLET <i>tapentadol hcl</i>	Preferred Brands	PA QPD 2 per day
NUCYNTA ER 150 MG TABLET <i>tapentadol hcl</i>	Preferred Brands	PA QPD 2 per day
NUCYNTA ER 200 MG TABLET <i>tapentadol hcl</i>	Preferred Brands	PA QPD 2 per day
NUCYNTA ER 250 MG TABLET <i>tapentadol hcl</i>	Preferred Brands	PA QPD 2 per day
NUCYNTA ER 50 MG TABLET <i>tapentadol hcl</i>	Preferred Brands	PA QPD 2 per day
<i>oxycodone hcl (ir) 10 mg tab</i>	Preferred Generics	QPD 6.0 per day
<i>oxycodone hcl (ir) 15 mg tab</i>	Generics	QPD 6.0 per day
<i>oxycodone hcl (ir) 20 mg tab</i>	Generics	QPD 6.0 per day
<i>oxycodone hcl (ir) 30 mg tab</i>	Generics	QPD 6.0 per day
<i>oxycodone hcl (ir) 5 mg tablet</i>	Preferred Generics	QPD 12.0 per day
<i>oxycodone hcl 100 mg/5 ml conc</i>	Generics	QPD 9.0 per day
<i>oxycodone hcl 5 mg/5 ml cup</i>	Generics	QPD 180 per day
<i>oxycodone hcl 5 mg/5 ml soln</i>	Generics	QPD 180.0 per day
<i>oxycodone-acetaminophen 10-325</i>	Generics	QPD 6.0 per day

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<i>oxycodone-acetaminophen 5-325</i>	Preferred Generics	 12.0 per day
<i>oxycodone-acetaminophen 2.5-325</i>	Generics	 12 per day
<i>oxycodone-acetaminophen 7.5-325</i>	Generics	 8.0 per day
<i>oxymorphone hcl 10 mg tablet</i>	Generics	 6 per day
<i>oxymorphone hcl 5 mg tablet</i>	Generics	 6 per day
<i>tramadol hcl 50 mg tablet</i>	Preferred Generics	 8.0 per day
<i>tramadol hcl er 100 mg tablet</i>	Generics	  1 per day
<i>tramadol hcl er 200 mg tablet</i>	Generics	  1 per day
<i>tramadol hcl er 300 mg tablet</i>	Generics	  1 per day
<i>tramadol-acetaminophen 37.5-325</i>	Preferred Generics	 8 per day
XTAMPZA ER 13.5 MG CAPSULE <i>oxycodone myristate</i>	Preferred Brands	  2 per day
XTAMPZA ER 18 MG CAPSULE <i>oxycodone myristate</i>	Preferred Brands	  2 per day
XTAMPZA ER 27 MG CAPSULE <i>oxycodone myristate</i>	Preferred Brands	  2 per day
XTAMPZA ER 36 MG CAPSULE <i>oxycodone myristate</i>	Preferred Brands	  8 per day
XTAMPZA ER 9 MG CAPSULE <i>oxycodone myristate</i>	Preferred Brands	  2 per day
OPIOID PARTIAL AGONISTS		
BELBUCA 150 MCG FILM <i>buprenorphine hcl</i>	Preferred Brands	  2 per day
BELBUCA 300 MCG FILM <i>buprenorphine hcl</i>	Preferred Brands	  2 per day

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BELBUCA 450 MCG FILM <i>buprenorphine hcl</i>	Preferred Brands	PA QPD 2 per day
BELBUCA 600 MCG FILM <i>buprenorphine hcl</i>	Preferred Brands	PA QPD 2 per day
BELBUCA 75 MCG FILM <i>buprenorphine hcl</i>	Preferred Brands	PA QPD 2 per day
BELBUCA 750 MCG FILM <i>buprenorphine hcl</i>	Preferred Brands	PA QPD 2 per day
BELBUCA 900 MCG FILM <i>buprenorphine hcl</i>	Preferred Brands	PA QPD 2 per day
<i>buprenorphine 2 mg tablet sl</i>	Generics	QL MAX 6 / 90 DAYS
<i>buprenorphine 8 mg tablet sl</i>	Generics	QL MAX 6 / 90 DAYS
<i>buprenorphine-nalox 12-3mg flm</i>	Generics	QPD 2.0 per day
<i>buprenorphine-nalox 2-0.5mg fm</i>	Generics	QPD 4.0 per day
<i>buprenorphine-nalox 2-0.5mg tb</i>	Generics	QPD 4.0 per day
<i>buprenorphine-nalox 4-1mg film</i>	Generics	QPD 2.0 per day
<i>buprenorphine-nalox 8-2 mg tab</i>	Generics	QPD 3.0 per day
<i>buprenorphine-nalox 8-2mg film</i>	Generics	QPD 2.0 per day
<i>butorphanol 10 mg/ml spray</i>	Generics	QPD 0.25 per day
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
AMPHETAMINES		
<i>dextroamp-amphet er 10 mg cap</i>	Generics	QPD 1.0 per day
<i>dextroamp-amphet er 15 mg cap</i>	Generics	QPD 1.0 per day
<i>dextroamp-amphet er 20 mg cap</i>	Generics	QPD 1.0 per day
<i>dextroamp-amphet er 25 mg cap</i>	Generics	QPD 1.0 per day
<i>dextroamp-amphet er 30 mg cap</i>	Generics	QPD 1.0 per day
<i>dextroamp-amphet er 5 mg cap</i>	Generics	QPD 1.0 per day

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<i>dextroamp-amphetam 12.5 mg tab</i>	Generics	 2.0 per day
<i>dextroamp-amphetam 7.5 mg tab</i>	Generics	 2.0 per day
<i>dextroamp-amphetamin 10 mg tab</i>	Generics	 2.0 per day
<i>dextroamp-amphetamin 15 mg tab</i>	Generics	 2.0 per day
<i>dextroamp-amphetamin 20 mg tab</i>	Generics	 3.0 per day
<i>dextroamp-amphetamin 30 mg tab</i>	Generics	 2.0 per day
<i>dextroamp-amphetamine 5 mg tab</i>	Preferred Generics	 2.0 per day
<i>dextroamphetamine 10 mg tab</i>	Generics	 6 per day
<i>dextroamphetamine 5 mg tab</i>	Generics	 3 per day
<i>dextroamphetamine 5 mg/5 ml</i>	Generics	 60 per day
<i>dextroamphetamine er 10 mg cap</i>	Generics	 4 per day
<i>dextroamphetamine er 15 mg cap</i>	Generics	 4 per day
<i>dextroamphetamine er 5 mg cap</i>	Generics	 3 per day
<i>lisdexamfetamine 10 mg capsule</i>	Generics	 1.0 per day
<i>lisdexamfetamine 10 mg tb chew</i>	Generics	 1.0 per day
<i>lisdexamfetamine 20 mg capsule</i>	Generics	 1.0 per day
<i>lisdexamfetamine 20 mg tb chew</i>	Generics	 1.0 per day
<i>lisdexamfetamine 30 mg capsule</i>	Generics	 1.0 per day
<i>lisdexamfetamine 30 mg tb chew</i>	Generics	 1.0 per day
<i>lisdexamfetamine 40 mg capsule</i>	Generics	 1.0 per day
<i>lisdexamfetamine 40 mg tb chew</i>	Generics	 1.0 per day
<i>lisdexamfetamine 50 mg capsule</i>	Generics	 1.0 per day
<i>lisdexamfetamine 50 mg tb chew</i>	Generics	 1.0 per day
<i>lisdexamfetamine 60 mg capsule</i>	Generics	 1.0 per day
<i>lisdexamfetamine 60 mg tb chew</i>	Generics	 1.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisdexamphetamine 70 mg capsule</i>	Generics	QPD 1.0 per day
PROCENTRA 5 MG/5 ML SOLUTION <i>dextroamphetamine sulfate</i>	Generics	QPD 60 per day
ZENZEDI 10 MG TABLET <i>dextroamphetamine sulfate</i>	Generics	QPD 6 per day
ZENZEDI 5 MG TABLET <i>dextroamphetamine sulfate</i>	Generics	QPD 3 per day
RESPIRATORY AND CNS STIMULANTS		
<i>atomoxetine hcl 10 mg capsule</i>	Generics	QPD 2.0 per day
<i>atomoxetine hcl 100 mg capsule</i>	Generics	QPD 1.0 per day
<i>atomoxetine hcl 18 mg capsule</i>	Generics	QPD 2.0 per day
<i>atomoxetine hcl 25 mg capsule</i>	Generics	QPD 2.0 per day
<i>atomoxetine hcl 40 mg capsule</i>	Generics	QPD 2.0 per day
<i>atomoxetine hcl 60 mg capsule</i>	Generics	QPD 1.0 per day
<i>atomoxetine hcl 80 mg capsule</i>	Generics	QPD 1.0 per day
AZSTARYS 26.1 MG-5.2 MG CAP <i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>	Preferred Brands	QPD 1 per day
AZSTARYS 39.2 MG-7.8 MG CAP <i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>	Preferred Brands	QPD 1 per day
AZSTARYS 52.3 MG-10.4 MG CAP <i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>	Preferred Brands	QPD 1 per day
<i>caffeine cit 60 mg/3 ml oral</i>	Generics	
<i>dexmethylphenidate 10 mg tab</i>	Generics	QPD 2.0 per day
<i>dexmethylphenidate 2.5 mg tab</i>	Preferred Generics	QPD 2 per day
<i>dexmethylphenidate 5 mg tab</i>	Preferred Generics	QPD 2.0 per day
<i>dexmethylphenidate er 10 mg cp</i>	Generics	QPD 1 per day
<i>dexmethylphenidate er 15 mg cp</i>	Generics	QPD 1 per day
<i>dexmethylphenidate er 20 mg cp</i>	Generics	QPD 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate er 25 mg cp</i>	Generics	 1 per day
<i>dexmethylphenidate er 30 mg cp</i>	Generics	 1 per day
<i>dexmethylphenidate er 35 mg cp</i>	Generics	 1 per day
<i>dexmethylphenidate er 40 mg cp</i>	Generics	 1 per day
<i>dexmethylphenidate er 5 mg cap</i>	Generics	 1 per day
JORNAY PM 100 MG CAPSULE <i>methylphenidate hcl</i>	Preferred Brands	 1 per day
JORNAY PM 20 MG CAPSULE <i>methylphenidate hcl</i>	Preferred Brands	 1 per day
JORNAY PM 40 MG CAPSULE <i>methylphenidate hcl</i>	Preferred Brands	 1 per day
JORNAY PM 60 MG CAPSULE <i>methylphenidate hcl</i>	Preferred Brands	 1 per day
JORNAY PM 80 MG CAPSULE <i>methylphenidate hcl</i>	Preferred Brands	 1 per day
<i>methylphenidate 10 mg chew tab</i>	Generics	 6 per day
<i>methylphenidate 10 mg tablet</i>	Preferred Generics	 3.0 per day
<i>methylphenidate 10 mg/5 ml sol</i>	Generics	 30 per day
<i>methylphenidate 2.5 mg chew tb</i>	Generics	 3 per day
<i>methylphenidate 20 mg tablet</i>	Generics	 3.0 per day
<i>methylphenidate 5 mg chew tab</i>	Generics	 3 per day
<i>methylphenidate 5 mg tablet</i>	Preferred Generics	 3.0 per day
<i>methylphenidate 5 mg/5 ml soln</i>	Generics	 15 per day
<i>methylphenidate cd 10 mg cap</i>	Generics	 1 per day
<i>methylphenidate cd 20 mg cap</i>	Generics	 1 per day
<i>methylphenidate cd 30 mg cap</i>	Generics	 1 per day
<i>methylphenidate cd 40 mg cap</i>	Generics	 1 per day
<i>methylphenidate cd 50 mg cap</i>	Generics	 1 per day
<i>methylphenidate cd 60 mg cap</i>	Generics	 1 per day

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<i>methylphenidate er 10 mg tab</i>	Generics	QPD 3 per day
<i>methylphenidate er 18 mg tab</i>	Generics	QPD 1 per day
<i>methylphenidate er 18 mg tab (kremers/lannett)</i>	Generics	QPD 1.0 per day
<i>methylphenidate er 20 mg tab</i>	Generics	QPD 3 per day
<i>methylphenidate er 27 mg tab</i>	Generics	QPD 1 per day
<i>methylphenidate er 27 mg tab (mallinckrodt and kremers/lannett)</i>	Generics	QPD 1.0 per day
<i>methylphenidate er 36 mg tab</i>	Generics	QPD 2 per day
<i>methylphenidate er 36 mg tab (mallinckrodt and kremers/lannett)</i>	Generics	QPD 2.0 per day
<i>methylphenidate er 54 mg tab</i>	Generics	QPD 1 per day
<i>methylphenidate er 54 mg tab (mallinckrodt and kremers/lannett)</i>	Generics	QPD 1.0 per day
<i>methylphenidate er(cd) 10mg cp</i>	Generics	QPD 1 per day
<i>methylphenidate er(cd) 20mg cp</i>	Generics	QPD 1 per day
<i>methylphenidate er(cd) 30mg cp</i>	Generics	QPD 1 per day
<i>methylphenidate er(cd) 40mg cp</i>	Generics	QPD 1 per day
<i>methylphenidate er(cd) 50mg cp</i>	Generics	QPD 1 per day
<i>methylphenidate er(cd) 60mg cp</i>	Generics	QPD 1 per day
<i>methylphenidate er(la) 10mg cp</i>	Generics	QPD 1.0 per day
<i>methylphenidate er(la) 20mg cp</i>	Generics	QPD 1.0 per day
<i>methylphenidate er(la) 30mg cp</i>	Generics	QPD 1.0 per day
<i>methylphenidate er(la) 40mg cp</i>	Generics	QPD 1.0 per day
QUILLICHEW ER 20 MG CHEW TAB <i>methylphenidate hcl</i>	Preferred Brands	QPD 1 per day
QUILLICHEW ER 30 MG CHEW TAB <i>methylphenidate hcl</i>	Preferred Brands	QPD 2 per day
QUILLICHEW ER 40 MG CHEW TAB <i>methylphenidate hcl</i>	Preferred Brands	QPD 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUILLIVANT XR 25 MG/5 ML SUSP <i>methylphenidate hcl</i>	Preferred Brands	 12 per day
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil 150 mg tablet</i>	Generics	
<i>armodafinil 200 mg tablet</i>	Generics	
<i>armodafinil 250 mg tablet</i>	Generics	
<i>armodafinil 50 mg tablet</i>	Preferred Generics	
<i>modafinil 100 mg tablet</i>	Generics	
<i>modafinil 200 mg tablet</i>	Generics	
SUNOSI 150 MG TABLET <i>solriamfetol hcl</i>	Preferred Brands	  1 per day
SUNOSI 75 MG TABLET <i>solriamfetol hcl</i>	Preferred Brands	  1 per day
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole 200 mg tablet</i>	Generics	
<i>ivermectin 3 mg tablet</i>	Generics	
<i>praziquantel 600 mg tablet</i>	Generics	
URINARY ANTI-INFECTIVES		
<i>fosfomycin 3 gm sachet</i>	Generics	
<i>methenamine hipp 1 gm tablet</i>	Generics	
<i>nitrofurantoin 25 mg/5 ml susp</i>	Generics	
<i>nitrofurantoin mcr 100 mg cap</i>	Preferred Generics	
<i>nitrofurantoin mcr 25 mg cap</i>	Generics	
<i>nitrofurantoin mcr 50 mg cap</i>	Generics	
<i>nitrofurantoin mono-mcr 100 mg</i>	Preferred Generics	
<i>trimethoprim 100 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVES (EENT)		
ANTI-INFECTIVES, MISCELLANEOUS (52:04)		
<i>acetic acid 2% ear solution</i>	Generics	
<i>hydrocortisone-acetic ear drop</i>	Generics	
ANTIBACTERIALS (52:04)		
AK-POLY-BAC EYE OINTMENT <i>bacitracin/polymyxin b sulfate</i>	Preferred Generics	
<i>bacitracin 500 unit/gm ophth</i>	Preferred Brands	
<i>bacitracin-polymyxin eye oint</i>	Preferred Generics	
BESIVANCE 0.6% SUSP <i>besifloxacin hcl</i>	Preferred Brands	
<i>ciproflox-dexameth otic susp</i>	Generics	
<i>ciprofloxacin 0.2% otic soln</i>	Generics	
<i>ciprofloxacin 0.3% eye drop</i>	Preferred Generics	
<i>doxycycline hyclate 20 mg tab</i>	Preferred Generics	
<i>erythromycin 0.5% eye ointment</i>	Preferred Generics	
<i>erythromycin 2% gel</i>	Generics	
<i>erythromycin 2% solution</i>	Generics	
<i>gatifloxacin 0.5% eye drops</i>	Generics	
<i>gentamicin 0.3% eye drop</i>	Preferred Generics	
<i>moxifloxacin 0.5% eye drops</i>	Generics	
<i>moxifloxacin hcl 400 mg tablet</i>	Generics	
<i>neo-bacit-poly-hc eye ointment</i>	Generics	
NEO-POLYCIN EYE OINTMENT <i>neomycin sulfate/bacitracin/polymyxin b</i>	Generics	
NEO-POLYCIN HC EYE OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	Generics	
<i>neomyc-bacit-polymix eye oint</i>	Generics	
<i>neomyc-polym-dexamet eye ointm</i>	Preferred Generics	
<i>neomyc-polym-dexameth eye drop</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin-polymyxin-hc ear soln</i>	Generics	
<i>neomycin-polymyxin-hc ear susp</i>	Generics	
<i>ofloxacin 0.3% ear drops</i>	Generics	
<i>ofloxacin 0.3% eye drops</i>	Preferred Generics	
POLYCIN EYE OINTMENT <i>bacitracin/polymyxin b sulfate</i>	Preferred Generics	
<i>polymyxin b-tmp eye drops</i>	Preferred Generics	
<i>sulfacetamide 10% eye drops</i>	Generics	
<i>tobramycin 0.3% eye drop</i>	Preferred Generics	
<i>tobramycin-dexameth ophth susp</i>	Generics	
ANTIFUNGALS (EENT)		
NATACYN 5% EYE DROPS <i>natamycin</i>	Preferred Brands	
ANTIVIRALS (EENT)		
<i>trifluridine 1% eye drops</i>	Preferred Brands	
ASTRINGENTS (52:04)		
<i>chlorhexidine 0.12% 15 ml cup</i>	Preferred Generics	
<i>chlorhexidine 0.12% rinse</i>	Preferred Generics	
PERIOGARD 0.12% ORAL RINSE <i>chlorhexidine gluconate</i>	Preferred Generics	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (84:04)		
<i>azelaic acid 15% gel</i>	Generics	
<i>clind ph-benzoyl perox 1.2-5%</i>	Generics	
<i>gentamicin 0.1% cream</i>	Generics	
<i>gentamicin 0.1% ointment</i>	Generics	
<i>metronidazole 0.75% cream</i>	Generics	
<i>metronidazole top 1% gel pump</i>	Generics	
<i>metronidazole topical 0.75% gl</i>	Generics	
<i>metronidazole topical 1% gel</i>	Generics	
<i>mupirocin 2% ointment</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUAC GEL <i>clindamycin phosphate/benzoyl peroxide</i>	Generics	
ROSADAN 0.75% CREAM <i>metronidazole</i>	Generics	
ROSADAN 0.75% GEL <i>metronidazole</i>	Generics	
<i>tetracycline 250 mg capsule</i>	Generics	
<i>tetracycline 500 mg capsule</i>	Generics	
ZILXI 1.5% FOAM <i>minocycline hcl</i>	Preferred Brands	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir 5% ointment</i>	Generics	
<i>penciclovir 1% cream</i>	Generics	
ASTRINGENTS, ANTI-INFECTIVE		
<i>selenium sulfide 2.5% lotion</i>	Preferred Generics	
<i>silver sulfadiazine 1% cream</i>	Preferred Generics	
SSD 1% CREAM <i>silver sulfadiazine</i>	Preferred Generics	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
<i>sodium sulfacetamide 10% lotn</i>	Generics	
<i>sulfacetamide sod 10% top susp</i>	Generics	
SCABICIDES AND PEDICULICIDES		
<i>malathion 0.5% lotion</i>	Generics	
<i>permethrin 5% cream</i>	Generics	
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
EYSUVIS 0.25% EYE DROPS <i>loteprednol etabonate</i>	Preferred Brands	
FLAC OTIC OIL 0.01% EAR DROP <i>fluocinolone acetonide oil</i>	Generics	
<i>flunisolide 0.025% spray</i>	Generics	
<i>fluocinolone oil 0.01% ear drp</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluorometholone 0.1% eye drop</i>	Generics	
<i>fluticasone prop 50 mcg spray</i>	Preferred Generics	
LOTEMAX 0.5% EYE OINTMENT <i>loteprednol etabonate</i>	Preferred Brands	
LOTEMAX SM 0.38% OPHTH GEL <i>loteprednol etabonate</i>	Preferred Brands	
<i>loteprednol 0.5% ophthalmic gel</i>	Generics	
<i>loteprednol etabonate 0.2% drp</i>	Generics	
<i>loteprednol etabonate 0.5% drp</i>	Generics	
<i>mometasone furoate 50 mcg spray</i>	Generics	
<i>prednisolone ac 1% eye drop</i>	Generics	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
<i>diclofenac 0.1% eye drops</i>	Preferred Generics	
<i>ketorolac 0.4% ophth solution</i>	Generics	
<i>ketorolac 0.5% ophth solution</i>	Preferred Generics	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
INTERLEUKIN ANTAGONISTS		
FASENRA PEN 30 MG/ML <i>benralizumab</i>	Preferred Brands	QL max 1 / 28 days S PA
TEZSPIRE 210 MG/1.91 ML PEN <i>tezepelumab-ekko</i>	Preferred Brands	S PA QPD 0.069 per day
LEUKOTRIENE MODIFIERS		
<i>montelukast sod 10 mg tablet</i>	Preferred Generics	
<i>montelukast sod 4 mg tab chew</i>	Preferred Generics	
<i>montelukast sod 5 mg tab chew</i>	Preferred Generics	
<i>zafirlukast 10 mg tablet</i>	Generics	
<i>zafirlukast 20 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAST-CELL STABILIZERS		
<i>cromolyn 100 mg/5 ml oral conc</i>	Generics	
<i>cromolyn 20 mg/2 ml neb soln</i>	Generics	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ADRENERGIC AGONISTS		
<i>brimonidine 0.33% gel pump</i>	Generics	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ALA-CORT 1% CREAM <i>hydrocortisone</i>	Generics	QPD 15.134 per day
<i>alclometasone dipr 0.05% oint</i>	Generics	QPD 4 per day
<i>alclometasone dipro 0.05% crm</i>	Generics	QPD 4 per day
ANUCORT-HC 25 MG SUPPOSITORY <i>hydrocortisone acetate</i>	Generics	
ANUSOL-HC 25 MG SUPPOSITORY <i>hydrocortisone acetate</i>	Generics	
<i>betamethasone dp 0.05% crm</i>	Generics	QPD 4.5 per day
<i>betamethasone dp 0.05% lot</i>	Generics	QPD 4 per day
<i>betamethasone dp 0.05% oint</i>	Generics	QPD 4.5 per day
<i>betamethasone dp aug 0.05% crm</i>	Preferred Generics	QPD 7.143 per day
<i>betamethasone dp aug 0.05% lot</i>	Generics	QPD 7 per day
<i>betamethasone dp aug 0.05% oin</i>	Generics	QPD 7.143 per day
<i>betamethasone va 0.1% cream</i>	Generics	QPD 4.5 per day
<i>betamethasone va 0.1% lotion</i>	Generics	QPD 4 per day
<i>betamethasone valer 0.1% ointm</i>	Generics	QPD 4.5 per day
<i>clobetasol 0.05% cream</i>	Generics	QPD 7.5 per day
<i>clobetasol 0.05% gel</i>	Generics	QPD 7.5 per day
<i>clobetasol 0.05% ointment</i>	Generics	QPD 7.5 per day
<i>clobetasol 0.05% solution</i>	Generics	QPD 7.143 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clobetasol emollient 0.05% crm</i>	Generics	QPD 7.5 per day
CORTIFOAM 10% AEROSOL <i>hydrocortisone acetate</i>	Preferred Brands	
<i>desonide 0.05% cream</i>	Generics	QPD 4 per day
<i>desonide 0.05% ointment</i>	Generics	QPD 4.0 per day
<i>desoximetasone 0.25% cream</i>	Generics	QPD 4 per day
<i>desoximetasone 0.25% ointment</i>	Generics	QPD 4 per day
<i>fluocinolone 0.01% body oil</i>	Generics	QPD 3.943 per day
<i>fluocinolone 0.01% cream</i>	Generics	QPD 4.0 per day
<i>fluocinolone 0.01% scalp oil</i>	Generics	QPD 3.943 per day
<i>fluocinolone 0.01% solution</i>	Generics	QPD 4 per day
<i>fluocinolone 0.025% cream</i>	Generics	QPD 4.0 per day
<i>fluocinolone 0.025% ointment</i>	Generics	QPD 4.0 per day
<i>fluocinonide 0.05% cream</i>	Generics	QPD 4 per day
<i>fluocinonide 0.05% gel</i>	Generics	QPD 4.0 per day
<i>fluocinonide 0.05% ointment</i>	Generics	QPD 4 per day
<i>fluocinonide 0.05% solution</i>	Generics	QPD 4.0 per day
<i>fluocinonide 0.1% cream</i>	Generics	QPD 8.572 per day
<i>fluocinonide-e 0.05% cream</i>	Generics	QPD 4 per day
<i>fluticasone prop 0.005% oint</i>	Generics	QPD 4 per day
<i>fluticasone prop 0.05% cream</i>	Preferred Generics	QPD 4 per day
<i>halobetasol prop 0.05% cream</i>	Generics	QPD 7.143 per day
HEMMOREX-HC 25 MG SUPPOSITORY <i>hydrocortisone acetate</i>	Generics	
<i>hydrocortisone 1% cream</i>	Generics	QPD 15.134 per day
<i>hydrocortisone 1% ointment</i>	Generics	QPD 15.12 per day
<i>hydrocortisone 100 mg/60 ml</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone 2.5% cream</i>	Preferred Generics	 15.134 per day
<i>hydrocortisone 2.5% cream</i>	Generics	
<i>hydrocortisone 2.5% ointment</i>	Preferred Generics	 15.134 per day
<i>hydrocortisone ac 25 mg supp</i>	Generics	
<i>hydrocortisone val 0.2% cream</i>	Generics	 4 per day
KOURZEQ 0.1% DENTAL PASTE <i>triamcinolone acetonide</i>	Generics	
<i>mometasone furoate 0.1% cream</i>	Generics	 4.5 per day
<i>mometasone furoate 0.1% oint</i>	Preferred Generics	 4.5 per day
<i>mometasone furoate 0.1% soln</i>	Generics	 4.0 per day
ORALONE 0.1% PASTE <i>triamcinolone acetonide</i>	Generics	
PROCTO-MED HC 2.5% CREAM <i>hydrocortisone</i>	Generics	
PROCTOSOL-HC 2.5% CREAM <i>hydrocortisone</i>	Generics	
PROCTOZONE-HC 2.5% CREAM <i>hydrocortisone</i>	Generics	
<i>triamcinolone 0.025% cream</i>	Preferred Generics	 15.134 per day
<i>triamcinolone 0.025% lotion</i>	Generics	 4 per day
<i>triamcinolone 0.025% oint</i>	Preferred Generics	 15.134 per day
<i>triamcinolone 0.1% cream</i>	Preferred Generics	 15.134 per day
<i>triamcinolone 0.1% lotion</i>	Generics	 4.0 per day
<i>triamcinolone 0.1% ointment</i>	Preferred Generics	 15.134 per day
<i>triamcinolone 0.1% paste</i>	Generics	
<i>triamcinolone 0.5% cream</i>	Preferred Generics	 15.134 per day
<i>triamcinolone 0.5% ointment</i>	Preferred Generics	 4 per day
TRIDERM 0.1% CREAM <i>triamcinolone acetonide</i>	Preferred Generics	 15.134 per day
TRIDERM 0.5% CREAM <i>triamcinolone acetonide</i>	Preferred Generics	 15.134 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORY AGENTS (84:06)		
ADBRY 150 MG/ML SYRINGE <i>tralokinumab-ldrm</i>	Preferred Brands	S PA QPD 0.143 per day
ADBRY 300 MG/2 ML AUTOINJECTOR <i>tralokinumab-ldrm</i>	Preferred Brands	S PA QPD 0.143 per day
EBGLYSS 250 MG/2 ML PEN <i>lebrikizumab-lbkz</i>	Preferred Brands	S PA QPD 0.072 per day
EBGLYSS 250 MG/2 ML SYRINGE <i>lebrikizumab-lbkz</i>	Preferred Brands	S PA QPD 0.072 per day
NEMLUVIO 30 MG PEN <i>nemolizumab-ilot</i>	Preferred Brands	S PA QPD 0.036 per day
SKYRIZI 150 MG/ML PEN <i>risankizumab-rzaa</i>	Preferred Brands	QL MAX 1 / 84 DAYS S PA
SKYRIZI 150 MG/ML SYRINGE <i>risankizumab-rzaa</i>	Preferred Brands	QL MAX 1 / 84 DAYS S PA
SKYRIZI 180 MG/1.2 ML ON-BODY <i>risankizumab-rzaa</i>	Preferred Brands	QL MAX 1.2 / 56 DAYS S PA
SKYRIZI 360 MG/2.4 ML ON-BODY <i>risankizumab-rzaa</i>	Preferred Brands	QL MAX 2.4 / 56 DAYS S PA
<i>tacrolimus 0.03% ointment</i>	Generics	
<i>tacrolimus 0.1% ointment</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREMFYA 100 MG/ML ONE-PRESS <i>guselkumab</i>	Preferred Brands	QL S PA MAX 1 / 56 DAYS
TREMFYA 100 MG/ML PEN <i>guselkumab</i>	Preferred Brands	QL S PA max 1 / 56 days
TREMFYA 100 MG/ML SYRINGE <i>guselkumab</i>	Preferred Brands	QL S PA MAX 1 / 56 DAYS
TREMFYA 200 MG/2 ML PEN <i>guselkumab</i>	Preferred Brands	S PA QPD 0.072 per day
TREMFYA 200 MG/2 ML SYRINGE <i>guselkumab</i>	Preferred Brands	S PA QPD 0.072 per day
TREMFYA 200MG/2ML PEN INDCT PK <i>guselkumab</i>	Preferred Brands	QL S PA max 12 / 180 days
JANUS KINASE INHIBITORS (84:06)		
CIBINQO 100 MG TABLET <i>abrocitinib</i>	Preferred Brands	S PA QPD 1 per day
CIBINQO 200 MG TABLET <i>abrocitinib</i>	Preferred Brands	S PA QPD 1 per day
CIBINQO 50 MG TABLET <i>abrocitinib</i>	Preferred Brands	S PA QPD 1 per day
SOTYKTU 6 MG TABLET <i>deucravacitinib</i>	Preferred Brands	S PA QPD 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)		
<i>diclofenac sodium 3% gel</i>	Generics	
PHOSPHODIESTERASE-4 INHIBITORS (84:06)		
EUCRISA 2% OINTMENT <i>crisaborole</i>	Preferred Brands	
ANTIANEMIA DRUGS		
IRON PREPARATIONS		
<i>ferrous sulf 15 mg iron/ml drp</i>	Preferred Generics	
<i>ferrous sulf 220 mg/5 ml elix</i>	Preferred Generics	
<i>ferrous sulf 220 mg/5 ml elix</i>	Preferred Generics	
<i>ferrous sulf 220 mg/5 ml liq</i>	Preferred Generics	
<i>ferrous sulf 300 mg/5 ml cup</i>	Generics	
<i>ferrous sulf 44 mg iron/5ml lq</i>	Preferred Generics	
<i>infant iron 15 mg/ml drop</i>	Preferred Generics	
IRONUP 15 MG/0.5 ML DROPS <i>iron polysaccharide complex</i>	Preferred Brands	
NOVAFERRUM YUMMY PED 15 MG/ML <i>iron polysaccharide complex</i>	Preferred Brands	
PEDIA IRON 15 MG/ML DROP <i>ferrous sulfate</i>	Preferred Generics	
PEDIATRIC FE-VITE 15 MG/ML DRP <i>ferrous sulfate</i>	Preferred Generics	
<i>pharm chc ped iron 15mg/ml drp</i>	Preferred Generics	
WEE CARE 15 MG/1.25 ML SUSP <i>iron,carbonyl</i>	Preferred Generics	
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide 100 mg capsule</i>	Generics	
<i>disopyramide 150 mg capsule</i>	Generics	
<i>quinidine gluc er 324 mg tab</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLASS IB ANTIARRHYTHMICS		
<i>mexiletine 150 mg capsule</i>	Generics	
<i>mexiletine 200 mg capsule</i>	Generics	
<i>mexiletine 250 mg capsule</i>	Generics	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate 100 mg tab</i>	Generics	
<i>flecainide acetate 150 mg tab</i>	Generics	
<i>flecainide acetate 50 mg tab</i>	Preferred Generics	
<i>propafenone hcl 150 mg tablet</i>	Preferred Generics	
<i>propafenone hcl 225 mg tab</i>	Generics	
<i>propafenone hcl 300 mg tab</i>	Generics	
<i>propafenone hcl er 225 mg cap</i>	Generics	
<i>propafenone hcl er 325 mg cap</i>	Generics	
<i>propafenone hcl er 425 mg cap</i>	Generics	
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl 100 mg tablet</i>	Generics	
<i>amiodarone hcl 200 mg tablet</i>	Preferred Generics	
<i>dofetilide 125 mcg capsule</i>	Generics	
<i>dofetilide 250 mcg capsule</i>	Generics	
<i>dofetilide 500 mcg capsule</i>	Generics	
MULTAQ 400 MG TABLET <i>dronedarone hcl</i>	Preferred Brands	
PACERONE 100 MG TABLET <i>amiodarone hcl</i>	Generics	
PACERONE 200 MG TABLET <i>amiodarone hcl</i>	Preferred Generics	
CLASS IV ANTIARRHYTHMICS		
CARTIA XT 120 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	
CARTIA XT 180 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARTIA XT 240 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	
CARTIA XT 300 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	Generics	
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	Generics	
<i>diltiazem 120 mg tablet</i>	Preferred Generics	
<i>diltiazem 12hr er 120 mg cap</i>	Generics	
<i>diltiazem 12hr er 60 mg cap</i>	Generics	
<i>diltiazem 12hr er 90 mg cap</i>	Generics	
<i>diltiazem 24h er(cd) 120 mg cp</i>	Preferred Generics	
<i>diltiazem 24h er(cd) 180 mg cp</i>	Preferred Generics	
<i>diltiazem 24h er(cd) 240 mg cp</i>	Preferred Generics	
<i>diltiazem 24h er(cd) 300 mg cp</i>	Preferred Generics	
<i>diltiazem 24h er(la) 120 mg tb</i>	Generics	
<i>diltiazem 24h er(xr) 120 mg cp</i>	Preferred Generics	
<i>diltiazem 24h er(xr) 180 mg cp</i>	Generics	
<i>diltiazem 24h er(xr) 240 mg cp</i>	Generics	
<i>diltiazem 24hr er 120 mg cap</i>	Preferred Generics	
<i>diltiazem 24hr er 180 mg cap</i>	Preferred Generics	
<i>diltiazem 24hr er 240 mg cap</i>	Generics	
<i>diltiazem 24hr er 300 mg cap</i>	Generics	
<i>diltiazem 24hr er 360 mg cap</i>	Generics	
<i>diltiazem 24hr er 420 mg cap</i>	Generics	
<i>diltiazem 30 mg tablet</i>	Preferred Generics	
<i>diltiazem 60 mg tablet</i>	Preferred Generics	
<i>diltiazem 90 mg tablet</i>	Generics	
TAZTIA XT 120 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAZTIA XT 180 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	
TAZTIA XT 240 MG CAPSULE <i>diltiazem hcl</i>	Generics	
TAZTIA XT 300 MG CAPSULE <i>diltiazem hcl</i>	Generics	
TAZTIA XT 360 MG CAPSULE <i>diltiazem hcl</i>	Generics	
TIADYLT ER 120 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	
TIADYLT ER 180 MG CAPSULE <i>diltiazem hcl</i>	Preferred Generics	
TIADYLT ER 240 MG CAPSULE <i>diltiazem hcl</i>	Generics	
TIADYLT ER 300 MG CAPSULE <i>diltiazem hcl</i>	Generics	
TIADYLT ER 360 MG CAPSULE <i>diltiazem hcl</i>	Generics	
TIADYLT ER 420 MG CAPSULE <i>diltiazem hcl</i>	Generics	
<i>verapamil 120 mg tablet</i>	Preferred Generics	
<i>verapamil 40 mg tablet</i>	Preferred Generics	
<i>verapamil 80 mg tablet</i>	Preferred Generics	
<i>verapamil er 120 mg capsule</i>	Generics	
<i>verapamil er 120 mg tablet</i>	Preferred Generics	
<i>verapamil er 180 mg capsule</i>	Generics	
<i>verapamil er 180 mg tablet</i>	Preferred Generics	
<i>verapamil er 240 mg capsule</i>	Generics	
<i>verapamil er 240 mg tablet</i>	Preferred Generics	
<i>verapamil sr 120 mg capsule</i>	Generics	
<i>verapamil sr 180 mg capsule</i>	Generics	
<i>verapamil sr 240 mg capsule</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS (08:12)		
AMINOGLYCOSIDE ANTIBIOTICS		
<i>neomycin 500 mg tablet</i>	Preferred Generics	
<i>tobramycin 300 mg/4 ml ampule</i>	Generics	QL S max 56 days / fill
<i>tobramycin 300 mg/5 ml ampule</i>	Generics	QL S max 56 days / fill
QUINOLONE ANTIBIOTICS		
<i>ciprofloxacin 250 mg/5 ml susp</i>	Generics	
<i>ciprofloxacin 500 mg/5 ml susp</i>	Generics	
<i>ciprofloxacin hcl 250 mg tab</i>	Preferred Generics	
<i>ciprofloxacin hcl 500 mg tab</i>	Preferred Generics	
<i>ciprofloxacin hcl 750 mg tab</i>	Preferred Generics	
<i>levofloxacin 25 mg/ml solution</i>	Generics	
<i>levofloxacin 250 mg tablet</i>	Preferred Generics	
<i>levofloxacin 500 mg tablet</i>	Preferred Generics	
<i>levofloxacin 750 mg tablet</i>	Preferred Generics	
<i>ofloxacin 300 mg tablet</i>	Preferred Brands	
<i>ofloxacin 400 mg tablet</i>	Generics	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>sulfadiazine 500 mg tablet</i>	Generics	
<i>sulfamethoxazole-tmp 20 ml cup</i>	Preferred Generics	
<i>sulfamethoxazole-tmp ds tablet</i>	Preferred Generics	
<i>sulfamethoxazole-tmp ss tablet</i>	Preferred Generics	
<i>sulfamethoxazole-tmp susp</i>	Preferred Generics	
<i>sulfasalazine 500 mg tablet</i>	Preferred Generics	
<i>sulfasalazine dr 500 mg tab</i>	Generics	
SULFATRIM PEDIATRIC SUSPENSION <i>sulfamethoxazole/trimethoprim</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TETRACYCLINE ANTIBIOTICS		
AVIDOXY 100 MG TABLET <i>doxycycline monohydrate</i>	Preferred Generics	
<i>demeclocycline 150 mg tablet</i>	Generics	
<i>demeclocycline 300 mg tablet</i>	Generics	
<i>doxycycline 25 mg/5 ml susp</i>	Generics	
<i>doxycycline hyclate 100 mg cap</i>	Preferred Generics	
<i>doxycycline hyclate 100 mg tab</i>	Preferred Generics	
<i>doxycycline hyclate 50 mg cap</i>	Preferred Generics	
<i>doxycycline mono 100 mg cap</i>	Preferred Generics	
<i>doxycycline mono 100 mg tablet</i>	Preferred Generics	
<i>doxycycline mono 150 mg tablet</i>	Generics	
<i>doxycycline mono 50 mg cap</i>	Preferred Generics	
<i>doxycycline mono 50 mg tablet</i>	Preferred Generics	
<i>doxycycline mono 75 mg tablet</i>	Generics	
LYMEPAK 100 MG TABLET <i>doxycycline hyclate</i>	Preferred Generics	
<i>minocycline 100 mg capsule</i>	Generics	
<i>minocycline 50 mg capsule</i>	Preferred Generics	
<i>minocycline 75 mg capsule</i>	Generics	
MONDOXYNE NL 100 MG CAPSULE <i>doxycycline monohydrate</i>	Preferred Generics	
ANTIBACTERIALS, MISCELLANEOUS		
GLYCOPEPTIDE ANTIBIOTICS		
<i>vancomycin 25 mg/ml oral soln</i>	Generics	
<i>vancomycin 250 mg/5ml oral sol</i>	Generics	
<i>vancomycin 50 mg/ml oral soln</i>	Generics	
<i>vancomycin hcl 125 mg capsule</i>	Generics	
<i>vancomycin hcl 250 mg capsule</i>	Generics	
LINCOMYCIN ANTIBIOTICS		
CLINDACIN ETZ 1% PLEDGET <i>clindamycin phosphate</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLINDACIN P 1% PLEDGETS <i>clindamycin phosphate</i>	Generics	
<i>clindamycin (pedi) 75 mg/5 ml</i>	Generics	
<i>clindamycin 2% vaginal cream</i>	Generics	
<i>clindamycin hcl 150 mg capsule</i>	Preferred Generics	
<i>clindamycin hcl 300 mg capsule</i>	Preferred Generics	
<i>clindamycin hcl 75 mg capsule</i>	Preferred Generics	
<i>clindamycin ph 1% gel</i>	Generics	
<i>clindamycin ph 1% solution</i>	Generics	
<i>clindamycin phos 1% pledget</i>	Generics	
<i>clindamycin phosp 1% lotion</i>	Generics	
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid 100 mg/5 ml susp</i>	Generics	PA
<i>linezolid 600 mg tablet</i>	Generics	
RIFAMYCIN ANTIBIOTICS		
XIFAXAN 550 MG TABLET <i>rifaximin</i>	Preferred Brands	
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANORO ELLIPTA 62.5-25 MCG INH <i>umeclidinium bromide/vilanterol trifenate</i>	Preferred Brands	QPD 2 per day
COMBIVENT RESPIMAT 20-100 MCG <i>ipratropium bromide/albuterol sulfate</i>	Preferred Brands	QPD 0.267 per day
<i>dicyclomine 10 mg capsule</i>	Preferred Generics	
<i>dicyclomine 10 mg/5 ml soln</i>	Generics	
<i>dicyclomine 20 mg tablet</i>	Preferred Generics	
<i>glycopyrrolate 1 mg tablet</i>	Preferred Generics	
<i>glycopyrrolate 1 mg/5 ml soln</i>	Generics	PA QPD 45.0 per day
<i>glycopyrrolate 2 mg tablet</i>	Generics	
INCRUSE ELLIPTA 62.5 MCG INH <i>umeclidinium bromide</i>	Preferred Brands	QPD 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	Generics	
<i>ipratropium br 0.02% soln</i>	Preferred Generics	
<i>methscopolamine brom 2.5 mg tb</i>	Generics	
<i>methscopolamine brom 5 mg tab</i>	Generics	
<i>scopolamine 1 mg/3 day patch</i>	Generics	
SPIRIVA HANDIHALER 18 MCG CAP <i>tiotropium bromide</i>	Generics	 1 per day
SPIRIVA RESPIMAT 1.25 MCG INH <i>tiotropium bromide</i>	Preferred Brands	 0.134 per day
SPIRIVA RESPIMAT 2.5 MCG INH <i>tiotropium bromide</i>	Preferred Brands	 0.134 per day
STIOLTO RESPIMAT INHALER (60) <i>tiotropium bromide/olodaterol hcl</i>	Preferred Brands	 0.134 per day
TRELEGY ELLIPTA 100-62.5-25 <i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>	Preferred Brands	 2 per day
TRELEGY ELLIPTA 200-62.5-25 <i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>	Preferred Brands	 2 per day
ANTICOAGULANTS		
COUMARIN DERIVATIVES		
JANTOVEN 1 MG TABLET <i>warfarin sodium</i>	Preferred Generics	
JANTOVEN 10 MG TABLET <i>warfarin sodium</i>	Preferred Generics	
JANTOVEN 2 MG TABLET <i>warfarin sodium</i>	Preferred Generics	
JANTOVEN 2.5 MG TABLET <i>warfarin sodium</i>	Preferred Generics	
JANTOVEN 3 MG TABLET <i>warfarin sodium</i>	Preferred Generics	
JANTOVEN 4 MG TABLET <i>warfarin sodium</i>	Preferred Generics	
JANTOVEN 5 MG TABLET <i>warfarin sodium</i>	Preferred Generics	
JANTOVEN 6 MG TABLET <i>warfarin sodium</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANTOVEN 7.5 MG TABLET <i>warfarin sodium</i>	Preferred Generics	
<i>warfarin sodium 1 mg tablet</i>	Preferred Generics	
<i>warfarin sodium 10 mg tablet</i>	Preferred Generics	
<i>warfarin sodium 2 mg tablet</i>	Preferred Generics	
<i>warfarin sodium 2.5 mg tablet</i>	Preferred Generics	
<i>warfarin sodium 3 mg tablet</i>	Preferred Generics	
<i>warfarin sodium 4 mg tablet</i>	Preferred Generics	
<i>warfarin sodium 5 mg tablet</i>	Preferred Generics	
<i>warfarin sodium 6 mg tablet</i>	Preferred Generics	
<i>warfarin sodium 7.5 mg tablet</i>	Preferred Generics	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TABLET <i>apixaban</i>	Preferred Brands	QPD 2 per day
ELIQUIS 5 MG TABLET <i>apixaban</i>	Preferred Brands	QPD 2.467 per day
ELIQUIS DVT-PE TREAT START 5MG <i>apixaban</i>	Preferred Brands	QL MAX 74 / 180 DAYS
<i>rivaroxaban 1 mg/ml suspension</i>	Generics	QPD 20.667 per day
<i>rivaroxaban 2.5 mg tablet</i>	Generics	QPD 2.0 per day
XARELTO 1 MG/ML SUSPENSION <i>rivaroxaban</i>	Preferred Brands	QPD 20.667 per day
XARELTO 10 MG TABLET <i>rivaroxaban</i>	Preferred Brands	QPD 1 per day
XARELTO 15 MG TABLET <i>rivaroxaban</i>	Preferred Brands	QPD 2 per day
XARELTO 2.5 MG TABLET <i>rivaroxaban</i>	Preferred Brands	QPD 2 per day
XARELTO 20 MG TABLET <i>rivaroxaban</i>	Preferred Brands	QPD 1.0 per day
XARELTO DVT-PE TREAT START 30D <i>rivaroxaban</i>	Preferred Brands	QPD 1.7 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
DIRECT THROMBIN INHIBITORS			
<i>dabigatran etexilate 110 mg cp</i>	Generics		 4.0 per day
<i>dabigatran etexilate 150 mg cp</i>	Generics		 2.0 per day
<i>dabigatran etexilate 75 mg cap</i>	Generics		 2.0 per day
HEPARINS			
<i>enoxaparin 100 mg/ml syringe</i>	Generics		 MAX 30 / 90 DAYS 
<i>enoxaparin 120 mg/0.8 ml syr</i>	Generics		 MAX 24 / 90 DAYS 
<i>enoxaparin 150 mg/ml syringe</i>	Generics		 MAX 30 / 90 DAYS 
<i>enoxaparin 30 mg/0.3 ml syr</i>	Generics		 MAX 9 / 90 DAYS 
<i>enoxaparin 300 mg/3 ml vial</i>	Generics		 max 30 / 90 days 
<i>enoxaparin 300 mg/3 ml vial</i>	Generics		 MAX 30 / 90 DAYS 
<i>enoxaparin 40 mg/0.4 ml syr</i>	Generics		 MAX 12 / 90 DAYS 
<i>enoxaparin 60 mg/0.6 ml syr</i>	Generics		 MAX 18 / 90 DAYS 
<i>enoxaparin 80 mg/0.8 ml syr</i>	Generics		 MAX 24 / 90 DAYS 
<i>heparin 10,000 unit/10 ml vial</i>	Generics		
<i>heparin 2,000 unit/2 ml vial</i>	Generics		
<i>heparin 30,000 unit/30 ml vial</i>	Generics		
<i>heparin 40,000 unit/4 ml vial</i>	Generics		
<i>heparin 5,000 unit/ml carpuct</i>	Generics		
<i>heparin 50,000 unit/10 ml vial</i>	Generics		

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>heparin 50,000 unit/5 ml vial</i>	Generics		
<i>heparin sod 1,000 unit/ml vial</i>	Generics		
<i>heparin sod 10,000 unit/ml vial</i>	Generics		
<i>heparin sod 20,000 unit/ml vial</i>	Generics		
<i>heparin sod 5,000 unit/0.5 ml</i>	Generics		
<i>heparin sod 5,000 unit/0.5 ml</i>	Generics		
<i>heparin sod 5,000 unit/0.5 ml</i>	Generics		
<i>heparin sod 5,000 unit/ml syrg</i>	Generics		
<i>heparin sod 5,000 unit/ml syrg</i>	Generics		
<i>heparin sod 5,000 unit/ml vial</i>	Generics		
INDIRECT FACTOR XA INHIBITORS			
<i>fondaparinux 10 mg/0.8 ml syr</i>	Generics		  0.8 per day
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	Generics		  0.5 per day
<i>fondaparinux 5 mg/0.4 ml syr</i>	Generics		  0.4 per day
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	Generics		  0.6 per day
ANTICONVULSANTS			
ANTICONVULSANTS, MISCELLANEOUS			
<i>carbamazepine 100 mg tab chew</i>	Generics		
<i>carbamazepine 100 mg/5 ml susp</i>	Generics		
<i>carbamazepine 200 mg tablet</i>	Generics		
<i>carbamazepine 200 mg/10 ml cup</i>	Generics		
<i>carbamazepine er 100 mg cap</i>	Generics		
<i>carbamazepine er 100 mg tablet</i>	Generics		
<i>carbamazepine er 200 mg cap</i>	Generics		
<i>carbamazepine er 200 mg tablet</i>	Generics		
<i>carbamazepine er 300 mg cap</i>	Generics		

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbamazepine er 400 mg tablet</i>	Generics	
EPIDIOLEX 100 MG/ML SOLN PACK <i>cannabidiol (cbd)</i>	Preferred Brands	S PA
EPIDIOLEX 100 MG/ML SOLUTION <i>cannabidiol (cbd)</i>	Preferred Brands	S PA
EPITOL 200 MG TABLET <i>carbamazepine</i>	Generics	
<i>felbamate 400 mg tablet</i>	Generics	
<i>felbamate 600 mg tablet</i>	Generics	
<i>felbamate 600 mg/5 ml susp</i>	Generics	
<i>felbamate 600 mg/5 ml susp cup</i>	Generics	
<i>lamotrigine 100 mg tablet</i>	Preferred Generics	
<i>lamotrigine 150 mg tablet</i>	Preferred Generics	
<i>lamotrigine 200 mg tablet</i>	Preferred Generics	
<i>lamotrigine 25 mg disper tab</i>	Generics	
<i>lamotrigine 25 mg tablet</i>	Preferred Generics	
<i>lamotrigine 5 mg disper tablet</i>	Generics	
<i>lamotrigine er 100 mg tablet</i>	Generics	
<i>lamotrigine er 200 mg tablet</i>	Generics	
<i>lamotrigine er 25 mg tablet</i>	Generics	
<i>lamotrigine er 250 mg tablet</i>	Generics	
<i>lamotrigine er 300 mg tablet</i>	Generics	
<i>lamotrigine er 50 mg tablet</i>	Generics	
<i>lamotrigine tab start kit-blue</i>	Generics	
<i>lamotrigine tab start kt-green</i>	Generics	
<i>lamotrigine tab start kt-orang</i>	Generics	
<i>levetiracetam 1,000 mg tablet</i>	Generics	
<i>levetiracetam 1,000mg/10ml cup</i>	Generics	
<i>levetiracetam 100 mg/ml soln</i>	Generics	
<i>levetiracetam 250 mg tablet</i>	Preferred Generics	
<i>levetiracetam 500 mg tablet</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levetiracetam 500 mg/5 ml cup</i>	Generics	
<i>levetiracetam 750 mg tablet</i>	Generics	
<i>levetiracetam er 500 mg tablet</i>	Generics	
<i>levetiracetam er 750 mg tablet</i>	Generics	
<i>perampanel 10 mg tablet</i>	Generics	
<i>perampanel 12 mg tablet</i>	Generics	
<i>perampanel 2 mg tablet</i>	Generics	
<i>perampanel 4 mg tablet</i>	Generics	
<i>perampanel 6 mg tablet</i>	Generics	
<i>perampanel 8 mg tablet</i>	Generics	
ROWEEPRA 500 MG TABLET <i>levetiracetam</i>	Preferred Generics	
SUBVENITE 100 MG TABLET <i>lamotrigine</i>	Preferred Generics	
SUBVENITE 150 MG TABLET <i>lamotrigine</i>	Preferred Generics	
SUBVENITE 200 MG TABLET <i>lamotrigine</i>	Preferred Generics	
SUBVENITE 25 MG TABLET <i>lamotrigine</i>	Preferred Generics	
SUBVENITE TAB START KIT (BLUE) <i>lamotrigine</i>	Generics	
SUBVENITE TAB START KIT (GREEN) <i>lamotrigine</i>	Generics	
SUBVENITE TAB START KT (ORANGE) <i>lamotrigine</i>	Generics	
<i>topiramate 100 mg tablet</i>	Preferred Generics	
<i>topiramate 15 mg sprinkle cap</i>	Generics	
<i>topiramate 200 mg tablet</i>	Preferred Generics	
<i>topiramate 25 mg sprinkle cap</i>	Generics	
<i>topiramate 25 mg tablet</i>	Preferred Generics	
<i>topiramate 50 mg sprinkle cap</i>	Generics	
<i>topiramate 50 mg tablet</i>	Preferred Generics	
<i>topiramate er 100 mg capsule</i>	Generics	PA QPD 1.0 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>topiramate er 100mg sprink cap</i>	Generics		PA QPD 1.0 per day
<i>topiramate er 150mg sprink cap</i>	Generics		PA QPD 1.0 per day
<i>topiramate er 200 mg capsule</i>	Generics		PA QPD 2.0 per day
<i>topiramate er 200mg sprink cap</i>	Generics		PA QPD 2.0 per day
<i>topiramate er 25 mg capsule</i>	Generics		PA QPD 1.0 per day
<i>topiramate er 25mg sprinkl cap</i>	Generics		PA QPD 1.0 per day
<i>topiramate er 50 mg capsule</i>	Generics		PA QPD 1.0 per day
<i>topiramate er 50mg sprinkl cap</i>	Generics		PA QPD 1.0 per day
BARBITURATES (ANTICONVULSANTS)			
<i>primidone 250 mg tablet</i>	Generics		
<i>primidone 50 mg tablet</i>	Preferred Generics		
BENZODIAZEPINES (ANTICONVULSANTS)			
<i>clobazam 10 mg tablet</i>	Generics		
<i>clobazam 2.5 mg/ml suspension</i>	Generics		S
<i>clobazam 20 mg tablet</i>	Generics		
<i>clonazepam 0.125 mg dis tab</i>	Generics		
<i>clonazepam 0.125 mg odt</i>	Generics		
<i>clonazepam 0.25 mg odt</i>	Generics		
<i>clonazepam 0.5 mg dis tablet</i>	Generics		
<i>clonazepam 0.5 mg odt</i>	Generics		
<i>clonazepam 0.5 mg tablet</i>	Preferred Generics		

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam 1 mg dis tablet</i>	Generics	
<i>clonazepam 1 mg odt</i>	Generics	
<i>clonazepam 1 mg tablet</i>	Preferred Generics	
<i>clonazepam 2 mg odt</i>	Generics	
<i>clonazepam 2 mg tablet</i>	Preferred Generics	
GABA-MEDIATED ANTICONVULSANTS		
<i>divalproex dr 125 mg cap sprnk</i>	Generics	
<i>divalproex sod dr 125 mg tab</i>	Preferred Generics	
<i>divalproex sod dr 250 mg tab</i>	Preferred Generics	
<i>divalproex sod dr 500 mg tab</i>	Preferred Generics	
<i>divalproex sod er 250 mg tab</i>	Generics	
<i>divalproex sod er 500 mg tab</i>	Generics	
<i>gabapentin 100 mg capsule</i>	Preferred Generics	
<i>gabapentin 250 mg/5 ml soln</i>	Generics	
<i>gabapentin 250 mg/5ml soln cup</i>	Generics	
<i>gabapentin 300 mg capsule</i>	Preferred Generics	
<i>gabapentin 300 mg/6ml soln cup</i>	Generics	
<i>gabapentin 400 mg capsule</i>	Preferred Generics	
<i>gabapentin 600 mg tablet</i>	Preferred Generics	
<i>gabapentin 800 mg tablet</i>	Preferred Generics	
<i>gabapentin er 300 mg tablet</i>	Generics	ST QPD 1.0 per day
<i>gabapentin er 600 mg tablet</i>	Generics	ST QPD 3.0 per day
<i>pregabalin 100 mg capsule</i>	Preferred Generics	QPD 6.0 per day
<i>pregabalin 150 mg capsule</i>	Preferred Generics	QPD 3.0 per day
<i>pregabalin 20 mg/ml solution</i>	Generics	QPD 30 per day
<i>pregabalin 200 mg capsule</i>	Preferred Generics	QPD 3.0 per day
<i>pregabalin 225 mg capsule</i>	Preferred Generics	QPD 2.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pregabalin 25 mg capsule</i>	Preferred Generics	 12.0 per day
<i>pregabalin 300 mg capsule</i>	Preferred Generics	 2.0 per day
<i>pregabalin 50 mg capsule</i>	Preferred Generics	 9.0 per day
<i>pregabalin 75 mg capsule</i>	Preferred Generics	 6.0 per day
<i>tiagabine hcl 12 mg tablet</i>	Generics	
<i>tiagabine hcl 16 mg tablet</i>	Generics	
<i>tiagabine hcl 2 mg tablet</i>	Generics	
<i>tiagabine hcl 4 mg tablet</i>	Generics	
<i>valproic acid 250 mg capsule</i>	Generics	
<i>valproic acid 250 mg/5 ml cup</i>	Generics	
<i>valproic acid 250 mg/5 ml soln</i>	Generics	
<i>valproic acid 500 mg/10 ml cup</i>	Generics	
<i>vigabatrin 500 mg powder packet</i>	Generics	
<i>vigabatrin 500 mg tablet</i>	Generics	
VIGADRONE 500 MG POWDER PACKET <i>vigabatrin</i>	Generics	
VIGADRONE 500 MG TABLET <i>vigabatrin</i>	Generics	
VIGPODER 500 MG POWDER PACKET <i>vigabatrin</i>	Generics	
HYDANTOINS		
DILANTIN 30 MG CAPSULE <i>phenytoin sodium extended</i>	Preferred Brands	
PHENYTEK 200 MG CAPSULE <i>phenytoin sodium extended</i>	Generics	
PHENYTEK 300 MG CAPSULE <i>phenytoin sodium extended</i>	Generics	
<i>phenytoin 100 mg/4 ml susp cup</i>	Generics	
<i>phenytoin 125 mg/5 ml susp</i>	Generics	
<i>phenytoin 50 mg infatab chew</i>	Generics	
<i>phenytoin 50 mg tablet chew</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenytoin sod ext 100 mg cap</i>	Generics	
<i>phenytoin sod ext 200 mg cap</i>	Generics	
<i>phenytoin sod ext 300 mg cap</i>	Generics	
ION CHANNEL INHIBITION AGENTS		
APTOM 400 MG TABLET <i>eslicarbazepine acetate</i>	Preferred Brands	
APTOM 600 MG TABLET <i>eslicarbazepine acetate</i>	Preferred Brands	
APTOM 800 MG TABLET <i>eslicarbazepine acetate</i>	Preferred Brands	
<i>eslicarbazepine 200 mg tablet</i>	Generics	
<i>eslicarbazepine 400 mg tablet</i>	Generics	
<i>eslicarbazepine 600 mg tablet</i>	Generics	
<i>eslicarbazepine 800 mg tablet</i>	Generics	
<i>lacosamide 10 mg/ml solution</i>	Generics	
<i>lacosamide 100 mg tablet</i>	Generics	
<i>lacosamide 100 mg/10 ml cup</i>	Generics	
<i>lacosamide 150 mg tablet</i>	Generics	
<i>lacosamide 150 mg/15 ml cup</i>	Generics	
<i>lacosamide 200 mg tablet</i>	Generics	
<i>lacosamide 200 mg/20 ml cup</i>	Generics	
<i>lacosamide 50 mg tablet</i>	Generics	
<i>lacosamide 50 mg/5 ml cup</i>	Generics	
<i>oxcarbazepine 150 mg tablet</i>	Preferred Generics	
<i>oxcarbazepine 300 mg tablet</i>	Generics	
<i>oxcarbazepine 300 mg/5 ml cup</i>	Generics	
<i>oxcarbazepine 300 mg/5 ml susp</i>	Generics	
<i>oxcarbazepine 600 mg tablet</i>	Generics	
<i>oxcarbazepine er 150 mg tablet</i>	Generics	
<i>oxcarbazepine er 300 mg tablet</i>	Generics	
<i>oxcarbazepine er 600 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rufinamide 200 mg tablet</i>	Generics	
<i>rufinamide 40 mg/ml suspension</i>	Generics	
<i>rufinamide 400 mg tablet</i>	Generics	
<i>zonisamide 100 mg capsule</i>	Generics	
<i>zonisamide 25 mg capsule</i>	Preferred Generics	
<i>zonisamide 50 mg capsule</i>	Preferred Generics	
SUCCINIMIDES		
<i>ethosuximide 250 mg capsule</i>	Generics	
<i>ethosuximide 250 mg/5 ml soln</i>	Generics	
<i>methsuximide 300 mg capsule</i>	Generics	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
<i>bupropion hcl 100 mg tablet</i>	Preferred Generics	 4.0 per day
<i>bupropion hcl 75 mg tablet</i>	Preferred Generics	 6.0 per day
<i>bupropion hcl sr 100 mg tablet</i>	Preferred Generics	 4.0 per day
<i>bupropion hcl sr 150 mg tablet</i>	Preferred Generics	 2.0 per day
<i>bupropion hcl sr 200 mg tablet</i>	Preferred Generics	 2.0 per day
<i>bupropion hcl xl 150 mg tablet</i>	Preferred Generics	 3.0 per day
<i>bupropion hcl xl 300 mg tablet</i>	Preferred Generics	 1.0 per day
ZURZUVAE 20 MG CAPSULE <i>zuranolone</i>	Preferred Brands	 max 28 / 365 days 
ZURZUVAE 25 MG CAPSULE <i>zuranolone</i>	Preferred Brands	 max 28 / 365 days 
ZURZUVAE 30 MG CAPSULE <i>zuranolone</i>	Preferred Brands	 max 14 / 365 days 
MONOAMINE OXIDASE INHIBITORS		
<i>tranylcypromine sulf 10 mg tab</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine succnt er 100mg</i>	Generics	 4.0 per day
<i>desvenlafaxine succnt er 25 mg</i>	Generics	 1.0 per day
<i>desvenlafaxine succnt er 50 mg</i>	Generics	 1.0 per day
<i>duloxetine hcl dr 20 mg cap</i>	Preferred Generics	 6.0 per day
<i>duloxetine hcl dr 30 mg cap</i>	Preferred Generics	 4.0 per day
<i>duloxetine hcl dr 60 mg cap</i>	Preferred Generics	 2.0 per day
<i>venlafaxine hcl 100 mg tablet</i>	Preferred Generics	 3 per day
<i>venlafaxine hcl 25 mg tablet</i>	Preferred Generics	 15.0 per day
<i>venlafaxine hcl 37.5 mg tablet</i>	Preferred Generics	 10.0 per day
<i>venlafaxine hcl 50 mg tablet</i>	Preferred Generics	 7.0 per day
<i>venlafaxine hcl 75 mg tablet</i>	Preferred Generics	 3 per day
<i>venlafaxine hcl er 150 mg cap</i>	Preferred Generics	 2.0 per day
<i>venlafaxine hcl er 37.5 mg cap</i>	Preferred Generics	 6.0 per day
<i>venlafaxine hcl er 75 mg cap</i>	Preferred Generics	 3.0 per day
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hbr 10 mg tablet</i>	Preferred Generics	 4.0 per day
<i>citalopram hbr 10 mg/5 ml soln</i>	Generics	 20 per day
<i>citalopram hbr 20 mg tablet</i>	Preferred Generics	 2.0 per day
<i>citalopram hbr 40 mg tablet</i>	Preferred Generics	 1.0 per day
<i>escitalopram 10 mg tablet</i>	Preferred Generics	 2.0 per day
<i>escitalopram 10 mg/10 ml cup</i>	Generics	 20.0 per day
<i>escitalopram 20 mg tablet</i>	Preferred Generics	 1.0 per day
<i>escitalopram 5 mg tablet</i>	Preferred Generics	 4.0 per day
<i>escitalopram oxalate 5 mg/5 ml</i>	Generics	 20.0 per day
<i>fluoxetine 20 mg/5 ml soln cup</i>	Generics	 20 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine 20 mg/5 ml solution</i>	Generics	 20.0 per day
<i>fluoxetine hcl 10 mg capsule</i>	Preferred Generics	 8.0 per day
<i>fluoxetine hcl 10 mg tablet</i>	Preferred Generics	 8.0 per day
<i>fluoxetine hcl 10 mg tablet (pmdd)</i>	Preferred Generics	 8.0 per day
<i>fluoxetine hcl 20 mg capsule</i>	Preferred Generics	 4.0 per day
<i>fluoxetine hcl 20 mg tablet</i>	Generics	 4 per day
<i>fluoxetine hcl 20 mg tablet (pmdd)</i>	Generics	 4.0 per day
<i>fluoxetine hcl 40 mg capsule</i>	Preferred Generics	 2.0 per day
<i>fluvoxamine maleate 100 mg tab</i>	Generics	 3.0 per day
<i>fluvoxamine maleate 25 mg tab</i>	Preferred Generics	 1.0 per day
<i>fluvoxamine maleate 50 mg tab</i>	Generics	 1.0 per day
<i>paroxetine hcl 10 mg tablet</i>	Preferred Generics	 6.0 per day
<i>paroxetine hcl 20 mg tablet</i>	Preferred Generics	 3.0 per day
<i>paroxetine hcl 30 mg tablet</i>	Preferred Generics	 2.0 per day
<i>paroxetine hcl 40 mg tablet</i>	Preferred Generics	 1.0 per day
<i>sertraline 20 mg/ml oral conc</i>	Generics	 10 per day
<i>sertraline hcl 100 mg tablet</i>	Preferred Generics	 2.0 per day
<i>sertraline hcl 25 mg tablet</i>	Preferred Generics	 8.0 per day
<i>sertraline hcl 50 mg tablet</i>	Preferred Generics	 4.0 per day
SEROTONIN MODULATORS		
<i>mirtazapine 15 mg odt</i>	Generics	 3.0 per day
<i>mirtazapine 15 mg tablet</i>	Preferred Generics	 3.0 per day
<i>mirtazapine 30 mg odt</i>	Generics	 1 per day
<i>mirtazapine 30 mg tablet</i>	Preferred Generics	 1.0 per day
<i>mirtazapine 45 mg odt</i>	Generics	 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mirtazapine 45 mg tablet</i>	Preferred Generics	 1.0 per day
<i>mirtazapine 7.5 mg tablet</i>	Generics	 1.0 per day
<i>trazodone 100 mg tablet</i>	Preferred Generics	
<i>trazodone 150 mg tablet</i>	Preferred Generics	
<i>trazodone 50 mg tablet</i>	Preferred Generics	
<i>vilazodone hcl 10 mg tablet</i>	Generics	 1.0 per day
<i>vilazodone hcl 20 mg tablet</i>	Generics	 1.0 per day
<i>vilazodone hcl 40 mg tablet</i>	Generics	 1.0 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl 10 mg tab</i>	Preferred Generics	
<i>amitriptyline hcl 100 mg tab</i>	Preferred Generics	
<i>amitriptyline hcl 150 mg tab</i>	Generics	
<i>amitriptyline hcl 25 mg tab</i>	Preferred Generics	
<i>amitriptyline hcl 50 mg tab</i>	Preferred Generics	
<i>amitriptyline hcl 75 mg tab</i>	Preferred Generics	
<i>clomipramine 25 mg capsule</i>	Generics	
<i>clomipramine 50 mg capsule</i>	Generics	
<i>clomipramine 75 mg capsule</i>	Generics	
<i>desipramine 10 mg tablet</i>	Generics	
<i>desipramine 100 mg tablet</i>	Generics	
<i>desipramine 150 mg tablet</i>	Generics	
<i>desipramine 25 mg tablet</i>	Generics	
<i>desipramine 50 mg tablet</i>	Generics	
<i>desipramine 75 mg tablet</i>	Generics	
<i>doxepin 10 mg capsule</i>	Preferred Generics	
<i>doxepin 10 mg/ml oral conc</i>	Preferred Generics	
<i>doxepin 100 mg capsule</i>	Generics	
<i>doxepin 150 mg capsule</i>	Generics	
<i>doxepin 25 mg capsule</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxepin 50 mg capsule</i>	Generics	
<i>doxepin 75 mg capsule</i>	Generics	
<i>imipramine hcl 10 mg tablet</i>	Preferred Generics	
<i>imipramine hcl 25 mg tablet</i>	Preferred Generics	
<i>imipramine hcl 50 mg tablet</i>	Preferred Generics	
<i>nortriptyline 10 mg/5 ml soln</i>	Generics	
<i>nortriptyline hcl 10 mg cap</i>	Preferred Generics	
<i>nortriptyline hcl 25 mg cap</i>	Preferred Generics	
<i>nortriptyline hcl 50 mg cap</i>	Preferred Generics	
<i>nortriptyline hcl 75 mg cap</i>	Preferred Generics	
<i>protriptyline hcl 10 mg tablet</i>	Generics	
<i>protriptyline hcl 5 mg tablet</i>	Generics	
<i>trimipramine maleate 100 mg cp</i>	Generics	
<i>trimipramine maleate 25 mg cap</i>	Generics	
<i>trimipramine maleate 50 mg cap</i>	Generics	
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose 100 mg tablet</i>	Generics	
<i>acarbose 25 mg tablet</i>	Generics	
<i>acarbose 50 mg tablet</i>	Generics	
<i>miglitol 100 mg tablet</i>	Generics	
<i>miglitol 25 mg tablet</i>	Generics	
<i>miglitol 50 mg tablet</i>	Generics	
ANTIDIABETIC AGENTS, MISCELLANEOUS		
<i>mifepristone 300 mg tablet</i>	Generics	S PA QPD 4.0 per day
BIGUANIDES		
<i>metformin hcl 1,000 mg tablet</i>	Preferred Generics	
<i>metformin hcl 500 mg tablet</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metformin hcl 850 mg tablet</i>	Preferred Generics	
<i>metformin hcl er 500 mg tablet</i>	Preferred Generics	 4.0 per day
<i>metformin hcl er 750 mg tablet</i>	Preferred Generics	 2.0 per day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
JANUMET 50-1,000 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	Preferred Brands	 2 per day
JANUMET 50-500 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	Preferred Brands	 2 per day
JANUMET XR 100-1,000 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	Preferred Brands	 1 per day
JANUMET XR 50-1,000 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	Preferred Brands	 2 per day
JANUMET XR 50-500 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	Preferred Brands	 1 per day
JANUVIA 100 MG TABLET <i>sitagliptin phosphate</i>	Preferred Brands	 1 per day
JANUVIA 25 MG TABLET <i>sitagliptin phosphate</i>	Preferred Brands	 1 per day
JANUVIA 50 MG TABLET <i>sitagliptin phosphate</i>	Preferred Brands	 1 per day
INCRETIN MIMETICS		
MOUNJARO 10 MG/0.5 ML PEN <i>tirzepatide</i>	Preferred Brands	  0.072 per day
MOUNJARO 12.5 MG/0.5 ML PEN <i>tirzepatide</i>	Preferred Brands	  0.072 per day
MOUNJARO 15 MG/0.5 ML PEN <i>tirzepatide</i>	Preferred Brands	  0.072 per day
MOUNJARO 2.5 MG/0.5 ML PEN <i>tirzepatide</i>	Preferred Brands	 max 2 / 180 days 
MOUNJARO 5 MG/0.5 ML PEN <i>tirzepatide</i>	Preferred Brands	  0.072 per day
MOUNJARO 7.5 MG/0.5 ML PEN <i>tirzepatide</i>	Preferred Brands	  0.072 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OZEMPIC 0.25-0.5 MG/DOSE PEN <i>semaglutide</i>	Preferred Brands	PA QPD 0.108 per day
OZEMPIC 1 MG/DOSE (4 MG/3 ML) <i>semaglutide</i>	Preferred Brands	PA QPD 0.108 per day
OZEMPIC 2 MG/DOSE (8 MG/3 ML) <i>semaglutide</i>	Preferred Brands	PA QPD 0.108 per day
RYBELSUS 14 MG TABLET <i>semaglutide</i>	Preferred Brands	PA QPD 1 per day
RYBELSUS 3 MG TABLET <i>semaglutide</i>	Preferred Brands	QL MAX 30 / 180 DAYS PA
RYBELSUS 7 MG TABLET <i>semaglutide</i>	Preferred Brands	PA QPD 1 per day
TRULICITY 0.75 MG/0.5 ML PEN <i>dulaglutide</i>	Preferred Brands	PA QPD 0.072 per day
TRULICITY 1.5 MG/0.5 ML PEN <i>dulaglutide</i>	Preferred Brands	PA QPD 0.072 per day
TRULICITY 3 MG/0.5 ML PEN <i>dulaglutide</i>	Preferred Brands	PA QPD 0.072 per day
TRULICITY 4.5 MG/0.5 ML PEN <i>dulaglutide</i>	Preferred Brands	PA QPD 0.072 per day
MEGLITINIDES		
<i>nateglinide 120 mg tablet</i>	Generics	
<i>nateglinide 60 mg tablet</i>	Generics	
<i>repaglinide 0.5 mg tablet</i>	Generics	
<i>repaglinide 1 mg tablet</i>	Generics	
<i>repaglinide 2 mg tablet</i>	Generics	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA 10 MG TABLET <i>dapagliflozin propanediol</i>	Preferred Brands	QPD 1.0 per day
FARXIGA 5 MG TABLET <i>dapagliflozin propanediol</i>	Preferred Brands	QPD 1.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYXAMBI 10 MG-5 MG TABLET <i>empagliflozin/linagliptin</i>	Preferred Brands	 1 per day
GLYXAMBI 25 MG-5 MG TABLET <i>empagliflozin/linagliptin</i>	Preferred Brands	 1 per day
JARDIANCE 10 MG TABLET <i>empagliflozin</i>	Preferred Brands	 1 per day
JARDIANCE 25 MG TABLET <i>empagliflozin</i>	Preferred Brands	 1 per day
SYNJARDY 12.5-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	Preferred Brands	 2 per day
SYNJARDY 12.5-500 MG TABLET <i>empagliflozin/metformin hcl</i>	Preferred Brands	 2 per day
SYNJARDY 5-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	Preferred Brands	 2 per day
SYNJARDY 5-500 MG TABLET <i>empagliflozin/metformin hcl</i>	Preferred Brands	 2 per day
SYNJARDY XR 10-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	Preferred Brands	 2 per day
SYNJARDY XR 12.5-1,000 MG TAB <i>empagliflozin/metformin hcl</i>	Preferred Brands	 2 per day
SYNJARDY XR 25-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	Preferred Brands	 1 per day
SYNJARDY XR 5-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	Preferred Brands	 2 per day
TRIJARDY XR 10-5-1,000 MG TAB <i>empagliflozin/linagliptin/metformin hcl</i>	Preferred Brands	 1 per day
TRIJARDY XR 12.5-2.5-1,000 MG <i>empagliflozin/linagliptin/metformin hcl</i>	Preferred Brands	 2 per day
TRIJARDY XR 25-5-1,000 MG TAB <i>empagliflozin/linagliptin/metformin hcl</i>	Preferred Brands	 1 per day
TRIJARDY XR 5-2.5-1,000 MG TAB <i>empagliflozin/linagliptin/metformin hcl</i>	Preferred Brands	 2 per day
XIGDUO XR 10 MG-1,000 MG TAB <i>dapagliflozin propanediol/metformin hcl</i>	Preferred Brands	 1 per day
XIGDUO XR 10 MG-500 MG TABLET <i>dapagliflozin propanediol/metformin hcl</i>	Preferred Brands	 1 per day
XIGDUO XR 2.5 MG-1,000 MG TAB <i>dapagliflozin propanediol/metformin hcl</i>	Preferred Brands	 2 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIGDUO XR 5 MG-1,000 MG TABLET <i>dapagliflozin propanediol/metformin hcl</i>	Preferred Brands	 2 per day
XIGDUO XR 5 MG-500 MG TABLET <i>dapagliflozin propanediol/metformin hcl</i>	Preferred Brands	 1 per day
SULFONYLUREAS		
<i>glimepiride 1 mg tablet</i>	Preferred Generics	
<i>glimepiride 2 mg tablet</i>	Preferred Generics	
<i>glimepiride 4 mg tablet</i>	Preferred Generics	
<i>glipizide 10 mg tablet</i>	Preferred Generics	
<i>glipizide 5 mg tablet</i>	Preferred Generics	
<i>glipizide er 10 mg tablet</i>	Preferred Generics	
<i>glipizide er 2.5 mg tablet</i>	Preferred Generics	
<i>glipizide er 5 mg tablet</i>	Preferred Generics	
<i>glipizide xl 10 mg tablet</i>	Preferred Generics	
<i>glipizide xl 2.5 mg tablet</i>	Preferred Generics	
<i>glipizide xl 5 mg tablet</i>	Preferred Generics	
<i>glipizide-metformin 2.5-250 mg</i>	Generics	
<i>glipizide-metformin 2.5-500 mg</i>	Generics	
<i>glipizide-metformin 5-500 mg</i>	Generics	
<i>glyburid-metformin 1.25-250 mg</i>	Preferred Generics	
<i>glyburide 1.25 mg tablet</i>	Preferred Generics	
<i>glyburide 2.5 mg tablet</i>	Preferred Generics	
<i>glyburide 5 mg tablet</i>	Preferred Generics	
<i>glyburide-metformin 2.5-500 mg</i>	Preferred Generics	
<i>glyburide-metformin 5-500 mg</i>	Preferred Generics	
THIAZOLIDINEDIONES		
<i>pioglitazone hcl 15 mg tablet</i>	Preferred Generics	
<i>pioglitazone hcl 30 mg tablet</i>	Preferred Generics	
<i>pioglitazone hcl 45 mg tablet</i>	Preferred Generics	
<i>pioglitazone-metformin 15-500</i>	Generics	
<i>pioglitazone-metformin 15-850</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDOTES (91:04)		
ACETAMINOPHEN ANTIDOTE		
<i>acetylcysteine 10% vial</i>	Generics	
<i>acetylcysteine 20% vial</i>	Generics	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
<i>leucovorin calcium 15 mg tab</i>	Generics	
<i>leucovorin calcium 25 mg tab</i>	Generics	
<i>leucovorin calcium 5 mg tab</i>	Generics	
<i>mesna 400 mg tablet</i>	Generics	S
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tablet</i>	Generics	
<i>ondansetron 4 mg/5 ml soln cup</i>	Preferred Generics	
<i>ondansetron 4 mg/5 ml solution</i>	Preferred Generics	
<i>ondansetron hcl 4 mg tablet</i>	Preferred Generics	
<i>ondansetron hcl 8 mg tablet</i>	Preferred Generics	
<i>ondansetron odt 4 mg tablet</i>	Preferred Generics	
<i>ondansetron odt 8 mg tablet</i>	Preferred Generics	
ANTIHISTAMINES (GI DRUGS)		
COMPRO 25 MG SUPPOSITORY <i>prochlorperazine</i>	Generics	
<i>doxylamine-pyridoxine 10-10 mg</i>	Generics	
<i>meclizine 12.5 mg tablet</i>	Generics	
<i>meclizine 25 mg tablet</i>	Generics	
<i>meclizine 50 mg tablet</i>	Generics	
<i>prochlorperazine 10 mg tab</i>	Preferred Generics	
<i>prochlorperazine 25 mg supp</i>	Generics	
<i>prochlorperazine 5 mg tablet</i>	Preferred Generics	
<i>trimethobenzamide 300 mg cap</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUROKININ-1 RECEPTOR ANTAGONISTS		
<i>aprepitant 125 mg capsule</i>	Generics	
<i>aprepitant 125-80-80 mg pack</i>	Generics	
<i>aprepitant 40 mg capsule</i>	Generics	
<i>aprepitant 80 mg capsule</i>	Generics	
EMEND 125 MG POWDER PACKET <i>aprepitant</i>	Preferred Brands	
VARUBI 180 MG DOSE(2X 90MG TB) <i>rolapitant hcl</i>	Preferred Brands	S
ANTIFUNGAL (SYSTEMIC)		
ANTIFUNGALS, MISCELLANEOUS		
<i>griseofulvin 125 mg/5 ml susp</i>	Generics	
<i>griseofulvin micro 500 mg tab</i>	Generics	
<i>griseofulvin ultra 125 mg tab</i>	Generics	
<i>griseofulvin ultra 250 mg tab</i>	Generics	
AZOLE ANTIFUNGALS		
<i>fluconazole 10 mg/ml susp</i>	Generics	
<i>fluconazole 100 mg tablet</i>	Preferred Generics	
<i>fluconazole 150 mg tablet</i>	Preferred Generics	
<i>fluconazole 200 mg tablet</i>	Preferred Generics	
<i>fluconazole 40 mg/ml susp</i>	Generics	
<i>fluconazole 50 mg tablet</i>	Preferred Generics	
<i>itraconazole 10 mg/ml solution</i>	Generics	
<i>itraconazole 100 mg capsule</i>	Generics	
<i>itraconazole 100 mg/10 ml cup</i>	Generics	
NOXAFIL 300 MG POWDERMIX SUSP <i>posaconazole</i>	Preferred Brands	PA
<i>posaconazole 200 mg/5 ml susp</i>	Generics	PA
<i>posaconazole dr 100 mg tablet</i>	Generics	PA
<i>voriconazole 200 mg tablet</i>	Generics	PA

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>voriconazole 40 mg/ml susp</i>	Generics		S PA
<i>voriconazole 50 mg tablet</i>	Generics		PA
PYRIMIDINE ANTIFUNGALS			
<i>flucytosine 250 mg capsule</i>	Generics		
<i>flucytosine 500 mg capsule</i>	Generics		
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)			
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)			
<i>terbinafine hcl 250 mg tablet</i>	Preferred Generics		
AZOLES (SKIN AND MUCOUS MEMBRANE)			
<i>clotrimazole 1% solution</i>	Generics		
<i>clotrimazole 1% topical cream</i>	Generics		
<i>clotrimazole 10 mg lozenge</i>	Generics		
<i>clotrimazole 10 mg troche</i>	Generics		
<i>clotrimazole-betamethasone crm</i>	Preferred Generics		
<i>econazole nitrate 1% cream</i>	Generics		
JUBLIA 10% TOPICAL SOLUTION <i>efinaconazole</i>	Preferred Brands		
<i>ketoconazole 2% cream</i>	Generics		
<i>ketoconazole 2% shampoo</i>	Preferred Generics		
<i>ketoconazole 200 mg tablet</i>	Generics		
<i>terconazole 0.4% cream</i>	Generics		
<i>terconazole 0.8% cream</i>	Generics		
<i>terconazole 80 mg suppository</i>	Generics		
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)			
CICLODAN 8% SOLUTION <i>ciclopirox</i>	Generics		
<i>ciclopirox 0.77% cream</i>	Generics		
<i>ciclopirox 0.77% gel</i>	Generics		
<i>ciclopirox 0.77% topical susp</i>	Generics		

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciclopirox 1% shampoo</i>	Generics	
<i>ciclopirox 8% solution</i>	Generics	
POLYENES (SKIN AND MUCOUS MEMBRANE)		
KLAYESTA 100,000 UNIT/GM POWD <i>nystatin</i>	Generics	
NYAMYC 100,000 UNIT/GM POWDER <i>nystatin</i>	Generics	
<i>nystatin 100,000 unit/gm cream</i>	Preferred Generics	
<i>nystatin 100,000 unit/gm oint</i>	Preferred Generics	
<i>nystatin 100,000 unit/gm powd</i>	Generics	
<i>nystatin 100,000 unit/ml susp</i>	Preferred Generics	
<i>nystatin 500,000 unit oral tab</i>	Generics	
<i>nystatin 500,000 unit/5 ml cup</i>	Preferred Generics	
NYSTOP 100,000 UNIT/GM POWDER <i>nystatin</i>	Generics	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
<i>brimonidine 0.2% eye drop</i>	Preferred Generics	
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>dorzolamide-timolol eye drops</i>	Preferred Generics	
<i>timolol maleate 0.25% eye drop</i>	Preferred Generics	
<i>timolol maleate 0.5% eye drops</i>	Preferred Generics	
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide 125 mg tablet</i>	Preferred Generics	
<i>acetazolamide 250 mg tablet</i>	Generics	
<i>acetazolamide er 500 mg cap</i>	Generics	
<i>dorzolamide hcl 2% eye drops</i>	Preferred Generics	
<i>methazolamide 25 mg tablet</i>	Generics	
<i>methazolamide 50 mg tablet</i>	Generics	
SIMBRINZA 1%-0.2% EYE DROPS (NDC: 00065414727) <i>brinzolamide/brimonidine tartrate</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIOTICS		
<i>pilocarpine 1% eye drops</i>	Generics	
<i>pilocarpine 2% eye drops</i>	Generics	
<i>pilocarpine 4% eye drops</i>	Generics	
<i>pilocarpine hcl 1.25% eye drop</i>	Generics	 0.167 per day
PROSTAGLANDIN ANALOGS		
<i>latanoprost 0.005% eye drops</i>	Preferred Generics	 max 2.5 per 30 days
LUMIGAN 0.01% EYE DROPS <i>bimatoprost</i>	Preferred Brands	 max 2.5 per 30 days
ANTIHEMORRHAGIC AGENTS		
HEMOSTATICS		
AFSTYLA 1,000 UNIT VIAL <i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	Preferred Brands	 
AFSTYLA 1,500 UNIT RANGE VIAL <i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	Preferred Brands	 
AFSTYLA 2,000 UNIT VIAL <i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	Preferred Brands	 
AFSTYLA 2,500 UNIT RANGE VIAL <i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	Preferred Brands	 
AFSTYLA 250 UNIT VIAL <i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	Preferred Brands	 
AFSTYLA 3,000 UNIT VIAL <i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	Preferred Brands	 
AFSTYLA 500 UNIT VIAL <i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	Preferred Brands	 
ALPHANATE 1,000-400 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor,human</i>	Preferred Brands	 
ALPHANATE 1,500-600 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor,human</i>	Preferred Brands	 

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHANATE 2,000-800 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor,human</i>	Preferred Brands	S PA
ALPHANATE 250-100 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor,human</i>	Preferred Brands	S PA
ALPHANATE 500-200 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor,human</i>	Preferred Brands	S PA
ALPHANINE SD 1,000 UNIT VIAL <i>factor ix</i>	Preferred Brands	S PA
ALPHANINE SD 1,500 UNIT VIAL <i>factor ix</i>	Preferred Brands	S PA
ALPHANINE SD 500 UNIT VIAL <i>factor ix</i>	Preferred Brands	S PA
<i>aminocaproic acid 0.25 gram/ml</i>	Generics	
<i>aminocaproic acid 1,000 mg tab</i>	Generics	
<i>aminocaproic acid 500 mg tab</i>	Generics	
COAGADEX 250 UNIT VIAL <i>coagulation factor x</i>	Preferred Brands	S
COAGADEX 500 UNIT VIAL <i>coagulation factor x</i>	Preferred Brands	S
CORIFACT KIT <i>factor xiii</i>	Preferred Brands	S
ELOCTATE 1,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ELOCTATE 1,500 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ELOCTATE 2,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ELOCTATE 250 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ELOCTATE 3,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELOCTATE 4,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ELOCTATE 5,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ELOCTATE 500 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ELOCTATE 6,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ELOCTATE 750 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	Preferred Brands	S PA
ESPEROCT 1,000 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	Preferred Brands	S PA
ESPEROCT 1,500 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	Preferred Brands	S PA
ESPEROCT 2,000 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	Preferred Brands	S PA
ESPEROCT 3,000 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	Preferred Brands	S PA
ESPEROCT 4,000 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	Preferred Brands	S PA
ESPEROCT 500 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	Preferred Brands	S PA
FEIBA 1,000 UNIT (NOMINAL) <i>anti-inhibitor coagulant complex</i>	Preferred Brands	S
FEIBA 2,500 UNIT (NOMINAL) <i>anti-inhibitor coagulant complex</i>	Preferred Brands	S
FEIBA 500 UNIT (NOMINAL) <i>anti-inhibitor coagulant complex</i>	Preferred Brands	S
FIBRYGA 1 GRAM RANGE VIAL <i>fibrinogen</i>	Preferred Brands	S

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMATE-P 1,200 UNIT VWF:RCO <i>antihemophilic factor, human/von willebrand factor,human</i>	Preferred Brands	S PA
HUMATE-P 2,400 UNIT VWF:RCO <i>antihemophilic factor, human/von willebrand factor,human</i>	Preferred Brands	S PA
HUMATE-P 600 UNIT VWF:RCO <i>antihemophilic factor, human/von willebrand factor,human</i>	Preferred Brands	S PA
IDELVION 1,000 UNIT RANGE VIAL <i>factor ix recombinant,albumin fusion protein</i>	Preferred Brands	S PA
IDELVION 2,000 UNIT RANGE VIAL <i>factor ix recombinant,albumin fusion protein</i>	Preferred Brands	S PA
IDELVION 250 UNIT RANGE VIAL <i>factor ix recombinant,albumin fusion protein</i>	Preferred Brands	S PA
IDELVION 3,500 UNIT RANGE VIAL <i>factor ix recombinant,albumin fusion protein</i>	Preferred Brands	S PA
IDELVION 500 UNIT RANGE VIAL <i>factor ix recombinant,albumin fusion protein</i>	Preferred Brands	S PA
IXINITY 1,000 UNIT RANGE <i>factor ix human recombinant, threonine 148</i>	Preferred Brands	S PA
IXINITY 1,500 UNIT RANGE <i>factor ix human recombinant, threonine 148</i>	Preferred Brands	S PA
IXINITY 2,000 UNIT RANGE <i>factor ix human recombinant, threonine 148</i>	Preferred Brands	S PA
IXINITY 250 UNIT RANGE <i>factor ix human recombinant, threonine 148</i>	Preferred Brands	S PA
IXINITY 3,000 UNIT RANGE <i>factor ix human recombinant, threonine 148</i>	Preferred Brands	S PA
IXINITY 500 UNIT RANGE <i>factor ix human recombinant, threonine 148</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOATE 1,000 UNIT VIAL <i>antihemophilic factor, human</i>	Preferred Brands	S PA
KOATE 250 UNIT VIAL <i>antihemophilic factor, human</i>	Preferred Brands	S PA
KOATE 500 UNIT VIAL <i>antihemophilic factor, human</i>	Preferred Brands	S PA
KOGENATE FS 1,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOGENATE FS 2,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOGENATE FS 250 UNIT VIAL <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOGENATE FS 3,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOGENATE FS 500 UNIT VIAL <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOVALTRY 1,000 UNIT KIT <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOVALTRY 1,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOVALTRY 2,000 UNIT KIT <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOVALTRY 2,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOVALTRY 250 UNIT KIT <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA
KOVALTRY 250 UNIT VIAL <i>antihemophilic factor (fviii) recombinant,full length</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOVALTRY 3,000 UNIT KIT <i>antihemophilic factor (fviii) recombinant, full length</i>	Preferred Brands	S PA
KOVALTRY 3,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	Preferred Brands	S PA
KOVALTRY 500 UNIT KIT <i>antihemophilic factor (fviii) recombinant, full length</i>	Preferred Brands	S PA
KOVALTRY 500 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	Preferred Brands	S PA
NOVOEIGHT 1,000 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	Preferred Brands	S PA
NOVOEIGHT 1,500 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	Preferred Brands	S PA
NOVOEIGHT 2,000 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	Preferred Brands	S PA
NOVOEIGHT 250 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	Preferred Brands	S PA
NOVOEIGHT 3,000 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	Preferred Brands	S PA
NOVOEIGHT 500 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	Preferred Brands	S PA
NOVOSEVEN RT 1 MG VIAL <i>coagulation factor viia (recombinant)</i>	Preferred Brands	S PA
NOVOSEVEN RT 2 MG VIAL <i>coagulation factor viia (recombinant)</i>	Preferred Brands	S PA
NOVOSEVEN RT 5 MG VIAL <i>coagulation factor viia (recombinant)</i>	Preferred Brands	S PA
NOVOSEVEN RT 8 MG VIAL <i>coagulation factor viia (recombinant)</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUWIQ 1,000 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 1,000 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 1,500 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 1,500 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 2,000 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 2,000 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 2,500 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 2,500 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 250 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 250 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 3,000 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 3,000 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 4,000 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 4,000 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUWIQ 500 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
NUWIQ 500 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	Preferred Brands	S PA
PROFILNINE 1,000 UNIT VIAL <i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	Preferred Brands	S PA
PROFILNINE 1,500 UNIT VIAL <i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	Preferred Brands	S PA
PROFILNINE 500 UNIT VIAL <i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	Preferred Brands	S PA
REBINYN 1,000 UNIT VIAL <i>factor ix (human) recombinant, pegylated</i>	Preferred Brands	S PA
REBINYN 2,000 UNIT VIAL <i>factor ix (human) recombinant, pegylated</i>	Preferred Brands	S PA
REBINYN 3,000 UNIT VIAL <i>factor ix (human) recombinant, pegylated</i>	Preferred Brands	S PA
REBINYN 500 UNIT VIAL <i>factor ix (human) recombinant, pegylated</i>	Preferred Brands	S PA
RECOMBIMATE 1,241-1,800 UNIT V <i>antihemophilic factor viii, human recombinant</i>	Preferred Brands	S PA
RECOMBIMATE 1,801-2,400 UNIT V <i>antihemophilic factor viii, human recombinant</i>	Preferred Brands	S PA
RECOMBIMATE 220-400 UNIT VIAL <i>antihemophilic factor viii, human recombinant</i>	Preferred Brands	S PA
RECOMBIMATE 401-800 UNIT VIAL <i>antihemophilic factor viii, human recombinant</i>	Preferred Brands	S PA
RECOMBIMATE 801-1,240 UNIT VL <i>antihemophilic factor viii, human recombinant</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIASTAP VIAL <i>fibrinogen</i>	Preferred Brands	S
RIXUBIS 1,000 UNIT NOMINAL <i>factor ix human recombinant</i>	Preferred Brands	S PA
RIXUBIS 2,000 UNIT NOMINAL <i>factor ix human recombinant</i>	Preferred Brands	S PA
RIXUBIS 250 UNIT NOMINAL <i>factor ix human recombinant</i>	Preferred Brands	S PA
RIXUBIS 3,000 UNIT NOMINAL <i>factor ix human recombinant</i>	Preferred Brands	S PA
RIXUBIS 500 UNIT NOMINAL <i>factor ix human recombinant</i>	Preferred Brands	S PA
<i>tranexamic acid 650 mg tablet</i>	Generics	
TRETEN 2,500 UNIT VIAL <i>factor xiii a-subunit, recombinant</i>	Preferred Brands	S
WILATE 1,000-1,000 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	Preferred Brands	S PA
WILATE 500-500 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	Preferred Brands	S PA
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>carbinoxamine maleate 4 mg tab</i>	Generics	
SECOND GENERATION ANTIHISTAMINES		
<i>cetirizine hcl 1 mg/ml soln</i>	Generics	
<i>cetirizine hcl 1 mg/ml syrup</i>	Generics	
<i>desloratadine 5 mg tablet</i>	Generics	
<i>levocetirizine 2.5 mg/5 ml sol</i>	Generics	
<i>levocetirizine 5 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIHYPOGLYCEMIC AGENTS		
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
<i>diazoxide 50 mg/ml oral susp</i>	Generics	
GLYCOGENOLYTIC AGENTS		
BAQSIMI 3 MG SPRAY <i>glucagon</i>	Preferred Brands	
BAQSIMI 3 MG SPRAY ONE PACK <i>glucagon</i>	Preferred Brands	
BAQSIMI 3 MG SPRAY TWO PACK <i>glucagon</i>	Preferred Brands	
GLUCAGON 1 MG EMERGENCY KIT <i>glucagon</i>	Generics	
GLUCAGON 1 MG EMERGENCY KIT (AMPHASTAR) <i>glucagon</i>	Generics	
GLUCAGON 1 MG EMERGENCY KIT (FRESENIUS) <i>glucagon hcl</i>	Preferred Brands	
GVOKE 1 MG/0.2 ML KIT <i>glucagon</i>	Preferred Brands	
GVOKE 1 MG/0.2 ML VIAL <i>glucagon</i>	Preferred Brands	
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML <i>glucagon</i>	Preferred Brands	
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML <i>glucagon</i>	Preferred Brands	
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML <i>glucagon</i>	Preferred Brands	
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML <i>glucagon</i>	Preferred Brands	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR <i>glucagon</i>	Preferred Brands	
GVOKE PFS 1PK 0.5MG/0.1 ML SYR <i>glucagon</i>	Preferred Brands	
GVOKE PFS 2-PK 1 MG/0.2 ML SYR <i>glucagon</i>	Preferred Brands	
GVOKE PFS 2PK 0.5MG/0.1 ML SYR <i>glucagon</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEGALOGUE 0.6 MG/0.6 ML SYRING <i>dasiglucagon hcl</i>	Preferred Brands	
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ <i>dasiglucagon hcl</i>	Preferred Brands	
ANTILIPEMIC AGENTS		
ACL INHIBITORS		
NEXLETOL 180 MG TABLET <i>bempedoic acid</i>	Preferred Brands	PA QPD 1 per day
NEXLIZET 180-10 MG TABLET <i>bempedoic acid/ezetimibe</i>	Preferred Brands	PA QPD 1 per day
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>niacin er 1,000 mg tablet</i>	Generics	
<i>niacin er 500 mg tablet</i>	Generics	
<i>niacin er 750 mg tablet</i>	Generics	
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder</i>	Generics	
<i>cholestyramine powder</i>	Generics	
<i>colesevelam 625 mg tablet</i>	Generics	
<i>colestipol hcl 1 gm tablet</i>	Generics	
<i>colestipol hcl granules</i>	Generics	
<i>colestipol hcl granules packet</i>	Generics	
PREVALITE POWDER <i>cholestyramine</i>	Generics	
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe 10 mg tablet</i>	Preferred Generics	
<i>ezetimibe-simvastatin 10-10 mg</i>	Generics	
<i>ezetimibe-simvastatin 10-20 mg</i>	Generics	
<i>ezetimibe-simvastatin 10-40 mg</i>	Generics	
<i>ezetimibe-simvastatin 10-80 mg</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 134 mg capsule</i>	Preferred Generics	
<i>fenofibrate 145 mg tablet</i>	Preferred Generics	
<i>fenofibrate 160 mg tablet</i>	Preferred Generics	
<i>fenofibrate 200 mg capsule</i>	Preferred Generics	
<i>fenofibrate 48 mg tablet</i>	Preferred Generics	
<i>fenofibrate 54 mg tablet</i>	Preferred Generics	
<i>fenofibrate 67 mg capsule</i>	Preferred Generics	
<i>gemfibrozil 600 mg tablet</i>	Preferred Generics	
HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin 10 mg tablet</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>atorvastatin 20 mg tablet</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>atorvastatin 40 mg tablet</i>	Preferred Generics	
<i>atorvastatin 80 mg tablet</i>	Preferred Generics	
<i>lovastatin 10 mg tablet</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>lovastatin 20 mg tablet</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>lovastatin 40 mg tablet</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>pravastatin sodium 10 mg tab</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>pravastatin sodium 20 mg tab</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>pravastatin sodium 40 mg tab</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>pravastatin sodium 80 mg tab</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>rosuvastatin calcium 10 mg tab</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>rosuvastatin calcium 20 mg tab</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years
<i>rosuvastatin calcium 40 mg tab</i>	Preferred Generics	C [ACA] Age Edits Apply: 40-75 years

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rosuvastatin calcium 5 mg tab</i>	Preferred Generics	 [ACA] Age Edits Apply: 40-75 years
<i>simvastatin 10 mg tablet</i>	Preferred Generics	 [ACA] Age Edits Apply: 40-75 years
<i>simvastatin 20 mg tablet</i>	Preferred Generics	 [ACA] Age Edits Apply: 40-75 years
<i>simvastatin 40 mg tablet</i>	Preferred Generics	 [ACA] Age Edits Apply: 40-75 years
<i>simvastatin 5 mg tablet</i>	Preferred Generics	 [ACA] Age Edits Apply: 40-75 years
<i>simvastatin 80 mg tablet</i>	Preferred Generics	
OMEGA-3-MEDIATED ANTILIPEMICS		
VASCEPA 0.5 GM CAPSULE <i>icosapent ethyl</i>	Generics	
VASCEPA 1 GM CAPSULE <i>icosapent ethyl</i>	Generics	
PCSK9 INHIBITORS		
REPATHA 140 MG/ML SURECLICK <i>evolocumab</i>	Preferred Brands	   0.215 per day
REPATHA 140 MG/ML SYRINGE <i>evolocumab</i>	Preferred Brands	   0.215 per day
REPATHA 420 MG/3.5ML PUSHTRONX <i>evolocumab</i>	Preferred Brands	   0.25 per day
ANTIMETABOLITES, IMMUNOSUPPRESS THERAPY		
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN 100 MG TABLET <i>azathioprine</i>	Generics	
AZASAN 75 MG TABLET <i>azathioprine</i>	Generics	
<i>azathioprine 100 mg tablet</i>	Generics	
<i>azathioprine 50 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azathioprine 75 mg tablet</i>	Generics	
<i>mycophenolate 200 mg/ml susp</i>	Generics	S
<i>mycophenolate 250 mg capsule</i>	Generics	S
<i>mycophenolate 500 mg tablet</i>	Generics	S
<i>mycophenolic acid dr 180 mg tb</i>	Generics	S
<i>mycophenolic acid dr 360 mg tb</i>	Generics	S
MYHIBBIN 200 MG/ML SUSPENSION <i>mycophenolate mofetil</i>	Preferred Brands	S
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG 140 MG/ML AUTOINJECTOR <i>erenumab-aooe</i>	Preferred Brands	PA QPD 0.036 per day
AIMOVIG 70 MG/ML AUTOINJECTOR <i>erenumab-aooe</i>	Preferred Brands	PA QPD 0.036 per day
AJOVY 225 MG/1.5 ML AUTOINJECT <i>fremanezumab-vfrm</i>	Preferred Brands	QL MAX 4.5 / 84 DAYS PA
AJOVY 225 MG/1.5 ML SYRINGE <i>fremanezumab-vfrm</i>	Preferred Brands	QL MAX 4.5 / 84 DAYS PA
EMGALITY 100 MG/ML SYR(1 OF 3) <i>galcanezumab-gnlm</i>	Preferred Brands	QL MAX 9 / 180 DAYS PA
EMGALITY 120 MG/ML PEN <i>galcanezumab-gnlm</i>	Preferred Brands	PA QPD 0.036 per day
EMGALITY 120 MG/ML SYRINGE <i>galcanezumab-gnlm</i>	Preferred Brands	PA QPD 0.036 per day
EMGALITY 300 MG (100 MG X3SYR) <i>galcanezumab-gnlm</i>	Preferred Brands	QL MAX 9 / 180 DAYS PA
NURTEC ODT 75 MG TABLET <i>rimegepant sulfate</i>	Preferred Brands	PA QPD 0.534 per day
QULIPTA 10 MG TABLET <i>atogepant</i>	Preferred Brands	PA QPD 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QULIPTA 30 MG TABLET <i>atogepant</i>	Preferred Brands	PA QPD 1 per day
QULIPTA 60 MG TABLET <i>atogepant</i>	Preferred Brands	PA QPD 1 per day
UBRELVY 100 MG TABLET <i>ubrogepant</i>	Preferred Brands	PA QPD 0.534 per day
UBRELVY 50 MG TABLET <i>ubrogepant</i>	Preferred Brands	PA QPD 0.534 per day
SELECTIVE SEROTONIN AGONISTS		
<i>eletriptan hbr 20 mg tablet</i>	Generics	QPD 0.4 per day
<i>eletriptan hbr 40 mg tablet</i>	Generics	QPD 0.4 per day
<i>naratriptan hcl 1 mg tablet</i>	Generics	QPD 0.6 per day
<i>naratriptan hcl 2.5 mg tablet</i>	Generics	QPD 0.6 per day
<i>rizatriptan 10 mg odt</i>	Preferred Generics	QPD 0.6 per day
<i>rizatriptan 10 mg tablet</i>	Preferred Generics	QPD 0.6 per day
<i>rizatriptan 5 mg odt</i>	Preferred Generics	QPD 0.6 per day
<i>rizatriptan 5 mg tablet</i>	Preferred Generics	QPD 0.6 per day
<i>sumatriptan 20 mg nasal spray</i>	Generics	QPD 0.4 per day
<i>sumatriptan 4 mg/0.5 ml inject</i>	Generics	QPD 0.2 per day
<i>sumatriptan 5 mg nasal spray</i>	Generics	QPD 0.4 per day
<i>sumatriptan 6 mg/0.5 ml syrng</i>	Preferred Brands	QPD 0.2 per day
<i>sumatriptan 6 mg/0.5 ml vial</i>	Generics	QPD 0.167 per day
<i>sumatriptan 6 mg/0.5ml autoinj</i>	Generics	QPD 0.2 per day
<i>sumatriptan succ 100 mg tablet</i>	Preferred Generics	QPD 0.6 per day
<i>sumatriptan succ 25 mg tablet</i>	Preferred Generics	QPD 0.6 per day
<i>sumatriptan succ 50 mg tablet</i>	Preferred Generics	QPD 0.6 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolmitriptan 2.5 mg tablet</i>	Generics	 0.4 per day
<i>zolmitriptan 5 mg tablet</i>	Generics	 0.4 per day
ZOMIG 2.5 MG TABLET <i>zolmitriptan</i>	Generics	 0.4 per day
ZOMIG 5 MG TABLET <i>zolmitriptan</i>	Generics	 0.4 per day
ANTIMYCOBACTERIALS		
ANTILEPROSY AGENTS		
<i>dapsone 100 mg tablet</i>	Generics	
<i>dapsone 25 mg tablet</i>	Generics	
ANTITUBERCULOSIS AGENTS		
<i>cycloserine 250 mg capsule</i>	Generics	
<i>ethambutol hcl 100 mg tablet</i>	Preferred Generics	
<i>ethambutol hcl 400 mg tablet</i>	Generics	
<i>isoniazid 100 mg tablet</i>	Generics	
<i>isoniazid 300 mg tablet</i>	Preferred Generics	
<i>isoniazid 50 mg/5 ml solution</i>	Generics	
<i>pretomanid 200 mg tablet</i>	Preferred Brands	
PRIFTIN 150 MG TABLET <i>rifapentine</i>	Preferred Brands	
<i>pyrazinamide 500 mg tablet</i>	Generics	
<i>rifabutin 150 mg capsule</i>	Generics	
<i>rifampin 150 mg capsule</i>	Generics	
<i>rifampin 300 mg capsule</i>	Generics	
SIRTURO 100 MG TABLET <i>bedaquiline fumarate</i>	Preferred Brands	
SIRTURO 20 MG TABLET <i>bedaquiline fumarate</i>	Preferred Brands	
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate 250 mg tab</i>	Generics	   4.0 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>abiraterone acetate 500 mg tab</i>	Generics		S PA QPD 2.0 per day
ABIRTEGA 250 MG TABLET <i>abiraterone acetate</i>	Generics		S PA QPD 4.0 per day
ALECENSA 150 MG CAPSULE <i>alectinib hcl</i>	Preferred Brands		S PA QPD 8 per day
ALUNBRIG 180 MG TABLET <i>brigatinib</i>	Preferred Brands		S PA QPD 1 per day
ALUNBRIG 30 MG TABLET <i>brigatinib</i>	Preferred Brands		S PA QPD 4 per day
ALUNBRIG 90 MG TABLET <i>brigatinib</i>	Preferred Brands		S PA QPD 1 per day
ALUNBRIG 90 MG-180 MG TAB PACK <i>brigatinib</i>	Preferred Brands		QL MAX 30 / 180 DAYS S PA
<i>anastrozole 1 mg tablet</i>	Preferred Generics		C [ACA] Age Edits Apply: 35+ years
BESREMI 500 MCG/ML SYRINGE <i>ropeginterferon alfa-2b-njft</i>	Preferred Brands		S PA QPD 0.072 per day
<i>bexarotene 75 mg capsule</i>	Generics		S PA
<i>bicalutamide 50 mg tablet</i>	Preferred Generics		
BOSULIF 100 MG CAPSULE <i>bosutinib</i>	Preferred Brands		S PA QPD 5.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOSULIF 100 MG TABLET <i>bosutinib</i>	Preferred Brands	S PA QPD 3.0 per day
BOSULIF 400 MG TABLET <i>bosutinib</i>	Preferred Brands	S PA QPD 1 per day
BOSULIF 50 MG CAPSULE <i>bosutinib</i>	Preferred Brands	S PA QPD 1.0 per day
BOSULIF 500 MG TABLET <i>bosutinib</i>	Preferred Brands	S PA QPD 1 per day
BRUKINSA 160 MG TABLET <i>zanubrutinib</i>	Preferred Brands	S PA QPD 2.0 per day
BRUKINSA 80 MG CAPSULE <i>zanubrutinib</i>	Preferred Brands	S PA QPD 4 per day
CABOMETYX 20 MG TABLET <i>cabozantinib s-malate</i>	Preferred Brands	S PA QPD 1.0 per day
CABOMETYX 40 MG TABLET <i>cabozantinib s-malate</i>	Preferred Brands	S PA QPD 1.0 per day
CABOMETYX 60 MG TABLET <i>cabozantinib s-malate</i>	Preferred Brands	S PA QPD 1.0 per day
CALQUENCE 100 MG TABLET <i>acalabrutinib maleate</i>	Preferred Brands	S PA QPD 2 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>capecitabine 150 mg tablet</i>	Generics	S PA
<i>capecitabine 500 mg tablet</i>	Generics	S PA
CAPRELSA 100 MG TABLET <i>vandetanib</i>	Preferred Brands	S PA QPD 2 per day
CAPRELSA 300 MG TABLET <i>vandetanib</i>	Preferred Brands	S PA QPD 1 per day
COMETRIQ 100 MG DAILY-DOSE PK <i>cabozantinib s-malate</i>	Preferred Brands	S PA QPD 2 per day
COMETRIQ 140 MG DAILY-DOSE PK <i>cabozantinib s-malate</i>	Preferred Brands	S PA QPD 4 per day
COMETRIQ 60 MG DAILY-DOSE PACK <i>cabozantinib s-malate</i>	Preferred Brands	S PA QPD 3 per day
COTELLIC 20 MG TABLET <i>cobimetinib fumarate</i>	Preferred Brands	S PA QPD 2.25 per day
<i>cyclophosphamide 25 mg capsule</i>	Generics	
<i>cyclophosphamide 25 mg tablet</i>	Preferred Brands	
<i>cyclophosphamide 50 mg capsule</i>	Generics	
<i>cyclophosphamide 50 mg tablet</i>	Preferred Brands	
<i>dasatinib 100 mg tablet</i>	Generics	S PA QPD 1.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dasatinib 20 mg tablet</i>	Generics	S PA QPD 3.0 per day
<i>dasatinib 50 mg tablet</i>	Generics	S PA QPD 1.0 per day
<i>dasatinib 70 mg tablet</i>	Generics	S PA QPD 1.0 per day
<i>dasatinib 80 mg tablet</i>	Generics	S PA QPD 1.0 per day
EMCYT 140 MG CAPSULE <i>estramustine phosphate sodium</i>	Preferred Brands	S
ERIVEDGE 150 MG CAPSULE <i>vismodegib</i>	Preferred Brands	S PA QPD 1 per day
ERLEADA 240 MG TABLET <i>apalutamide</i>	Preferred Brands	S PA QPD 1 per day
ERLEADA 60 MG TABLET <i>apalutamide</i>	Preferred Brands	S PA QPD 4 per day
<i>erlotinib hcl 100 mg tablet</i>	Generics	S PA QPD 1.0 per day
<i>erlotinib hcl 150 mg tablet</i>	Generics	S PA QPD 1.0 per day
<i>erlotinib hcl 25 mg tablet</i>	Generics	S PA QPD 2.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etoposide 50 mg capsule</i>	Preferred Brands	
<i>everolimus 0.25 mg tablet</i>	Generics	
<i>everolimus 0.5 mg tablet</i>	Generics	
<i>everolimus 0.75 mg tablet</i>	Generics	
<i>everolimus 1 mg tablet</i>	Generics	
<i>everolimus 10 mg tablet</i>	Generics	   1.0 per day
<i>everolimus 2 mg tab for susp</i>	Generics	   2.0 per day
<i>everolimus 2.5 mg tablet</i>	Generics	   1.0 per day
<i>everolimus 3 mg tab for susp</i>	Generics	   3.0 per day
<i>everolimus 5 mg tab for susp</i>	Generics	   2.0 per day
<i>everolimus 5 mg tablet</i>	Generics	   1.0 per day
<i>everolimus 7.5 mg tablet</i>	Generics	   1.0 per day
<i>exemestane 25 mg tablet</i>	Generics	
<i>gefitinib 250 mg tablet</i>	Generics	   1.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILOTRIF 20 MG TABLET <i>afatinib dimaleate</i>	Preferred Brands	S PA QPD 1 per day
GILOTRIF 30 MG TABLET <i>afatinib dimaleate</i>	Preferred Brands	S PA QPD 1 per day
GILOTRIF 40 MG TABLET <i>afatinib dimaleate</i>	Preferred Brands	S PA QPD 1 per day
GLEOSTINE 10 MG CAPSULE <i>lomustine</i>	Preferred Brands	QL max 42 days / fill S
GLEOSTINE 100 MG CAPSULE <i>lomustine</i>	Preferred Brands	QL max 42 days / fill S
GLEOSTINE 40 MG CAPSULE <i>lomustine</i>	Preferred Brands	QL max 42 days / fill S
HYCAMTIN 0.25 MG CAPSULE <i>topotecan hcl</i>	Preferred Brands	S PA
HYCAMTIN 1 MG CAPSULE <i>topotecan hcl</i>	Preferred Brands	S PA
<i>hydroxyurea 500 mg capsule</i>	Generics	
IBRANCE 100 MG CAPSULE <i>palbociclib</i>	Preferred Brands	S PA QPD 0.75 per day
IBRANCE 100 MG TABLET <i>palbociclib</i>	Preferred Brands	S PA QPD 0.75 per day
IBRANCE 125 MG CAPSULE <i>palbociclib</i>	Preferred Brands	S PA QPD 0.75 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBRANCE 75 MG CAPSULE <i>palbociclib</i>	Preferred Brands	S PA QPD 0.75 per day
IBRANCE 75 MG TABLET <i>palbociclib</i>	Preferred Brands	S PA QPD 0.75 per day
<i>imatinib mesylate 100 mg tab</i>	Generics	S PA QPD 3.0 per day
<i>imatinib mesylate 400 mg tab</i>	Generics	S PA QPD 2.0 per day
IMBRUVICA 140 MG CAPSULE <i>ibrutinib</i>	Preferred Brands	S PA QPD 3 per day
IMBRUVICA 140 MG TABLET <i>ibrutinib</i>	Preferred Brands	S PA QPD 1 per day
IMBRUVICA 280 MG TABLET <i>ibrutinib</i>	Preferred Brands	S PA QPD 1 per day
IMBRUVICA 420 MG TABLET <i>ibrutinib</i>	Preferred Brands	S PA QPD 1 per day
IMBRUVICA 70 MG CAPSULE <i>ibrutinib</i>	Preferred Brands	S PA QPD 1 per day
IMBRUVICA 70 MG/ML SUSPENSION <i>ibrutinib</i>	Preferred Brands	S PA QPD 7.2 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INLYTA 1 MG TABLET <i>axitinib</i>	Preferred Brands	S PA QPD 6 per day
INLYTA 5 MG TABLET <i>axitinib</i>	Preferred Brands	S PA QPD 4 per day
ITOVEBI 3 MG TABLET <i>inavolisib</i>	Preferred Brands	S PA QPD 2.0 per day
ITOVEBI 9 MG TABLET <i>inavolisib</i>	Preferred Brands	S PA QPD 1.0 per day
JAKAFI 10 MG TABLET <i>ruxolitinib phosphate</i>	Preferred Brands	S PA QPD 2 per day
JAKAFI 15 MG TABLET <i>ruxolitinib phosphate</i>	Preferred Brands	S PA QPD 2 per day
JAKAFI 20 MG TABLET <i>ruxolitinib phosphate</i>	Preferred Brands	S PA QPD 2 per day
JAKAFI 25 MG TABLET <i>ruxolitinib phosphate</i>	Preferred Brands	S PA QPD 2 per day
JAKAFI 5 MG TABLET <i>ruxolitinib phosphate</i>	Preferred Brands	S PA QPD 2 per day
KISQALI 200 MG DAILY DOSE <i>ribociclib succinate</i>	Preferred Brands	S PA QPD 0.75 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
KISQALI 400 MG DAILY DOSE <i>ribociclib succinate</i>	Preferred Brands	  	1.5 per day
KISQALI 600 MG DAILY DOSE <i>ribociclib succinate</i>	Preferred Brands	  	2.25 per day
KISQALI FEMARA 200 MG CO-PACK <i>ribociclib succinate/letrozole</i>	Preferred Brands	  	1.75 per day
KISQALI FEMARA 400 MG CO-PACK <i>ribociclib succinate/letrozole</i>	Preferred Brands	  	2.5 per day
KISQALI FEMARA 600 MG CO-PACK <i>ribociclib succinate/letrozole</i>	Preferred Brands	  	3.25 per day
<i>lapatinib 250 mg tablet</i>	Generics	  	6.0 per day
<i>lenalidomide 10 mg capsule</i>	Generics	  	1.0 per day
<i>lenalidomide 15 mg capsule</i>	Generics	  	0.75 per day
<i>lenalidomide 2.5 mg capsule</i>	Generics	  	1.0 per day
<i>lenalidomide 20 mg capsule</i>	Generics	  	0.75 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>lenalidomide 25 mg capsule</i>	Generics		S PA QPD 0.75 per day
<i>lenalidomide 5 mg capsule</i>	Generics		S PA QPD 1.0 per day
LENVIMA 10 MG DAILY DOSE <i>lenvatinib mesylate</i>	Preferred Brands		S PA QPD 1 per day
LENVIMA 12 MG DAILY DOSE <i>lenvatinib mesylate</i>	Preferred Brands		S PA QPD 3 per day
LENVIMA 14 MG DAILY DOSE <i>lenvatinib mesylate</i>	Preferred Brands		S PA QPD 2 per day
LENVIMA 18 MG DAILY DOSE <i>lenvatinib mesylate</i>	Preferred Brands		S PA QPD 3 per day
LENVIMA 20 MG DAILY DOSE <i>lenvatinib mesylate</i>	Preferred Brands		S PA QPD 2 per day
LENVIMA 24 MG DAILY DOSE <i>lenvatinib mesylate</i>	Preferred Brands		S PA QPD 3 per day
LENVIMA 4 MG CAPSULE <i>lenvatinib mesylate</i>	Preferred Brands		S PA QPD 1 per day
LENVIMA 8 MG DAILY DOSE <i>lenvatinib mesylate</i>	Preferred Brands		S PA QPD 2 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>letrozole 2.5 mg tablet</i>	Preferred Generics	
LEUKERAN 2 MG TABLET <i>chlorambucil</i>	Preferred Brands	S
LONSURF 15 MG-6.14 MG TABLET <i>trifluridine/tipiracil hcl</i>	Preferred Brands	S PA QPD 2.143 per day
LONSURF 20 MG-8.19 MG TABLET <i>trifluridine/tipiracil hcl</i>	Preferred Brands	S PA QPD 2.858 per day
LYNPARZA 100 MG TABLET <i>olaparib</i>	Preferred Brands	S PA QPD 4 per day
LYNPARZA 150 MG TABLET <i>olaparib</i>	Preferred Brands	S PA QPD 4 per day
LYSODREN 500 MG TABLET <i>mitotane</i>	Preferred Brands	S PA
MATULANE 50 MG CAPSULE <i>procarbazine hcl</i>	Preferred Brands	S PA
MEKINIST 0.05 MG/ML SOLUTION <i>trametinib dimethyl sulfoxide</i>	Preferred Brands	S PA QPD 41.8 per day
MEKINIST 0.5 MG TABLET <i>trametinib dimethyl sulfoxide</i>	Preferred Brands	S PA QPD 3 per day
MEKINIST 2 MG TABLET <i>trametinib dimethyl sulfoxide</i>	Preferred Brands	S PA QPD 1 per day
<i>melphalan 2 mg tablet</i>	Preferred Brands	
<i>mercaptopurine 20 mg/ml suspen</i>	Generics	S

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mercaptopurine 50 mg tablet</i>	Generics	
<i>methotrexate 1 gm vial</i>	Generics	
<i>methotrexate 1 gram/40 ml vial</i>	Generics	
<i>methotrexate 2.5 mg tablet</i>	Preferred Generics	
<i>methotrexate 250 mg/10 ml vial</i>	Preferred Generics	
<i>methotrexate 50 mg/2 ml vial</i>	Preferred Generics	
<i>methotrexate 50 mg/2 ml vial</i>	Preferred Generics	
MYLERAN 2 MG TABLET <i>busulfan</i>	Preferred Brands	
<i>nilotinib 150 mg capsule</i>	Generics	   4.0 per day
<i>nilotinib 200 mg capsule</i>	Generics	   4.0 per day
<i>nilotinib 50 mg capsule</i>	Generics	   4.0 per day
<i>nilutamide 150 mg tablet</i>	Generics	
NINLARO 2.3 MG CAPSULE <i>ixazomib citrate</i>	Preferred Brands	   0.108 per day
NINLARO 3 MG CAPSULE <i>ixazomib citrate</i>	Preferred Brands	   0.108 per day
NINLARO 4 MG CAPSULE <i>ixazomib citrate</i>	Preferred Brands	   0.108 per day
NUBEQA 300 MG TABLET <i>darolutamide</i>	Preferred Brands	   4 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODOMZO 200 MG CAPSULE <i>sonidegib phosphate</i>	Preferred Brands	S PA QPD 1 per day
OTREXUP 10 MG/0.4 ML AUTO-INJ <i>methotrexate/pf</i>	Preferred Brands	
OTREXUP 12.5 MG/0.4 ML AUTOINJ <i>methotrexate/pf</i>	Preferred Brands	
OTREXUP 15 MG/0.4 ML AUTO-INJ <i>methotrexate/pf</i>	Preferred Brands	
OTREXUP 17.5 MG/0.4 ML AUTOINJ <i>methotrexate/pf</i>	Preferred Brands	
OTREXUP 20 MG/0.4 ML AUTO-INJ <i>methotrexate/pf</i>	Preferred Brands	
OTREXUP 22.5 MG/0.4 ML AUTOINJ <i>methotrexate/pf</i>	Preferred Brands	
OTREXUP 25 MG/0.4 ML AUTO-INJ <i>methotrexate/pf</i>	Preferred Brands	
<i>pazopanib hcl 200 mg tablet</i>	Generics	S PA QPD 4.0 per day
REVLIMID 10 MG CAPSULE <i>lenalidomide</i>	Preferred Brands	S PA QPD 1 per day
REVLIMID 15 MG CAPSULE <i>lenalidomide</i>	Preferred Brands	S PA QPD 0.75 per day
REVLIMID 2.5 MG CAPSULE <i>lenalidomide</i>	Preferred Brands	S PA QPD 1 per day
REVLIMID 20 MG CAPSULE <i>lenalidomide</i>	Preferred Brands	S PA QPD 0.75 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVLIMID 5 MG CAPSULE <i>lenalidomide</i>	Preferred Brands	S PA QPD 1 per day
ROMVIMZA 14 MG CAPSULE <i>vimseltinib</i>	Preferred Brands	S PA QPD 0.29 per day
ROMVIMZA 20 MG CAPSULE <i>vimseltinib</i>	Preferred Brands	S PA QPD 0.29 per day
ROMVIMZA 30 MG CAPSULE <i>vimseltinib</i>	Preferred Brands	S PA QPD 0.29 per day
ROZLYTREK 100 MG CAPSULE <i>entrectinib</i>	Preferred Brands	S PA QPD 1 per day
ROZLYTREK 200 MG CAPSULE <i>entrectinib</i>	Preferred Brands	S PA QPD 3 per day
ROZLYTREK 50 MG PELLET PACKET <i>entrectinib</i>	Preferred Brands	S PA QPD 12 per day
RUBRACA 200 MG TABLET <i>rucaparib camsylate</i>	Preferred Brands	S PA QPD 4.0 per day
RUBRACA 250 MG TABLET <i>rucaparib camsylate</i>	Preferred Brands	S PA QPD 4.0 per day
RUBRACA 300 MG TABLET <i>rucaparib camsylate</i>	Preferred Brands	S PA QPD 4.0 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
RYDAPT 25 MG CAPSULE <i>midostaurin</i>	Preferred Brands	  	8 per day
SCEMBLIX 100 MG TABLET <i>asciminib hydrochloride</i>	Preferred Brands	  	4.0 per day
SCEMBLIX 20 MG TABLET <i>asciminib hydrochloride</i>	Preferred Brands	  	2 per day
SCEMBLIX 40 MG TABLET <i>asciminib hydrochloride</i>	Preferred Brands	  	8.0 per day
<i>sorafenib 200 mg tablet</i>	Generics	  	4.0 per day
STIVARGA 40 MG TABLET <i>regorafenib</i>	Preferred Brands	  	3 per day
<i>sunitinib malate 12.5 mg cap</i>	Generics	  	3.0 per day
<i>sunitinib malate 25 mg capsule</i>	Generics	  	1.0 per day
<i>sunitinib malate 37.5 mg cap</i>	Generics	  	1.0 per day
<i>sunitinib malate 50 mg capsule</i>	Generics	  	1.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNRIBO 3.5 MG/ML VIAL <i>omacetaxine mepesuccinate</i>	Preferred Brands	
TABLOID 40 MG TABLET <i>thioguanine</i>	Preferred Brands	
TAFINLAR 10 MG TABLET FOR SUSP <i>dabrafenib mesylate</i>	Preferred Brands	   30.0 per day
TAFINLAR 50 MG CAPSULE <i>dabrafenib mesylate</i>	Preferred Brands	   4 per day
TAFINLAR 75 MG CAPSULE <i>dabrafenib mesylate</i>	Preferred Brands	   4 per day
TALZENNA 0.1 MG CAPSULE <i>talazoparib tosylate</i>	Preferred Brands	   1 per day
TALZENNA 0.1 MG SOFTGEL <i>talazoparib tosylate</i>	Preferred Brands	   1.0 per day
TALZENNA 0.25 MG CAPSULE <i>talazoparib tosylate</i>	Preferred Brands	   3 per day
TALZENNA 0.25 MG SOFTGEL <i>talazoparib tosylate</i>	Preferred Brands	   3.0 per day
TALZENNA 0.35 MG CAPSULE <i>talazoparib tosylate</i>	Preferred Brands	   1 per day
TALZENNA 0.35 MG SOFTGEL <i>talazoparib tosylate</i>	Preferred Brands	   1.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALZENNA 0.5 MG CAPSULE <i>talazoparib tosylate</i>	Preferred Brands	S PA QPD 1 per day
TALZENNA 0.5 MG SOFTGEL <i>talazoparib tosylate</i>	Preferred Brands	S PA QPD 1.0 per day
TALZENNA 0.75 MG CAPSULE <i>talazoparib tosylate</i>	Preferred Brands	S PA QPD 1 per day
TALZENNA 0.75 MG SOFTGEL <i>talazoparib tosylate</i>	Preferred Brands	S PA QPD 1.0 per day
TALZENNA 1 MG CAPSULE <i>talazoparib tosylate</i>	Preferred Brands	S PA QPD 1 per day
TALZENNA 1 MG SOFTGEL <i>talazoparib tosylate</i>	Preferred Brands	S PA QPD 1.0 per day
TASIGNA 150 MG CAPSULE <i>nilotinib hcl</i>	Preferred Brands	S PA QPD 4 per day
TASIGNA 200 MG CAPSULE <i>nilotinib hcl</i>	Preferred Brands	S PA QPD 4 per day
TASIGNA 50 MG CAPSULE <i>nilotinib hcl</i>	Preferred Brands	S PA QPD 4 per day
<i>temozolomide 100 mg capsule</i>	Generics	S PA
<i>temozolomide 140 mg capsule</i>	Generics	S PA

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>temozolomide 180 mg capsule</i>	Generics		S PA
<i>temozolomide 20 mg capsule</i>	Generics		S PA
<i>temozolomide 250 mg capsule</i>	Generics		S PA
<i>temozolomide 5 mg capsule</i>	Generics		S PA
TORPENZ 10 MG TABLET <i>everolimus</i>	Generics		S PA QPD 1.0 per day
TORPENZ 2.5 MG TABLET <i>everolimus</i>	Generics		S PA QPD 1.0 per day
TORPENZ 5 MG TABLET <i>everolimus</i>	Generics		S PA QPD 1.0 per day
TORPENZ 7.5 MG TABLET <i>everolimus</i>	Generics		S PA QPD 1.0 per day
<i>tretinoin 10 mg capsule</i>	Generics		S PA
VENCLEXTA 10 MG TAB (10MG X 2) <i>venetoclax</i>	Preferred Brands		S PA QPD 2 per day
VENCLEXTA 10 MG TABLET <i>venetoclax</i>	Preferred Brands		S PA QPD 2 per day
VENCLEXTA 100 MG TABLET <i>venetoclax</i>	Preferred Brands		S PA QPD 6 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
VENCLEXTA 50 MG TABLET <i>venetoclax</i>	Preferred Brands	  	1 per day
VENCLEXTA STARTING PACK <i>venetoclax</i>	Preferred Brands	  	MAX 42 / 180 DAYS
VERZENIO 100 MG TABLET <i>abemaciclib</i>	Preferred Brands	  	2 per day
VERZENIO 150 MG TABLET <i>abemaciclib</i>	Preferred Brands	  	2 per day
VERZENIO 200 MG TABLET <i>abemaciclib</i>	Preferred Brands	  	2 per day
VERZENIO 50 MG TABLET <i>abemaciclib</i>	Preferred Brands	  	2 per day
VITRAKVI 100 MG CAPSULE <i>larotrectinib sulfate</i>	Preferred Brands	  	2 per day
VITRAKVI 20 MG/ML SOLUTION <i>larotrectinib sulfate</i>	Preferred Brands	  	10 per day
VITRAKVI 25 MG CAPSULE <i>larotrectinib sulfate</i>	Preferred Brands	  	6 per day
XALKORI 150 MG PELLET <i>crizotinib</i>	Preferred Brands	  	6 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI 20 MG PELLET <i>crizotinib</i>	Preferred Brands	S PA QPD 4 per day
XALKORI 200 MG CAPSULE <i>crizotinib</i>	Preferred Brands	S PA QPD 4 per day
XALKORI 250 MG CAPSULE <i>crizotinib</i>	Preferred Brands	S PA QPD 4 per day
XALKORI 50 MG PELLET <i>crizotinib</i>	Preferred Brands	S PA QPD 4 per day
XTANDI 40 MG CAPSULE <i>enzalutamide</i>	Preferred Brands	S PA QPD 4 per day
XTANDI 40 MG TABLET <i>enzalutamide</i>	Preferred Brands	S PA QPD 4 per day
XTANDI 80 MG TABLET <i>enzalutamide</i>	Preferred Brands	S PA QPD 2 per day
YONSA 125 MG TABLET <i>abiraterone acetate, submicronized</i>	Preferred Brands	S PA QPD 4.0 per day
ZEJULA 100 MG TABLET <i>niraparib tosylate</i>	Preferred Brands	S PA QPD 1 per day
ZEJULA 200 MG TABLET <i>niraparib tosylate</i>	Preferred Brands	S PA QPD 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEJULA 300 MG TABLET <i>niraparib tosylate</i>	Preferred Brands	S PA QPD 1 per day
ZELBORAF 240 MG TABLET <i>vemurafenib</i>	Preferred Brands	S PA QPD 8 per day
ZOLINZA 100 MG CAPSULE <i>vorinostat</i>	Preferred Brands	S PA QPD 4 per day
ZYDELIG 100 MG TABLET <i>idelalisib</i>	Preferred Brands	S PA QPD 2 per day
ZYDELIG 150 MG TABLET <i>idelalisib</i>	Preferred Brands	S PA QPD 2 per day
ZYKADIA 150 MG TABLET <i>ceritinib</i>	Preferred Brands	S PA QPD 3 per day
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine 100 mg capsule</i>	Generics	
<i>amantadine 100 mg/10 ml cup</i>	Generics	
<i>amantadine 50 mg/5 ml solution</i>	Generics	
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mes 0.5 mg tab</i>	Preferred Generics	
<i>benztropine mes 1 mg tablet</i>	Preferred Generics	
<i>benztropine mes 2 mg tablet</i>	Preferred Generics	
<i>trihexyphenidyl 2 mg tablet</i>	Preferred Generics	
<i>trihexyphenidyl 5 mg tablet</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
<i>entacapone 200 mg tablet</i>	Generics	
<i>tolcapone 100 mg tablet</i>	Generics	
DOPAMINE PRECURSORS		
<i>carbidopa-levo 10-100 mg odt</i>	Generics	
<i>carbidopa-levo 25-100 mg odt</i>	Generics	
<i>carbidopa-levo 25-250 mg odt</i>	Generics	
<i>carbidopa-levo er 25-100 tab</i>	Generics	
<i>carbidopa-levo er 50-200 tab</i>	Generics	
<i>carbidopa-levodopa 10-100 tab</i>	Preferred Generics	
<i>carbidopa-levodopa 100 mg-enta</i>	Generics	
<i>carbidopa-levodopa 125 mg-enta</i>	Generics	
<i>carbidopa-levodopa 150 mg-enta</i>	Generics	
<i>carbidopa-levodopa 200 mg-enta</i>	Generics	
<i>carbidopa-levodopa 25-100 tab</i>	Generics	
<i>carbidopa-levodopa 25-250 tab</i>	Generics	
<i>carbidopa-levodopa 50 mg-enta</i>	Generics	
<i>carbidopa-levodopa 75 mg-enta</i>	Generics	
INBRIJA 42 MG INHALATION CAP <i>levodopa</i>	Preferred Brands	
INBRIJA 42 MG INHALATION CAP <i>levodopa</i>	Preferred Brands	
MONOAMINE OXIDASE B INHIBITORS		
<i>rasagiline mesylate 0.5 mg tab</i>	Generics	
<i>rasagiline mesylate 1 mg tab</i>	Generics	
<i>selegiline hcl 5 mg capsule</i>	Generics	
<i>selegiline hcl 5 mg tablet</i>	Generics	
ANTIPROTOZOALS		
AMEBICIDES		
HUMATIN 250 MG CAPSULE <i>paromomycin sulfate</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMALARIALS		
<i>atovaquone-proguanil 250-100</i>	Generics	
<i>atovaquone-proguanil 62.5-25</i>	Generics	
<i>chloroquine ph 250 mg tablet</i>	Generics	
<i>chloroquine ph 500 mg tablet</i>	Generics	
<i>hydroxychloroquine 100 mg tab</i>	Preferred Generics	
<i>hydroxychloroquine 200 mg tab</i>	Generics	
<i>hydroxychloroquine 300 mg tab</i>	Generics	
<i>hydroxychloroquine 400 mg tab</i>	Generics	
<i>mefloquine hcl 250 mg tablet</i>	Generics	
<i>primaquine 26.3 mg tablet</i>	Generics	
<i>pyrimethamine 25 mg tablet</i>	Generics	S
<i>quinine sulfate 324 mg capsule</i>	Generics	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS		
ALINIA 100 MG/5 ML SUSPENSION <i>nitazoxanide</i>	Preferred Brands	QL MAX 300 / 90 DAYS
<i>nitazoxanide 500 mg tablet</i>	Generics	QL MAX 12 / 90 DAYS
ANTIPROTOZOALS, P JIROVECII PNEUMONIA		
<i>atovaquone 750 mg/5 ml susp</i>	Generics	
<i>atovaquone 750 mg/5ml susp cup</i>	Generics	
<i>pentamidine 300 mg inhal powdr</i>	Generics	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE		
SOLOSEC 2 GM GRANULE PACKET <i>secnidazole</i>	Preferred Brands	
<i>tinidazole 250 mg tablet</i>	Generics	
<i>tinidazole 500 mg tablet</i>	Generics	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE		
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL		
IMPAVIDO 50 MG CAPSULE <i>miltefosine</i>	Preferred Brands	S

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL		
<i>benznidazole 100 mg tablet</i>	Preferred Brands	
<i>benznidazole 12.5 mg tablet</i>	Preferred Brands	
NITROIMIDAZOLE DERIVATIVES, MISC		
<i>metronidazole 250 mg tablet</i>	Preferred Generics	
<i>metronidazole 500 mg tablet</i>	Preferred Generics	
<i>metronidazole vaginal 0.75% g/l</i>	Generics	
ANTIPSYCHOTIC AGENTS		
ATYPICAL ANTIPSYCHOTICS		
<i>aripiprazole 1 mg/ml solution</i>	Generics	 30.0 per day
<i>aripiprazole 10 mg tablet</i>	Preferred Generics	 1.0 per day
<i>aripiprazole 15 mg tablet</i>	Preferred Generics	 1.0 per day
<i>aripiprazole 2 mg tablet</i>	Preferred Generics	 1.0 per day
<i>aripiprazole 20 mg tablet</i>	Generics	 1.0 per day
<i>aripiprazole 30 mg tablet</i>	Generics	 1.0 per day
<i>aripiprazole 5 mg tablet</i>	Preferred Generics	 1.0 per day
<i>aripiprazole odt 10 mg tablet</i>	Generics	 2 per day
<i>aripiprazole odt 15 mg tablet</i>	Generics	 2 per day
<i>asenapine 10 mg tablet sl</i>	Generics	 2 per day
<i>asenapine 2.5 mg tablet sl</i>	Generics	 2 per day
<i>asenapine 5 mg tablet sl</i>	Generics	 2 per day
<i>clozapine 100 mg tablet</i>	Generics	 9 per day
<i>clozapine 200 mg tablet</i>	Generics	 4 per day
<i>clozapine 25 mg tablet</i>	Preferred Generics	 3 per day
<i>clozapine 50 mg tablet</i>	Generics	 3 per day
<i>clozapine odt 100 mg tablet</i>	Generics	 3 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clozapine odt 150 mg tablet</i>	Generics	 6 per day
<i>clozapine odt 200 mg tablet</i>	Generics	 4 per day
<i>clozapine odt 25 mg tablet</i>	Generics	 9 per day
<i>lurasidone hcl 120 mg tablet</i>	Generics	 1.0 per day
<i>lurasidone hcl 20 mg tablet</i>	Generics	 1.0 per day
<i>lurasidone hcl 40 mg tablet</i>	Generics	 1.0 per day
<i>lurasidone hcl 60 mg tablet</i>	Generics	 1.0 per day
<i>lurasidone hcl 80 mg tablet</i>	Generics	 2.0 per day
<i>olanzapine 10 mg tablet</i>	Preferred Generics	 1.0 per day
<i>olanzapine 15 mg tablet</i>	Preferred Generics	 1.0 per day
<i>olanzapine 2.5 mg tablet</i>	Preferred Generics	 1.0 per day
<i>olanzapine 20 mg tablet</i>	Generics	 1.0 per day
<i>olanzapine 5 mg tablet</i>	Preferred Generics	 1.0 per day
<i>olanzapine 7.5 mg tablet</i>	Preferred Generics	 1.0 per day
<i>olanzapine odt 10 mg tablet</i>	Generics	 1 per day
<i>olanzapine odt 15 mg tablet</i>	Generics	 1 per day
<i>olanzapine odt 20 mg tablet</i>	Generics	 1 per day
<i>olanzapine odt 5 mg tablet</i>	Generics	 1 per day
<i>paliperidone er 1.5 mg tablet</i>	Generics	 1.0 per day
<i>paliperidone er 3 mg tablet</i>	Generics	 1.0 per day
<i>paliperidone er 6 mg tablet</i>	Generics	 2.0 per day
<i>paliperidone er 9 mg tablet</i>	Generics	 1.0 per day
<i>quetiapine er 150 mg tablet</i>	Preferred Generics	 1.0 per day
<i>quetiapine er 200 mg tablet</i>	Generics	 1.0 per day
<i>quetiapine er 300 mg tablet</i>	Generics	 2.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine er 400 mg tablet</i>	Generics	QPD 2.0 per day
<i>quetiapine er 50 mg tablet</i>	Preferred Generics	QPD 2.0 per day
<i>quetiapine fumarate 100 mg tab</i>	Preferred Generics	QPD 3.0 per day
<i>quetiapine fumarate 200 mg tab</i>	Preferred Generics	QPD 3.0 per day
<i>quetiapine fumarate 25 mg tab</i>	Preferred Generics	QPD 3.0 per day
<i>quetiapine fumarate 300 mg tab</i>	Preferred Generics	QPD 2.0 per day
<i>quetiapine fumarate 400 mg tab</i>	Preferred Generics	QPD 2.0 per day
<i>quetiapine fumarate 50 mg tab</i>	Preferred Generics	QPD 3.0 per day
REXULTI 0.25 MG TABLET <i>brexpiprazole</i>	Preferred Brands	QPD 1 per day
REXULTI 0.5 MG TABLET <i>brexpiprazole</i>	Preferred Brands	QPD 1 per day
REXULTI 1 MG TABLET <i>brexpiprazole</i>	Preferred Brands	QPD 1 per day
REXULTI 2 MG TABLET <i>brexpiprazole</i>	Preferred Brands	QPD 1 per day
REXULTI 3 MG TABLET <i>brexpiprazole</i>	Preferred Brands	QPD 1 per day
REXULTI 4 MG TABLET <i>brexpiprazole</i>	Preferred Brands	QPD 1 per day
<i>risperidone 0.25 mg tablet</i>	Preferred Generics	QPD 2.0 per day
<i>risperidone 0.5 mg odt</i>	Generics	QPD 2 per day
<i>risperidone 0.5 mg tablet</i>	Preferred Generics	QPD 2.0 per day
<i>risperidone 1 mg odt</i>	Generics	QPD 2 per day
<i>risperidone 1 mg tablet</i>	Preferred Generics	QPD 2.0 per day
<i>risperidone 1 mg/ml solution</i>	Generics	QPD 16 per day
<i>risperidone 2 mg odt</i>	Generics	QPD 2 per day
<i>risperidone 2 mg tablet</i>	Preferred Generics	QPD 2.0 per day
<i>risperidone 3 mg odt</i>	Generics	QPD 2 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone 3 mg tablet</i>	Preferred Generics	 2.0 per day
<i>risperidone 4 mg odt</i>	Generics	 4 per day
<i>risperidone 4 mg tablet</i>	Preferred Generics	 4.0 per day
VRAYLAR 1.5 MG CAPSULE <i>cariprazine hcl</i>	Preferred Brands	 1 per day
VRAYLAR 3 MG CAPSULE <i>cariprazine hcl</i>	Preferred Brands	 1 per day
VRAYLAR 4.5 MG CAPSULE <i>cariprazine hcl</i>	Preferred Brands	 1 per day
VRAYLAR 6 MG CAPSULE <i>cariprazine hcl</i>	Preferred Brands	 1 per day
<i>ziprasidone hcl 20 mg capsule</i>	Generics	 2.0 per day
<i>ziprasidone hcl 40 mg capsule</i>	Generics	 2.0 per day
<i>ziprasidone hcl 60 mg capsule</i>	Generics	 2.0 per day
<i>ziprasidone hcl 80 mg capsule</i>	Generics	 2.0 per day
BUTYROPHENONES		
<i>haloperidol 0.5 mg tablet</i>	Preferred Generics	
<i>haloperidol 1 mg tablet</i>	Preferred Generics	
<i>haloperidol 10 mg tablet</i>	Generics	
<i>haloperidol 2 mg tablet</i>	Generics	
<i>haloperidol 20 mg tablet</i>	Generics	
<i>haloperidol 5 mg tablet</i>	Generics	
<i>haloperidol lac 10 mg/5 ml cup</i>	Generics	
<i>haloperidol lac 2 mg/ml conc</i>	Generics	
DIBENZOXAPINES		
<i>loxapine 10 mg capsule</i>	Generics	
<i>loxapine 25 mg capsule</i>	Generics	
<i>loxapine 5 mg capsule</i>	Generics	
<i>loxapine 50 mg capsule</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENOTHIAZINES		
<i>chlorpromazine 10 mg tablet</i>	Generics	
<i>chlorpromazine 100 mg tablet</i>	Generics	
<i>chlorpromazine 200 mg tablet</i>	Generics	
<i>chlorpromazine 25 mg tablet</i>	Generics	
<i>chlorpromazine 50 mg tablet</i>	Generics	
<i>fluphenazine 1 mg tablet</i>	Generics	
<i>fluphenazine 10 mg tablet</i>	Generics	
<i>fluphenazine 2.5 mg tablet</i>	Generics	
<i>fluphenazine 5 mg tablet</i>	Generics	
<i>perphenazine 16 mg tablet</i>	Generics	
<i>perphenazine 2 mg tablet</i>	Generics	
<i>perphenazine 4 mg tablet</i>	Generics	
<i>perphenazine 8 mg tablet</i>	Generics	
<i>trifluoperazine 1 mg tablet</i>	Generics	
<i>trifluoperazine 10 mg tablet</i>	Generics	
<i>trifluoperazine 2 mg tablet</i>	Generics	
<i>trifluoperazine 5 mg tablet</i>	Generics	
THIOXANTHENES		
<i>thiothixene 1 mg capsule</i>	Generics	
<i>thiothixene 10 mg capsule</i>	Generics	
<i>thiothixene 2 mg capsule</i>	Generics	
<i>thiothixene 5 mg capsule</i>	Generics	
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
<i>maraviroc 150 mg tablet</i>	Generics	S QPD 2.0 per day
<i>maraviroc 300 mg tablet</i>	Generics	S QPD 4.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
BIKTARVY 30-120-15 MG TABLET <i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>	Preferred Brands	  1 per day
BIKTARVY 50-200-25 MG TABLET <i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>	Preferred Brands	  1 per day
DOVATO 50-300 MG TABLET <i>dolutegravir sodium/lamivudine</i>	Preferred Brands	  1.0 per day
ISENTRESS 100 MG POWDER PACKET <i>raltegravir potassium</i>	Preferred Brands	  2 per day
ISENTRESS 100 MG TABLET CHEW <i>raltegravir potassium</i>	Preferred Brands	  6 per day
ISENTRESS 25 MG TABLET CHEW <i>raltegravir potassium</i>	Preferred Brands	  6 per day
ISENTRESS 400 MG TABLET <i>raltegravir potassium</i>	Preferred Brands	  2 per day
ISENTRESS HD 600 MG TABLET <i>raltegravir potassium</i>	Preferred Brands	  2 per day
JULUCA 50-25 MG TABLET <i>dolutegravir sodium/rilpivirine hcl</i>	Preferred Brands	  1 per day
TIVICAY 10 MG TABLET <i>dolutegravir sodium</i>	Preferred Brands	  8 per day
TIVICAY 25 MG TABLET <i>dolutegravir sodium</i>	Preferred Brands	  2 per day
TIVICAY 50 MG TABLET <i>dolutegravir sodium</i>	Preferred Brands	  2 per day
TIVICAY PD 5 MG TAB FOR SUSP <i>dolutegravir sodium</i>	Preferred Brands	  12 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIV NONNUCLEOSIDE REV. TRANSCRIP. INHIB.		
DELSTRIGO 100-300-300 MG TAB <i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>	Preferred Brands	  1 per day
<i>efavir-lamiv-tenof 400-300-300</i>	Generics	  1 per day
<i>efavir-lamiv-tenof 600-300-300</i>	Generics	  1 per day
<i>efavirenz 600 mg tablet</i>	Generics	  1 per day
<i>etravirine 100 mg tablet</i>	Generics	  2.0 per day
<i>etravirine 200 mg tablet</i>	Generics	  2.0 per day
INTELENCE 25 MG TABLET <i>etravirine</i>	Preferred Brands	  4 per day
<i>nevirapine 200 mg tablet</i>	Preferred Generics	  2 per day
<i>nevirapine er 400 mg tablet</i>	Generics	  1 per day
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir 20 mg/ml solution</i>	Generics	  32 per day
<i>abacavir 300 mg tablet</i>	Generics	  2 per day
<i>abacavir-lamivudine 600-300 mg</i>	Generics	  1 per day
<i>abacavir-lamivudine 600-300 mg</i>	Generics	  1 per day
CIMDUO 300-300 MG TABLET <i>lamivudine/tenofovir disoproxil fumarate</i>	Preferred Brands	  1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DESCOVY 120-15 MG TABLET <i>emtricitabine/tenofovir alafenamide fumarate</i>	Preferred Brands	  1 per day
DESCOVY 200-25 MG TABLET <i>emtricitabine/tenofovir alafenamide fumarate</i>	Preferred Brands	 [ACA] Preventive use only   1 per day
<i>efavir-emtri-tenof 600-200-300</i>	Generics	  1 per day
<i>emtricit-rilp-tenof 200-25-300</i>	Generics	  1.0 per day
<i>emtricitabine 200 mg capsule</i>	Generics	  1.0 per day
<i>emtricitabine-tenofv 100-150mg</i>	Generics	  1.0 per day
<i>emtricitabine-tenofv 133-200mg</i>	Generics	  1.0 per day
<i>emtricitabine-tenofv 167-250mg</i>	Generics	  1.0 per day
<i>emtricitabine-tenofv 200-300mg</i>	Generics	 [ACA] Preventive Use Only   1.0 per day
GENVOYA TABLET <i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>	Preferred Brands	  1 per day
<i>lamivudine 10 mg/ml oral soln</i>	Generics	  32.0 per day
<i>lamivudine 150 mg tablet</i>	Generics	  2 per day
<i>lamivudine 300 mg tablet</i>	Generics	  1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamivudine hbv 100 mg tablet</i>	Generics	
<i>lamivudine-zidovudine tablet</i>	Generics	  2 per day
ODEFSEY TABLET <i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>	Preferred Brands	  1 per day
<i>stavudine 15 mg capsule</i>	Generics	  2.0 per day
<i>stavudine 20 mg capsule</i>	Generics	  2.0 per day
<i>stavudine 30 mg capsule</i>	Generics	  2.0 per day
<i>stavudine 40 mg capsule</i>	Generics	  2.0 per day
<i>tenofovir disop fum 300 mg tb</i>	Generics	  1 per day
TRIUMEQ 600-50-300 MG TABLET <i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	Preferred Brands	  1 per day
TRIUMEQ PD 60-5-30 MG TAB SUSP <i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	Preferred Brands	  6 per day
VIREAD 150 MG TABLET <i>tenofovir disoproxil fumarate</i>	Preferred Brands	  1 per day
VIREAD 200 MG TABLET <i>tenofovir disoproxil fumarate</i>	Preferred Brands	  1 per day
VIREAD 250 MG TABLET <i>tenofovir disoproxil fumarate</i>	Preferred Brands	  1 per day
VIREAD POWDER <i>tenofovir disoproxil fumarate</i>	Preferred Brands	  8 per day
<i>zidovudine 100 mg capsule</i>	Generics	  6 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>zidovudine 300 mg tablet</i>	Generics		  2 per day
<i>zidovudine 50 mg/5 ml syrup</i>	Generics		  64 per day
HIV PROTEASE INHIBITOR ANTIRETROVIRALS			
<i>atazanavir sulfate 150 mg cap</i>	Generics		  1 per day
<i>atazanavir sulfate 200 mg cap</i>	Generics		  2 per day
<i>atazanavir sulfate 300 mg cap</i>	Generics		  1 per day
<i>darunavir 600 mg tablet</i>	Generics		  2.0 per day
<i>darunavir 600 mg tablet</i>	Generics		  2.0 per day
<i>darunavir 800 mg tablet</i>	Generics		  1.0 per day
<i>darunavir 800 mg tablet</i>	Generics		  1.0 per day
EVOTAZ 300 MG-150 MG TABLET <i>atazanavir sulfate/cobicistat</i>	Preferred Brands		  1 per day
<i>fosamprenavir 700 mg tablet</i>	Generics		  4 per day
KALETRA 80 MG-20 MG/ML SOLN <i>lopinavir/ritonavir</i>	Preferred Brands		  16 per day
<i>lopinavir-ritonavir 80-20mg/ml</i>	Generics		  16 per day
<i>lopinavir-ritonavir 100-25mg tb</i>	Generics		  6 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lopinavir-ritonavir 200-50mg tb</i>	Generics	  4 per day
PREZCOBIX 675 MG-150 MG TABLET <i>darunavir ethanolate/cobicistat</i>	Preferred Brands	  1.0 per day
PREZCOBIX 800 MG-150 MG TABLET <i>darunavir ethanolate/cobicistat</i>	Preferred Brands	  1 per day
PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i>	Preferred Brands	  13.334 per day
PREZISTA 150 MG TABLET <i>darunavir</i>	Preferred Brands	  6 per day
PREZISTA 75 MG TABLET <i>darunavir</i>	Preferred Brands	  10 per day
<i>ritonavir 100 mg tablet</i>	Generics	  12 per day
SYM TUZA 800-150-200-10 MG TAB <i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>	Preferred Brands	  1.0 per day
ANTITHROMBOTIC AGENTS		
PLATELET-AGGREGATION INHIBITORS		
<i>cilostazol 100 mg tablet</i>	Preferred Generics	
<i>cilostazol 50 mg tablet</i>	Preferred Generics	
<i>clopidogrel 75 mg tablet</i>	Preferred Generics	
<i>dipyridamole 25 mg tablet</i>	Generics	
<i>dipyridamole 50 mg tablet</i>	Generics	
<i>dipyridamole 75 mg tablet</i>	Generics	
<i>prasugrel 10 mg tablet</i>	Generics	
<i>prasugrel 5 mg tablet</i>	Generics	
<i>ticagrelor 60 mg tablet</i>	Generics	
<i>ticagrelor 90 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLATELET-REDUCING AGENTS		
<i>anagrelide hcl 0.5 mg capsule</i>	Generics	
<i>anagrelide hcl 1 mg capsule</i>	Generics	
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
TOXOIDS		
ADACEL TDAP SYRINGE <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	Preferred Brands	
ADACEL TDAP VIAL <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	Preferred Brands	
BOOSTRIX TDAP VACCINE SYRINGE <i>diphtheria,pertussis(acellular),tetanus vaccine</i>	Preferred Brands	
BOOSTRIX TDAP VACCINE VIAL <i>diphtheria,pertussis(acellular),tetanus vaccine</i>	Preferred Brands	
DAPTACEL DTAP VACCINE <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>	Preferred Brands	
INFANRIX DTAP SYRINGE <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>	Preferred Brands	
<i>tdvax vial</i>	Preferred Brands	
TENIVAC SYRINGE <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>	Preferred Brands	
TENIVAC VIAL <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>	Preferred Brands	
VAXELIS VACCINE SYRINGE <i>diphtheria,pertus(acell),tetanus/hepb/po lio/hib conj-meng/pf</i>	Preferred Brands	
VAXELIS VACCINE VIAL <i>diphtheria,pertus(acell),tetanus/hepb/po lio/hib conj-meng/pf</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VACCINES		
ABRYSVO ACT-O-VIAL <i>respiratory syncytial virus vaccine, pref a and b/pf</i>	Preferred Brands	
ABRYSVO VIAL <i>respiratory syncytial virus vaccine, pref a and b/pf</i>	Preferred Brands	
ABRYSVO VIAL WITH DILUENT SYRG <i>respiratory syncytial virus vaccine, pref a and b/pf</i>	Preferred Brands	
ACTHIB VACCINE VIAL <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	Preferred Brands	
ACTHIB VACCINE WITH DILUENT <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	Preferred Brands	
AFLURIA 2025-2026 SYR (3YR UP) <i>influenza virus vaccine trival split 2025-26 (36 mos up)/pf</i>	Preferred Brands	
AFLURIA 2025-2026 VIAL <i>influenza virus vaccine trivalent 2025-26 (6 mos and older)</i>	Preferred Brands	
AFLURIA QUAD 2023-2024 VIAL <i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>	Preferred Brands	
AFLURIA QUAD 2023-24 (3YR UP) <i>influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf</i>	Preferred Brands	
AFLURIA TRIVA 2024-25 (3YR UP) <i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	Preferred Brands	
AFLURIA TRIVALENT 2024-25 VIAL <i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	Preferred Brands	
AREXVY ADJUVANT COMPONENT <i>vaccine adjuvant system, as01e/pf, component vial 1 of 2</i>	Preferred Brands	
AREXVY ANTIGEN COMPONENT <i>respiratory syncytial virus vaccine, antigen 2 of 2</i>	Preferred Brands	
AREXVY VIAL KIT <i>respiratory syncytial virus vacc. antigen/as01e adjuvant/pf</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BEXSERO PREFILLED SYRINGE <i>meningococcal group b vaccine, 4-component</i>	Preferred Brands	
CAPVAXIVE 0.5 ML SYRINGE <i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>	Preferred Brands	
COMIRNATY 2023-24(12Y UP) SYRG <i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>	Preferred Brands	
COMIRNATY 2023-24(12Y UP) VIAL <i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>	Preferred Brands	
COMIRNATY 2024-25(12Y UP) SYRG <i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	Preferred Brands	
COMIRNATY 2025-26(12Y UP) SYRG <i>covid vaccine 2025-2026 (12 yrs up) (pfizer)/pf</i>	Preferred Brands	
COMIRNATY 2025-26(5-11Y) VIAL <i>covid vacc 2025-2026 (5-11 years) (pfizer)/pf</i>	Preferred Brands	
ENGRIX-B 20 MCG/ML SYRN <i>hepatitis b virus vaccine recombinant/pf</i>	Preferred Brands	
ENGRIX-B 20 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	Preferred Brands	
ENGRIX-B PEDI 10 MCG/0.5 SYRN <i>hepatitis b virus vaccine recombinant/pf</i>	Preferred Brands	
FLUAD 2025-2026 SYRINGE <i>influenza vaccine tvs 2025-26 (65 yr up)/adjuvant mf59c.1/pf</i>	Preferred Brands	
FLUAD QUAD 2023-2024 SYRINGE <i>influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf</i>	Preferred Brands	
FLUAD TRIVALENT 2024-2025 SYR <i>influenza vaccine tvs 2024-25 (65 yr up)/adjuvant mf59c.1/pf</i>	Preferred Brands	
FLUARIX 2025-2026 SYRINGE <i>influenza virus vaccine tvs 2025-2026(6 months and older)/pf</i>	Preferred Brands	
FLUARIX QUAD 2023-2024 SYRINGE <i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUARIX TRIVALENT 2024-25 SYRG <i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	Preferred Brands	
FLUBLOK 2025-2026 SYRINGE <i>influenza virus vaccine tv 2025-26(18 yrs and older)rcmb/pf</i>	Preferred Brands	
FLUBLOK QUAD 2023-2024 SYRINGE <i>influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf</i>	Preferred Brands	
FLUBLOK TRIVALENT 2024-25 SYRG <i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	Preferred Brands	
FLUCELVAX 2025-2026 SYRINGE <i>flu vaccine tri 2025-2026(6 month and older)cell derived/pf</i>	Preferred Brands	
FLUCELVAX 2025-2026 VIAL <i>flu vaccine triv 2025-2026(6 month and older)cell derived</i>	Preferred Brands	
FLUCELVAX QUAD 2023-2024 SYR <i>flu vaccine quad 2023-2024(6 month and older)cell derived/pf</i>	Preferred Brands	
FLUCELVAX QUAD 2023-2024 VIAL <i>flu vaccine quadriv 2023-2024(6 month and older)cell derived</i>	Preferred Brands	
FLUCELVAX TRIVAL 2024-2025 SYR <i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	Preferred Brands	
FLUCELVAX TRIVAL 2024-2025 VL <i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	Preferred Brands	
FLULAVAL 2025-2026 SYRINGE <i>influenza virus vaccine tvs 2025-2026(6 months and older)/pf</i>	Preferred Brands	
FLULAVAL QUAD 2023-2024 SYRING <i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	Preferred Brands	
FLULAVAL TRIVALENT 2024-25 SYR <i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	Preferred Brands	
FLUMIST 2025-2026 NASAL SPRAY <i>influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUMIST HOME 2025-2026 NASAL <i>influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)</i>	Preferred Brands	
FLUMIST QUAD NASAL 2023-24 VAC <i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>	Preferred Brands	
FLUMIST TRIVALNT NASAL 2024-25 <i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	Preferred Brands	
FLUZONE 2025-2026 SYRINGE <i>influenza virus vaccine tvs 2025-2026(6 months and older)/pf</i>	Preferred Brands	
FLUZONE 2025-2026 VIAL <i>influenza virus vaccine trivalent 2025-26 (6 mos and older)</i>	Preferred Brands	
FLUZONE HIGH-DOSE 2025-26 SYR <i>influenza virus vaccine trival split 2025-2026(65 yr up)/pf</i>	Preferred Brands	
FLUZONE HIGH-DOSE QUAD 2023-24 <i>influenza virus vaccine quadrival split 2023-24(65 yr up)/pf</i>	Preferred Brands	
FLUZONE HIGH-DOSE TRIV 2024-25 <i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	Preferred Brands	
FLUZONE QUAD 2023-2024 SYRINGE <i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	Preferred Brands	
FLUZONE QUAD 2023-2024 VIAL <i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>	Preferred Brands	
FLUZONE QUAD SOUTH HEM 2024 VL <i>influenza virus vacc quad 2024 south hem (6 months and up)</i>	Preferred Brands	
FLUZONE QUAD SOUTH HEM2024 SYR <i>influenza virus vacc quad 2024 south hem (6 mos and up)/pf</i>	Preferred Brands	
FLUZONE TRIVALENT 2024-25 SYRG <i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	Preferred Brands	
FLUZONE TRIVALENT 2024-25 VIAL <i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GARDASIL 9 SYRINGE <i>human papillomavirus vaccine, 9-valent/pf</i>	Preferred Brands	 [ACA] Age Edits Apply: Up to 45 years
GARDASIL 9 VIAL <i>human papillomavirus vaccine, 9-valent/pf</i>	Preferred Brands	 [ACA] Age Edits Apply: Up to 45 years
HAVRIX 1,440 UNIT/ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	Preferred Brands	
HAVRIX 720 UNIT/0.5 ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	Preferred Brands	
HEPLISAV-B 20 MCG/0.5 ML SYRNG <i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>	Preferred Brands	
HIBERIX VACCINE VIAL <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	Preferred Brands	
HIBERIX VIAL AND DILUENT SYRG <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	Preferred Brands	
HIBERIX VIAL WITH DILUENT VIAL <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	Preferred Brands	
IMOVAX RABIES VACCINE VIAL <i>rabies vaccine, human diploid cell/pf</i>	Preferred Brands	
IPOV VIAL <i>poliomyelitis vaccine, killed</i>	Preferred Brands	
JYNNEOS 0.5 ML VIAL <i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	Preferred Brands	
JYNNEOS 0.5 ML VIAL(STOCKPILE) <i>smallpox and monkeypox vaccine, live, nonreplicating/pf</i>	Preferred Brands	
KINRIX TIP-LOK SYRINGE <i>diphtheria, pertussis(accel), tetanus, polio vaccine/pf</i>	Preferred Brands	
M-M-R II VACCINE VIAL <i>measles, mumps, and rubella vaccine live/pf</i>	Preferred Brands	
MENQUADFI VIAL <i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENVEO 1 VIAL-A-C-Y-W-135-DIP <i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>	Preferred Brands	
MENVEO A-C-Y-W KIT (2 VIALS) <i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>	Preferred Brands	
MNEXSPIKE 2025-26 (12Y UP) SYR <i>covid vaccine 2025-2026 (12 years up) (moderna)/pf</i>	Preferred Brands	
MODERNA COVID 23-24(6M-11Y)EUA <i>covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf</i>	Preferred Brands	
MODERNA COVID 24-25(6M-11Y)EUA <i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	Preferred Brands	
MRESVIA 50 MCG/0.5 ML SYRINGE <i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>	Preferred Brands	
NOVAVAX COVID 2023-24 VL (EUA) <i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	Preferred Brands	
NOVAVAX COVID 2024-25 SYR(EUA) <i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>	Preferred Brands	
PEDIARIX 0.5 ML SYRINGE <i>hep b virus,rcmb/diphth,pertus(acellular),tet,polio vaccine/pf</i>	Preferred Brands	
PEDVAXHIB VACCINE VIAL <i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>	Preferred Brands	
PENBRAYA KIT <i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>	Preferred Brands	
PENMENVY MEN A-B-C-W-Y KIT <i>meningoc a,c,y,w-135,dt cmp/n.mening b nhba,nada,fhbp,omv/pf</i>	Preferred Brands	
PENTACEL VIAL KIT <i>diphtheria,pertussis(acellular),tetanus,polio/haemophilus b/pf</i>	Preferred Brands	
PFIZER COVID 2023-24(5-11Y)EUA <i>covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PFIZER COVID 2023-24(6M-4Y)EUA <i>covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf</i>	Preferred Brands	
PFIZER COVID 2024-25(5-11Y)EUA <i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	Preferred Brands	
PFIZER COVID 2024-25(6M-4Y)EUA <i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	Preferred Brands	
PNEUMOVAX 23 SYRINGE <i>pneumococcal 23-valent polysaccharide vaccine</i>	Preferred Brands	
PNEUMOVAX 23 VIAL <i>pneumococcal 23-valent polysaccharide vaccine</i>	Preferred Brands	
PREHEVBRIO 10 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant, isoform s,m,l/pf</i>	Preferred Brands	
PREVNAR 20 SYRINGE <i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i>	Preferred Brands	
PRIORIX VIAL <i>measles, mumps, and rubella vaccine live/pf</i>	Preferred Brands	
PROQUAD VIAL <i>measles, mumps, rubella, and varicella vaccine live/pf</i>	Preferred Brands	
QUADRACEL DTAP-IPV SYRINGE <i>diphtheria, pertussis(acellular), tetanus, polio vaccine/pf</i>	Preferred Brands	
QUADRACEL DTAP-IPV VIAL <i>diphtheria, pertussis(acellular), tetanus, polio vaccine/pf</i>	Preferred Brands	
RABAVERT RABIES VACC W-DILUENT <i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i>	Preferred Brands	
RABAVERT RABIES VACCINE VIAL <i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i>	Preferred Brands	
RECOMBIVAX HB 10 MCG/ML SYR <i>hepatitis b virus vaccine recombinant/pf</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RECOMBIVAX HB 10 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	Preferred Brands	
RECOMBIVAX HB 40 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	Preferred Brands	
RECOMBIVAX HB 5 MCG/0.5 ML SYR <i>hepatitis b virus vaccine recombinant/pf</i>	Preferred Brands	
RECOMBIVAX HB 5 MCG/0.5 ML VL <i>hepatitis b virus vaccine recombinant/pf</i>	Preferred Brands	
ROTARIX VACCINE ORAL SYRINGE <i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>	Preferred Brands	
ROTATEQ VACCINE <i>rotavirus vaccine, live oral pentavalent</i>	Preferred Brands	
SHINGRIX VIAL KIT <i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>	Preferred Brands	 [ACA] Age Edits Apply: 50+ years
SPIKEVAX 2023-24 (12Y UP) SYRG <i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>	Preferred Brands	
SPIKEVAX 2023-24 (12Y UP) VIAL <i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>	Preferred Brands	
SPIKEVAX 2024-25 (12Y UP) SYRG <i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	Preferred Brands	
SPIKEVAX 2025-26 (12Y UP) SYRG <i>covid vaccine 2025-2026 (12 years up) (moderna)/pf</i>	Preferred Brands	
SPIKEVAX 2025-26 (6M-11Y) SYR <i>covid vaccine 2025-2026 (6 months-11 years)(moderna)/pf</i>	Preferred Brands	
TRUMENBA 120 MCG/0.5 ML VACCIN <i>neisseria meningitidis group b, lipidated fhbp recombinant</i>	Preferred Brands	
TWINRIX VACCINE SYRINGE <i>hepatitis a virus and hepatitis b virus vaccine/pf</i>	Preferred Brands	
VAQTA 25 UNITS/0.5 ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	Preferred Brands	
VAQTA 25 UNITS/0.5 ML VIAL <i>hepatitis a virus vaccine/pf</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAQTA 50 UNITS/ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	Preferred Brands	
VAQTA 50 UNITS/ML VIAL <i>hepatitis a virus vaccine/pf</i>	Preferred Brands	
VARIVAX VACCINE VIAL <i>varicella virus vaccine live/pf</i>	Preferred Brands	
VARIVAX VACCINE WITH DILUENT <i>varicella virus vaccine live/pf</i>	Preferred Brands	
VAXNEUVANCE 0.5 ML SYRINGE <i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>	Preferred Brands	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC		
TALICIA DR 10-250-12.5 MG CAP <i>omeprazole magnesium/amoxicillin trihydrate/rifabutin</i>	Preferred Brands	
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine 200 mg tablet</i>	Generics	
<i>cimetidine 300 mg tablet</i>	Generics	
<i>cimetidine 300 mg/5 ml soln</i>	Generics	PA QPD 40.0 per day
<i>cimetidine 400 mg tablet</i>	Generics	
<i>cimetidine 800 mg tablet</i>	Generics	
<i>famotidine 20 mg tablet</i>	Generics	
<i>famotidine 40 mg tablet</i>	Preferred Generics	
<i>famotidine 40 mg/5 ml susp</i>	Generics	PA QPD 80.0 per day
<i>nizatidine 150 mg capsule</i>	Generics	
PROSTAGLANDINS		
<i>misoprostol 100 mcg tablet</i>	Preferred Generics	
<i>misoprostol 200 mcg tablet</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTECTANTS		
<i>sucralfate 1 gm tablet</i>	Generics	
PROTON-PUMP INHIBITORS		
<i>dexlansoprazole dr 30 mg cap</i>	Generics	 2.0 per day
<i>dexlansoprazole dr 60 mg cap</i>	Generics	 1.0 per day
<i>esomeprazole dr 10 mg packet</i>	Generics	 2.0 per day
<i>esomeprazole dr 2.5 mg packet</i>	Generics	 2.0 per day
<i>esomeprazole dr 20 mg packet</i>	Generics	 2.0 per day
<i>esomeprazole dr 40 mg packet</i>	Generics	 2.0 per day
<i>esomeprazole dr 5 mg packet</i>	Generics	 2.0 per day
<i>esomeprazole mag dr 20 mg cap</i>	Generics	 2.0 per day
<i>esomeprazole mag dr 40 mg cap</i>	Generics	 2.0 per day
<i>lansoprazole dr 15 mg capsule</i>	Generics	 2.0 per day
<i>lansoprazole dr 15 mg odt</i>	Generics	 2.0 per day
<i>lansoprazole dr 30 mg capsule</i>	Generics	 2.0 per day
<i>lansoprazole dr 30 mg odt</i>	Generics	 2.0 per day
<i>omeprazole dr 10 mg capsule</i>	Preferred Generics	 2.0 per day
<i>omeprazole dr 20 mg capsule</i>	Preferred Generics	 2.0 per day
<i>omeprazole dr 40 mg capsule</i>	Preferred Generics	 2.0 per day
<i>omeprazole-bicarb 20-1,100 cap</i>	Generics	 2.0 per day
<i>omeprazole-bicarb 20-1,680 pkt</i>	Generics	 2.0 per day
<i>omeprazole-bicarb 40-1,100 cap</i>	Generics	 2.0 per day
<i>omeprazole-bicarb 40-1,680 pkt</i>	Generics	 2.0 per day
<i>pantoprazole dr 40 mg susp pkt</i>	Generics	 2.0 per day
<i>pantoprazole sod dr 20 mg tab</i>	Preferred Generics	 2.0 per day
<i>pantoprazole sod dr 40 mg tab</i>	Preferred Generics	 2.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rabeprazole sod dr 20 mg tab</i>	Generics	 2.0 per day
ANTIVIRALS (SYSTEMIC)		
CORONAVIRUS (COVID-19)		
PAXLOVID 150-100 MG (MODERATE) <i>nirmatrelvir/ritonavir</i>	Preferred Brands	 max 20 / 30 days
PAXLOVID 300-100 MG DOSE PACK <i>nirmatrelvir/ritonavir</i>	Preferred Brands	 max 30 / 30 days
PAXLOVID 300/150-100MG(SEVERE) <i>nirmatrelvir/ritonavir</i>	Preferred Brands	 max 11 / 30 days
INTERFERON ANTIVIRALS		
PEGASYS 180 MCG/0.5 ML SYRINGE <i>peginterferon alfa-2a</i>	Preferred Brands	 
PEGASYS 180 MCG/ML VIAL <i>peginterferon alfa-2a</i>	Preferred Brands	 
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir 6 mg/ml suspension</i>	Generics	 MAX 300 / 120 DAYS
<i>oseltamivir phos 30 mg capsule</i>	Generics	 MAX 40 / 120 DAYS
<i>oseltamivir phos 45 mg capsule</i>	Generics	 MAX 20 / 120 DAYS
<i>oseltamivir phos 75 mg capsule</i>	Generics	 MAX 20 / 120 DAYS
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir 200 mg capsule</i>	Preferred Generics	
<i>acyclovir 200 mg/5 ml susp</i>	Generics	
<i>acyclovir 200 mg/5 ml susp cup</i>	Generics	
<i>acyclovir 400 mg tablet</i>	Preferred Generics	
<i>acyclovir 800 mg tablet</i>	Preferred Generics	
<i>acyclovir 800 mg/20ml susp cup</i>	Generics	
<i>adefovir dipivoxil 10 mg tab</i>	Generics	
BARACLUDE 0.05 MG/ML SOLUTION <i>entecavir</i>	Preferred Brands	
<i>entecavir 0.5 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>entecavir 1 mg tablet</i>	Generics	
<i>famciclovir 125 mg tablet</i>	Generics	
<i>famciclovir 250 mg tablet</i>	Generics	
<i>famciclovir 500 mg tablet</i>	Generics	
LAGEVRIO 200 MG CAP (EUA) <i>molnupiravir</i>	Preferred Brands	 max 40 / 30 days
<i>ribavirin 200 mg capsule</i>	Preferred Brands	
<i>ribavirin 200 mg tablet</i>	Preferred Brands	
<i>valacyclovir hcl 1 gram tablet</i>	Generics	
<i>valacyclovir hcl 500 mg tablet</i>	Preferred Generics	
<i>valganciclovir 450 mg tablet</i>	Generics	
<i>valganciclovir hcl 50 mg/ml</i>	Generics	
VEMLIDY 25 MG TABLET <i>tenofovir alafenamide</i>	Preferred Brands	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
<i>hydroxyzine 10 mg/5 ml soln</i>	Generics	
<i>hydroxyzine 10 mg/5 ml syrup</i>	Generics	
<i>hydroxyzine hcl 10 mg tablet</i>	Preferred Generics	
<i>hydroxyzine hcl 25 mg tablet</i>	Preferred Generics	
<i>hydroxyzine hcl 50 mg tablet</i>	Preferred Generics	
<i>hydroxyzine pam 25 mg cap</i>	Preferred Generics	
<i>hydroxyzine pam 50 mg cap</i>	Preferred Generics	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>butalb-acetamin-caff 50-325-40</i>	Preferred Generics	 6.0 per day
<i>phenobarbital 100 mg tablet</i>	Preferred Generics	
<i>phenobarbital 15 mg tablet</i>	Preferred Generics	
<i>phenobarbital 16.2 mg tablet</i>	Preferred Generics	
<i>phenobarbital 20 mg/5 ml cup</i>	Generics	
<i>phenobarbital 20 mg/5 ml elix</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenobarbital 20 mg/5 ml soln</i>	Generics	
<i>phenobarbital 30 mg tablet</i>	Preferred Generics	
<i>phenobarbital 30 mg/7.5 ml cup</i>	Generics	
<i>phenobarbital 32.4 mg tablet</i>	Generics	
<i>phenobarbital 60 mg tablet</i>	Preferred Generics	
<i>phenobarbital 60 mg/15 ml cup</i>	Generics	
<i>phenobarbital 64.8 mg tablet</i>	Generics	
<i>phenobarbital 97.2 mg tablet</i>	Generics	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)		
<i>alprazolam 0.25 mg tablet</i>	Preferred Generics	
<i>alprazolam 0.5 mg tablet</i>	Preferred Generics	
<i>alprazolam 1 mg tablet</i>	Preferred Generics	
<i>alprazolam 2 mg tablet</i>	Preferred Generics	
<i>alprazolam er 0.5 mg tablet</i>	Preferred Generics	
<i>alprazolam er 1 mg tablet</i>	Preferred Generics	
<i>alprazolam er 2 mg tablet</i>	Preferred Generics	
<i>alprazolam er 3 mg tablet</i>	Preferred Generics	
<i>alprazolam xr 0.5 mg tablet</i>	Preferred Generics	
<i>alprazolam xr 1 mg tablet</i>	Preferred Generics	
<i>alprazolam xr 2 mg tablet</i>	Preferred Generics	
<i>alprazolam xr 3 mg tablet</i>	Preferred Generics	
<i>chlordiazepoxide 10 mg capsule</i>	Preferred Generics	
<i>chlordiazepoxide 25 mg capsule</i>	Preferred Generics	
<i>chlordiazepoxide 5 mg capsule</i>	Preferred Generics	
<i>clorazepate 15 mg tablet</i>	Generics	
<i>clorazepate 3.75 mg tablet</i>	Generics	
<i>clorazepate 7.5 mg tablet</i>	Generics	
DIASTAT 2.5MG RECTAL GEL (2PK) <i>diazepam</i>	Preferred Brands	
<i>diazepam 10 mg rectal gel syrg</i>	Generics	
<i>diazepam 10 mg tablet</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam 10mg rectal gel (2pk)</i>	Generics	
<i>diazepam 2 mg tablet</i>	Preferred Generics	
<i>diazepam 20 mg rectal gel syrg</i>	Generics	
<i>diazepam 20mg rectal gel (2pk)</i>	Generics	
<i>diazepam 25 mg/5 ml oral conc</i>	Generics	
<i>diazepam 5 mg tablet</i>	Preferred Generics	
<i>diazepam 5 mg/5 ml solution</i>	Preferred Generics	
<i>diazepam 5 mg/ml oral conc</i>	Generics	
<i>estazolam 1 mg tablet</i>	Generics	
<i>estazolam 2 mg tablet</i>	Generics	
<i>lorazepam 0.5 mg tablet</i>	Preferred Generics	
<i>lorazepam 1 mg tablet</i>	Preferred Generics	
<i>lorazepam 2 mg tablet</i>	Preferred Generics	
<i>lorazepam 2 mg/ml oral concent</i>	Generics	
LORAZEPAM INTENSOL 2 MG/ML <i>lorazepam</i>	Generics	
<i>oxazepam 10 mg capsule</i>	Generics	
<i>oxazepam 15 mg capsule</i>	Generics	
<i>oxazepam 30 mg capsule</i>	Generics	
<i>temazepam 15 mg capsule</i>	Preferred Generics	
<i>temazepam 30 mg capsule</i>	Preferred Generics	
MELATONIN RECEPTOR AGONISTS		
<i>tasimelteon 20 mg capsule</i>	Generics	S PA QPD 1.0 per day
NON-BENZODIAZEPINE ANXIOLYTICS		
<i>buspirone hcl 10 mg tablet</i>	Preferred Generics	
<i>buspirone hcl 15 mg tablet</i>	Preferred Generics	
<i>buspirone hcl 30 mg tablet</i>	Preferred Generics	
<i>buspirone hcl 5 mg tablet</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NON-BENZODIAZEPINE HYPNOTICS		
<i>eszopiclone 1 mg tablet</i>	Preferred Generics	 3.0 per day
<i>eszopiclone 2 mg tablet</i>	Preferred Generics	 1.0 per day
<i>eszopiclone 3 mg tablet</i>	Preferred Generics	 1.0 per day
<i>zaleplon 10 mg capsule</i>	Preferred Generics	 1.0 per day
<i>zaleplon 5 mg capsule</i>	Preferred Generics	 2.0 per day
<i>zolpidem tartrate 12.5 mg tab</i>	Preferred Generics	 1.0 per day
<i>zolpidem tartrate 6.25 mg tab</i>	Preferred Generics	 2.0 per day
<i>zolpidem tartrate 10 mg tablet</i>	Preferred Generics	 1.0 per day
<i>zolpidem tartrate 5 mg tablet</i>	Preferred Generics	 2.0 per day
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA 10 MG TABLET <i>suvorexant</i>	Preferred Brands	  1 per day
BELSOMRA 15 MG TABLET <i>suvorexant</i>	Preferred Brands	  1 per day
BELSOMRA 20 MG TABLET <i>suvorexant</i>	Preferred Brands	  1 per day
BELSOMRA 5 MG TABLET <i>suvorexant</i>	Preferred Brands	  1 per day
AUTONOMIC DRUGS		
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>bethanechol 10 mg tablet</i>	Generics	
<i>bethanechol 25 mg tablet</i>	Generics	
<i>bethanechol 5 mg tablet</i>	Generics	
<i>bethanechol 50 mg tablet</i>	Generics	
<i>cevimeline hcl 30 mg capsule</i>	Generics	
<i>donepezil hcl 10 mg tablet</i>	Preferred Generics	
<i>donepezil hcl 23 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>donepezil hcl 5 mg tablet</i>	Preferred Generics	
<i>donepezil hcl odt 10 mg tablet</i>	Preferred Generics	
<i>donepezil hcl odt 5 mg tablet</i>	Preferred Generics	
<i>galantamine er 16 mg capsule</i>	Generics	
<i>galantamine er 24 mg capsule</i>	Generics	
<i>galantamine er 8 mg capsule</i>	Generics	
<i>galantamine hbr 12 mg tablet</i>	Generics	
<i>galantamine hbr 4 mg tablet</i>	Generics	
<i>galantamine hbr 8 mg tablet</i>	Generics	
<i>pilocarpine hcl 5 mg tablet</i>	Generics	
<i>pilocarpine hcl 7.5 mg tablet</i>	Generics	
<i>pyridostigmine 60 mg/5 ml soln</i>	Generics	
<i>pyridostigmine br 60 mg tablet</i>	Generics	
<i>pyridostigmine er 180 mg tab</i>	Generics	
<i>rivastigmine 1.5 mg capsule</i>	Generics	
<i>rivastigmine 13.3 mg/24hr ptch</i>	Generics	
<i>rivastigmine 3 mg capsule</i>	Generics	
<i>rivastigmine 4.5 mg capsule</i>	Generics	
<i>rivastigmine 4.6 mg/24hr patch</i>	Generics	
<i>rivastigmine 6 mg capsule</i>	Generics	
<i>rivastigmine 9.5 mg/24hr patch</i>	Generics	
SMOKING CESSATION AGENTS		
<i>cvs nicotine 4 mg chewing gum</i>	Generics	 [ACA] Quantity Limits May Apply
<i>eq nicotine 2 mg chewing gum</i>	Generics	 [ACA] Quantity Limits May Apply
<i>eq nicotine 2 mg lozenge</i>	Generics	 [ACA] Quantity Limits May Apply
<i>eq nicotine 4 mg chewing gum</i>	Generics	 [ACA] Quantity Limits May Apply
<i>eq nicotine 4 mg mini lozenge</i>	Generics	 [ACA] Quantity Limits May Apply
<i>ft nicotine 14 mg/24hr patch</i>	Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>ft nicotine 2 mg chewing gum</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>ft nicotine 21 mg/24hr patch</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>ft nicotine 4 mg chewing gum</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>ft nicotine 7 mg/24hr patch</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>gs nicotine 4 mg chewing gum</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>nicotine 2 mg chewing gum</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>nicotine 21 mg/24hr patch</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>nicotine 4 mg chewing gum</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>nicotine 4 mg lozenge</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>sm nicotine 2 mg chewing gum</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>sm nicotine 4 mg chewing gum</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>varenicline 0.5 mg tablet</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>varenicline 1 mg cont month bx</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>varenicline 1 mg tablet</i>	Generics	C	[ACA] Quantity Limits May Apply
<i>varenicline starting month box</i>	Generics	C	[ACA] Quantity Limits May Apply
BETA-3-ADRENERGIC AGONISTS			
SELECTIVE BETA-3-ADRENERGIC AGONISTS			
<i>mirabegron er 25 mg tablet</i>	Generics	QPD	1.0 per day
<i>mirabegron er 50 mg tablet</i>	Generics	QPD	1.0 per day
MYRBETRIQ ER 25 MG TABLET <i>mirabegron</i>	Preferred Brands	QPD	1.0 per day
MYRBETRIQ ER 50 MG TABLET <i>mirabegron</i>	Preferred Brands	QPD	1.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYRBETRIQ ER 8 MG/ML SUSP <i>mirabegron</i>	Preferred Brands	QPD 10.7143 per day
BETA-ADRENERGIC AGONISTS		
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
ADVAIR HFA 115-21 MCG INHALER <i>fluticasone propionate/salmeterol xinafoate</i>	Preferred Brands	QPD 0.4 per day
ADVAIR HFA 230-21 MCG INHALER <i>fluticasone propionate/salmeterol xinafoate</i>	Preferred Brands	QPD 0.4 per day
ADVAIR HFA 45-21 MCG INHALER <i>fluticasone propionate/salmeterol xinafoate</i>	Preferred Brands	QPD 0.4 per day
AIRSUPRA 90-80 MCG INHALER <i>albuterol sulfate/budesonide</i>	Preferred Brands	QPD 1.07 per day
<i>albuterol 2 mg/5 ml syrup cup</i>	Preferred Generics	
<i>albuterol 2.5 mg/0.5 ml sol</i>	Generics	
<i>albuterol 8 mg/20 ml syrup cup</i>	Preferred Generics	
<i>albuterol hfa 90 mcg inhaler</i>	Generics	QPD 1.2 per day
<i>albuterol sul 0.63 mg/3 ml sol</i>	Generics	
<i>albuterol sul 1.25 mg/3 ml sol</i>	Generics	
<i>albuterol sul 2.5 mg/3 ml soln</i>	Preferred Generics	
<i>albuterol sulf 2 mg/5 ml syrup</i>	Preferred Generics	
<i>albuterol sulfate 2 mg tab</i>	Generics	
<i>albuterol sulfate 4 mg tab</i>	Generics	
<i>arformoterol 15 mcg/2 ml soln</i>	Generics	
BREO ELLIPTA 100-25 MCG INHALR <i>fluticasone furoate/vilanterol trifenate</i>	Preferred Brands	QPD 2 per day
BREO ELLIPTA 200-25 MCG INHALR <i>fluticasone furoate/vilanterol trifenate</i>	Preferred Brands	QPD 2 per day
BREO ELLIPTA 50-25 MCG INHALER <i>fluticasone furoate/vilanterol trifenate</i>	Preferred Brands	QPD 2 per day
BREYNA 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	Generics	QPD 1.03 per day
BREYNA 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	Generics	QPD 1.03 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide-formoterol 160-4.5</i>	Generics	QPD 1.03 per day
<i>budesonide-formoterol 80-4.5</i>	Generics	QPD 1.03 per day
DULERA 100 MCG-5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	Preferred Brands	QPD 1.3 per day
DULERA 200 MCG-5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	Preferred Brands	QPD 1.3 per day
DULERA 50 MCG-5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	Preferred Brands	QPD 1.3 per day
<i>fluticasone-salmeterol 100-50</i>	Generics	QPD 2 per day
<i>fluticasone-salmeterol 113-14</i>	Generics	QPD 0.034 per day
<i>fluticasone-salmeterol 232-14</i>	Generics	QPD 0.034 per day
<i>fluticasone-salmeterol 250-50</i>	Generics	QPD 2 per day
<i>fluticasone-salmeterol 500-50</i>	Generics	QPD 2.0 per day
<i>fluticasone-salmeterol 55-14</i>	Generics	QPD 0.034 per day
<i>levalbuterol 0.31 mg/3 ml sol</i>	Generics	
<i>levalbuterol 0.63 mg/3 ml sol</i>	Generics	
<i>levalbuterol 1.25 mg/3 ml sol</i>	Generics	
<i>levalbuterol conc 1.25 mg/0.5</i>	Generics	
SEREVENT DISKUS 50 MCG <i>salmeterol xinafoate</i>	Preferred Brands	QPD 2 per day
STRIVERDI RESPIMAT INHAL SPRAY <i>olodaterol hcl</i>	Preferred Brands	QPD 0.134 per day
<i>terbutaline sulfate 2.5 mg tab</i>	Generics	
<i>terbutaline sulfate 5 mg tab</i>	Generics	
VENTOLIN HFA 90 MCG INHALER <i>albuterol sulfate</i>	Generics	QPD 1.2 per day
WIXELA 100-50 INHUB <i>fluticasone propionate/salmeterol xinafoate</i>	Generics	QPD 2 per day
WIXELA 250-50 INHUB <i>fluticasone propionate/salmeterol xinafoate</i>	Generics	QPD 2 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIXELA 500-50 INHUB <i>fluticasone propionate/salmeterol xinafoate</i>	Generics	 2 per day
BLOOD FORMATION, COAGULATION, THROMBOSIS		
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
PYRUKYND 20 MG TABLET <i>mitapivat sulfate</i>	Preferred Brands	   2 per day
PYRUKYND 20 MG TAPER PACK <i>mitapivat sulfate</i>	Preferred Brands	   2 per day
PYRUKYND 20-5 MG TAPER PACK <i>mitapivat sulfate</i>	Preferred Brands	 MAX 14 / 365 DAYS  
PYRUKYND 5 MG TABLET <i>mitapivat sulfate</i>	Preferred Brands	   2 per day
PYRUKYND 5 MG TAPER PACK <i>mitapivat sulfate</i>	Preferred Brands	 MAX 7 / 365 DAYS  
PYRUKYND 50 MG TABLET <i>mitapivat sulfate</i>	Preferred Brands	   2 per day
PYRUKYND 50 MG TAPER PACK <i>mitapivat sulfate</i>	Preferred Brands	   2 per day
PYRUKYND 50-20 MG TAPER PACK <i>mitapivat sulfate</i>	Preferred Brands	 MAX 14 / 365 DAYS  

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATOPOIETIC AGENTS		
ARANESP 10 MCG/0.4 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 100 MCG/0.5 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 100 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 150 MCG/0.3 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 200 MCG/0.4 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 200 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 25 MCG/0.42 ML SYRING <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 25 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 300 MCG/0.6 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 40 MCG/0.4 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 40 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 500 MCG/1 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 60 MCG/0.3 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA
ARANESP 60 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOPTELET (10 TAB PK) 20 MG TAB <i>avatrombopag maleate</i>	Preferred Brands	S PA QPD 2.0 per day
DOPTELET (15 TAB PK) 20 MG TAB <i>avatrombopag maleate</i>	Preferred Brands	S PA QPD 2.0 per day
DOPTELET (30 TAB PK) 20 MG TAB <i>avatrombopag maleate</i>	Preferred Brands	S PA QPD 2 per day
<i>eltrombopag 12.5 mg susp pkt</i>	Generics	S PA QPD 1.0 per day
<i>eltrombopag 12.5 mg tablet</i>	Generics	S PA QPD 1.0 per day
<i>eltrombopag 25 mg susp packet</i>	Generics	S PA QPD 1.0 per day
<i>eltrombopag 25 mg tablet</i>	Generics	S PA QPD 1.0 per day
<i>eltrombopag 50 mg tablet</i>	Generics	S PA QPD 2.0 per day
<i>eltrombopag 75 mg tablet</i>	Generics	S PA QPD 2.0 per day
EPOGEN 10,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
EPOGEN 2,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPOGEN 20,000 UNIT/2 ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
EPOGEN 20,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
EPOGEN 3,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
EPOGEN 4,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
FULPHILA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-jmdb</i>	Preferred Brands	S
MULPLETA 3 MG TABLET <i>lusutrombopag</i>	Preferred Brands	S PA QPD 1 per day
NIVESTYM 300 MCG/0.5 ML SYRING <i>filgrastim-aafi</i>	Preferred Brands	S
NIVESTYM 300 MCG/ML VIAL <i>filgrastim-aafi</i>	Preferred Brands	S
NIVESTYM 480 MCG/0.8 ML SYRING <i>filgrastim-aafi</i>	Preferred Brands	S
NIVESTYM 480 MCG/1.6 ML VIAL <i>filgrastim-aafi</i>	Preferred Brands	S
NYVEPRIA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-apgf</i>	Preferred Brands	S
PROCRIT 10,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
PROCRIT 2,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
PROCRIT 20,000 UNIT/2 ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
PROCRIT 20,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
PROCRIT 3,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCRIT 4,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
PROCRIT 40,000 UNITS/ML VIAL <i>epoetin alfa</i>	Preferred Brands	S PA
RETACRIT 10,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	Preferred Brands	S PA
RETACRIT 2,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	Preferred Brands	S PA
RETACRIT 20,000 UNIT/2 ML VIAL <i>epoetin alfa-epbx</i>	Preferred Brands	S PA
RETACRIT 20,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	Preferred Brands	S PA
RETACRIT 3,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	Preferred Brands	S PA
RETACRIT 4,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	Preferred Brands	S PA
RETACRIT 40,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	Preferred Brands	S PA
ZARXIO 300 MCG/0.5 ML SYRINGE <i>filgrastim-sndz</i>	Preferred Brands	S
ZARXIO 480 MCG/0.8 ML SYRINGE <i>filgrastim-sndz</i>	Preferred Brands	S
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab</i>	Generics	
BRONCHODILATORS		
ANTICHOLINERGIC AGENTS (RESPIR. TRACT)		
BREZTRI AEROSPHERE INHALER <i>budesonide/glycopyrrolate/formoterol fumarate</i>	Preferred Brands	QPD 0.357 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCINEURIN INHIBITORS (90:28)		
CALCINEURIN INHIBITORS, MISC (90:28)		
<i>cyclosporine 100 mg capsule</i>	Generics	S
<i>cyclosporine 25 mg capsule</i>	Generics	S
<i>cyclosporine modified 100 mg</i>	Generics	S
<i>cyclosporine modified 100mg/ml</i>	Generics	S
<i>cyclosporine modified 25 mg</i>	Generics	S
<i>cyclosporine modified 50 mg</i>	Generics	S
GENGRAF 100 MG CAPSULE <i>cyclosporine, modified</i>	Generics	S
GENGRAF 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	Generics	S
GENGRAF 25 MG CAPSULE <i>cyclosporine, modified</i>	Generics	S
<i>tacrolimus 0.5 mg capsule (ir)</i>	Generics	S
<i>tacrolimus 1 mg capsule (ir)</i>	Generics	S
<i>tacrolimus 5 mg capsule (ir)</i>	Generics	S
CALCIUM-CHANNEL BLOCKING AGENTS		
DIHYDROPYRIDINES		
<i>amlod-vals-hctz 10-160-12.5mg</i>	Generics	
<i>amlod-vals-hctz 10-160-25 mg</i>	Generics	
<i>amlod-vals-hctz 10-320-25 mg</i>	Generics	
<i>amlod-vals-hctz 5-160-12.5 mg</i>	Generics	
<i>amlod-vals-hctz 5-160-25 mg</i>	Generics	
<i>amlodipine besylate 10 mg tab</i>	Preferred Generics	
<i>amlodipine besylate 2.5 mg tab</i>	Preferred Generics	
<i>amlodipine besylate 5 mg tab</i>	Preferred Generics	
<i>amlodipine-benazepril 10-20 mg</i>	Preferred Generics	
<i>amlodipine-benazepril 10-40 mg</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-benazepril 2.5-10</i>	Preferred Generics	
<i>amlodipine-benazepril 5-10 mg</i>	Preferred Generics	
<i>amlodipine-benazepril 5-20 mg</i>	Preferred Generics	
<i>amlodipine-benazepril 5-40 mg</i>	Preferred Generics	
<i>amlodipine-olmesartan 10-20 mg</i>	Generics	
<i>amlodipine-olmesartan 10-40 mg</i>	Generics	
<i>amlodipine-olmesartan 5-20 mg</i>	Generics	
<i>amlodipine-olmesartan 5-40 mg</i>	Generics	
<i>amlodipine-valsartan 10-160 mg</i>	Generics	
<i>amlodipine-valsartan 10-320 mg</i>	Generics	
<i>amlodipine-valsartan 5-160 mg</i>	Generics	
<i>amlodipine-valsartan 5-320 mg</i>	Generics	
<i>felodipine er 10 mg tablet</i>	Preferred Generics	
<i>felodipine er 2.5 mg tablet</i>	Preferred Generics	
<i>felodipine er 5 mg tablet</i>	Preferred Generics	
<i>nifedipine 10 mg capsule</i>	Generics	
<i>nifedipine 20 mg capsule</i>	Generics	
<i>nifedipine er 30 mg tablet</i>	Preferred Generics	
<i>nifedipine er 30 mg tablet</i>	Preferred Generics	
<i>nifedipine er 60 mg tablet</i>	Preferred Generics	
<i>nifedipine er 60 mg tablet</i>	Preferred Generics	
<i>nifedipine er 90 mg tablet</i>	Preferred Generics	
<i>nifedipine er 90 mg tablet</i>	Preferred Generics	
<i>nimodipine 30 mg capsule</i>	Generics	
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
ATTRUBY 356 MG TABLET <i>acoramidis hcl</i>	Preferred Brands	S PA QPD 4.0 per day
<i>ranolazine er 1,000 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ranolazine er 500 mg tablet</i>	Generics	
VYNDAMAX 61 MG CAPSULE <i>tafamidis</i>	Preferred Brands	S PA QPD 1 per day
VYNDAQEL 20 MG CAPSULE <i>tafamidis meglumine</i>	Preferred Brands	S PA QPD 4 per day
CARDIOTONIC AGENTS		
CORLANOR 5 MG/5 ML ORAL SOLN <i>ivabradine hcl</i>	Preferred Brands	PA QPD 20 per day
DIGITEK 125 MCG TABLET <i>digoxin</i>	Preferred Generics	
DIGITEK 250 MCG TABLET <i>digoxin</i>	Preferred Generics	
<i>digoxin 0.05 mg/ml solution</i>	Generics	PA
<i>digoxin 0.125 mg tablet</i>	Preferred Generics	
<i>digoxin 0.25 mg tablet</i>	Preferred Generics	
<i>digoxin 125 mcg tablet</i>	Preferred Generics	
<i>digoxin 250 mcg tablet</i>	Preferred Generics	
<i>digoxin 62.5 mcg tablet</i>	Generics	
<i>ivabradine hcl 5 mg tablet</i>	Generics	PA QPD 2.0 per day
<i>ivabradine hcl 7.5 mg tablet</i>	Generics	PA QPD 2.0 per day
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate 1 mg tab</i>	Preferred Generics	
<i>doxazosin mesylate 2 mg tab</i>	Preferred Generics	
<i>doxazosin mesylate 4 mg tab</i>	Preferred Generics	
<i>doxazosin mesylate 8 mg tab</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prazosin 1 mg capsule</i>	Preferred Generics	
<i>prazosin 2 mg capsule</i>	Preferred Generics	
<i>prazosin 5 mg capsule</i>	Generics	
<i>terazosin 1 mg capsule</i>	Preferred Generics	
<i>terazosin 10 mg capsule</i>	Preferred Generics	
<i>terazosin 2 mg capsule</i>	Preferred Generics	
<i>terazosin 5 mg capsule</i>	Preferred Generics	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol 200 mg capsule</i>	Generics	
<i>acebutolol 400 mg capsule</i>	Generics	
<i>atenolol 100 mg tablet</i>	Preferred Generics	
<i>atenolol 25 mg tablet</i>	Preferred Generics	
<i>atenolol 50 mg tablet</i>	Preferred Generics	
<i>atenolol-chlorthalidone 100-25</i>	Generics	
<i>atenolol-chlorthalidone 50-25</i>	Preferred Generics	
<i>betaxolol 10 mg tablet</i>	Generics	
<i>betaxolol 20 mg tablet</i>	Generics	
<i>bisoprolol fumarate 10 mg tab</i>	Generics	
<i>bisoprolol fumarate 5 mg tab</i>	Preferred Generics	
<i>bisoprolol-hctz 10-6.25 mg tab</i>	Preferred Generics	
<i>bisoprolol-hctz 10-6.25 mg tab</i>	Preferred Generics	
<i>bisoprolol-hctz 2.5-6.25 mg tb</i>	Preferred Generics	
<i>bisoprolol-hctz 5-6.25 mg tab</i>	Preferred Generics	
<i>carvedilol 12.5 mg tablet</i>	Preferred Generics	
<i>carvedilol 25 mg tablet</i>	Preferred Generics	
<i>carvedilol 3.125 mg tablet</i>	Preferred Generics	
<i>carvedilol 6.25 mg tablet</i>	Preferred Generics	
HEMANGEOL 4.28 MG/ML ORAL SOLN <i>propranolol hcl</i>	Preferred Brands	
<i>labetalol hcl 100 mg tablet</i>	Preferred Generics	
<i>labetalol hcl 200 mg tablet</i>	Generics	

****ATTENTION FHK PROVIDERS AND ENROLLEES****

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>labetalol hcl 300 mg tablet</i>	Generics	
<i>metoprolol succ er 100 mg tab</i>	Preferred Generics	
<i>metoprolol succ er 200 mg tab</i>	Preferred Generics	
<i>metoprolol succ er 25 mg tab</i>	Preferred Generics	
<i>metoprolol succ er 50 mg tab</i>	Preferred Generics	
<i>metoprolol tartrate 100 mg tab</i>	Preferred Generics	
<i>metoprolol tartrate 25 mg tab</i>	Preferred Generics	
<i>metoprolol tartrate 37.5 mg tb</i>	Preferred Generics	
<i>metoprolol tartrate 50 mg tab</i>	Preferred Generics	
<i>metoprolol tartrate 75 mg tab</i>	Preferred Generics	
<i>metoprolol-hctz 100-25 mg tab</i>	Generics	
<i>metoprolol-hctz 100-50 mg tab</i>	Generics	
<i>metoprolol-hctz 50-25 mg tab</i>	Generics	
<i>nadolol 20 mg tablet</i>	Generics	
<i>nadolol 40 mg tablet</i>	Generics	
<i>nadolol 80 mg tablet</i>	Generics	
<i>nebivolol 10 mg tablet</i>	Preferred Generics	
<i>nebivolol 2.5 mg tablet</i>	Preferred Generics	
<i>nebivolol 20 mg tablet</i>	Preferred Generics	
<i>nebivolol 5 mg tablet</i>	Preferred Generics	
<i>pindolol 10 mg tablet</i>	Generics	
<i>pindolol 5 mg tablet</i>	Generics	
<i>propranolol 10 mg tablet</i>	Preferred Generics	
<i>propranolol 20 mg tablet</i>	Preferred Generics	
<i>propranolol 40 mg tablet</i>	Preferred Generics	
<i>propranolol 40 mg/5 ml soln</i>	Preferred Brands	PA QPD 80.0 per day
<i>propranolol 60 mg tablet</i>	Generics	
<i>propranolol 80 mg tablet</i>	Preferred Generics	
<i>propranolol er 120 mg capsule</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol er 160 mg capsule</i>	Generics	
<i>propranolol er 60 mg capsule</i>	Preferred Generics	
<i>propranolol er 80 mg capsule</i>	Preferred Generics	
<i>sotalol 120 mg tablet</i>	Preferred Generics	
<i>sotalol 160 mg tablet</i>	Generics	
<i>sotalol 240 mg tablet</i>	Generics	
<i>sotalol 80 mg tablet</i>	Preferred Generics	
SOTALOL AF 120 MG TABLET <i>sotalol hcl</i>	Preferred Generics	
SOTALOL AF 160 MG TABLET <i>sotalol hcl</i>	Generics	
SOTALOL AF 80 MG TABLET <i>sotalol hcl</i>	Preferred Generics	
CARDIOVASCULAR DRUGS, NSAID ANTI-INFL		
<i>colchicine 0.6 mg tablet</i>	Generics	
CENTRAL ALPHA-AGONISTS		
<i>clonidine 0.1 mg/day patch</i>	Generics	
<i>clonidine 0.2 mg/day patch</i>	Generics	
<i>clonidine 0.3 mg/day patch</i>	Generics	
<i>clonidine hcl 0.1 mg tablet</i>	Preferred Generics	
<i>clonidine hcl 0.2 mg tablet</i>	Preferred Generics	
<i>clonidine hcl 0.3 mg tablet</i>	Preferred Generics	
<i>clonidine hcl er 0.1 mg tablet</i>	Generics	QPD 4.0 per day
<i>guanfacine 1 mg tablet</i>	Generics	
<i>guanfacine 2 mg tablet</i>	Generics	
<i>guanfacine hcl er 1 mg tablet</i>	Preferred Generics	QPD 1.0 per day
<i>guanfacine hcl er 2 mg tablet</i>	Preferred Generics	QPD 1.0 per day
<i>guanfacine hcl er 3 mg tablet</i>	Preferred Generics	QPD 1.0 per day
<i>guanfacine hcl er 4 mg tablet</i>	Preferred Generics	QPD 1.0 per day
<i>methyldopa 250 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methyldopa 500 mg tablet</i>	Generics	
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
<i>riluzole 50 mg tablet</i>	Generics	
ANTIMANIC AGENTS		
<i>lithium 8 meq/5 ml solution</i>	Generics	
<i>lithium carbonate 150 mg cap</i>	Preferred Generics	
<i>lithium carbonate 300 mg cap</i>	Preferred Generics	
<i>lithium carbonate 300 mg tab</i>	Preferred Generics	
<i>lithium carbonate 600 mg cap</i>	Preferred Generics	
<i>lithium carbonate er 300 mg tb</i>	Preferred Generics	
<i>lithium carbonate er 450 mg tb</i>	Preferred Generics	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>carbidopa 25 mg tablet</i>	Generics	
<i>memantine 5-10 mg titration pk</i>	Generics	
<i>memantine hcl 10 mg tablet</i>	Preferred Generics	
<i>memantine hcl 10 mg/5 ml cup</i>	Generics	PA QPD 10.0 per day
<i>memantine hcl 2 mg/ml solution</i>	Generics	PA QPD 10.0 per day
<i>memantine hcl 5 mg tablet</i>	Preferred Generics	
NUEDEXTA 20-10 MG CAPSULE <i>dextromethorphan hbr/quinidine sulfate</i>	Preferred Brands	
OPIOID ANTAGONISTS (28:10)		
KLOXXADO 8 MG NASAL SPRAY <i>naloxone hcl</i>	Preferred Brands	
<i>naloxone 0.4 mg/ml syringe</i>	Generics	
<i>naloxone 0.4 mg/ml vial</i>	Generics	
<i>naloxone 2 mg/2 ml syringe</i>	Generics	
<i>naloxone 4 mg/10 ml vial</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naloxone hcl 4 mg nasal spray</i>	Generics	
<i>naltrexone 50 mg tablet</i>	Generics	
OPVEE 2.7 MG NASAL SPRAY <i>nalmefene hcl</i>	Preferred Brands	
REXTOVY 4 MG NASAL SPRAY <i>naloxone hcl</i>	Preferred Brands	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
<i>tetrabenazine 12.5 mg tablet</i>	Generics	S PA QPD 8.0 per day
<i>tetrabenazine 25 mg tablet</i>	Generics	S PA QPD 4.0 per day
CEPHALOSPORIN ANTIBIOTICS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil 250 mg/5 ml susp</i>	Generics	
<i>cefadroxil 500 mg capsule</i>	Preferred Generics	
<i>cefadroxil 500 mg/5 ml susp</i>	Generics	
<i>cephalexin 125 mg/5 ml susp</i>	Generics	
<i>cephalexin 250 mg capsule</i>	Preferred Generics	
<i>cephalexin 250 mg/5 ml susp</i>	Generics	
<i>cephalexin 500 mg capsule</i>	Preferred Generics	
<i>cephalexin 750 mg capsule</i>	Generics	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefprozil 125 mg/5 ml susp</i>	Generics	
<i>cefprozil 250 mg tablet</i>	Preferred Generics	
<i>cefprozil 250 mg/5 ml susp</i>	Generics	
<i>cefprozil 500 mg tablet</i>	Generics	
<i>cefuroxime axetil 250 mg tab</i>	Preferred Generics	
<i>cefuroxime axetil 500 mg tab</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir 125 mg/5 ml susp</i>	Generics	
<i>cefdinir 250 mg/5 ml susp</i>	Generics	
<i>cefdinir 300 mg capsule</i>	Preferred Generics	
<i>cefixime 100 mg/5 ml susp</i>	Generics	
<i>cefixime 200 mg/5 ml susp</i>	Generics	
<i>cefixime 400 mg capsule</i>	Generics	
<i>cefpodoxime 100 mg tablet</i>	Generics	
<i>cefpodoxime 200 mg tablet</i>	Generics	
COMPLEMENT INHIBITORS (92:32)		
BRADYKININ RECEPTOR ANTAGONISTS		
<i>icatibant 30 mg/3 ml syringe</i>	Generics	S PA QPD 0.6 per day
CONSTIPATION THERAPY		
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS 145 MCG CAPSULE <i>linaclotide</i>	Preferred Brands	
LINZESS 290 MCG CAPSULE <i>linaclotide</i>	Preferred Brands	
LINZESS 72 MCG CAPSULE <i>linaclotide</i>	Preferred Brands	
TRULANCE 3 MG TABLET <i>plecanatide</i>	Preferred Brands	
OPIOID ANTAGONISTS (56:18)		
MOVANTIK 12.5 MG TABLET <i>naloxegol oxalate</i>	Preferred Brands	
MOVANTIK 25 MG TABLET <i>naloxegol oxalate</i>	Preferred Brands	
SYMPROIC 0.2 MG TABLET <i>naldemedine tosylate</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
ALYFTREK 10-50-125 MG TABLET <i>vanzacaftor</i> <i>calcium/tezacaftor/deutivacaftor</i>	Preferred Brands	   2.0 per day
ALYFTREK 4-20-50 MG TABLET <i>vanzacaftor</i> <i>calcium/tezacaftor/deutivacaftor</i>	Preferred Brands	   3.0 per day
SYMDEKO 100/150 MG-150 MG TABS <i>tezacaftor/ivacaftor</i>	Preferred Brands	   2 per day
SYMDEKO 50/75 MG-75 MG TABLETS <i>tezacaftor/ivacaftor</i>	Preferred Brands	   2 per day
TRIKAFTA 100-50-75 MG/150 MG <i>ellexacaftor/tezacaftor/ivacaftor</i>	Preferred Brands	   3 per day
TRIKAFTA 100-50-75 MG/75MG PKT <i>ellexacaftor/tezacaftor/ivacaftor</i>	Preferred Brands	   2.0 per day
TRIKAFTA 50-25-37.5 MG/75 MG <i>ellexacaftor/tezacaftor/ivacaftor</i>	Preferred Brands	   3 per day
TRIKAFTA 80-40-60MG/59.5MG PKT <i>ellexacaftor/tezacaftor/ivacaftor</i>	Preferred Brands	   2.0 per day
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO 13.4 MG GRANULES PKT <i>ivacaftor</i>	Preferred Brands	   2.0 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
KALYDECO 150 MG TABLET <i>ivacaftor</i>	Preferred Brands	  	2 per day
KALYDECO 25 MG GRANULES PACKET <i>ivacaftor</i>	Preferred Brands	  	2 per day
KALYDECO 5.8 MG GRANULES PKT <i>ivacaftor</i>	Preferred Brands	  	2.0 per day
KALYDECO 50 MG GRANULES PACKET <i>ivacaftor</i>	Preferred Brands	  	2 per day
KALYDECO 75 MG GRANULES PACKET <i>ivacaftor</i>	Preferred Brands	  	2 per day
DENTAL AGENTS			
NUTRITIONAL SUPPLEMENTS			
CLINPRO 5000 1.1% TOOTHPASTE <i>fluoride (sodium)</i>	Preferred Generics		[ACA] Age Edits Apply: Up to 16 years
DENTA 5000 PLUS CREAM <i>fluoride (sodium)</i>	Preferred Generics		[ACA] Age Edits Apply: Up to 16 years
DENTA 5000 PLUS SENSITIV PASTE <i>sodium fluoride/potassium nitrate</i>	Preferred Brands		
DENTAGEL 1.1% GEL <i>fluoride (sodium)</i>	Preferred Generics		[ACA] Age Edits Apply: Up to 16 years
<i>fluoride 0.25 mg tablet chew</i>	Preferred Generics		[ACA] Age Edits Apply: Up to 16 years
<i>fluoride 0.5 mg tablet chew</i>	Preferred Generics		[ACA] Age Edits Apply: Up to 16 years
<i>fluoride 1 mg tablet chewable</i>	Preferred Generics		[ACA] Age Edits Apply: Up to 16 years
FLUORIDEX DAILY DEFENSE 1.1% <i>fluoride (sodium)</i>	Preferred Generics		[ACA] Age Edits Apply: Up to 16 years
FLUORIDEX SENSITIV RLF PASTE <i>sodium fluoride/potassium nitrate</i>	Preferred Brands		

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUORIMAX 5000 1.1% TOOTHPASTE <i>fluoride (sodium)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
FLUORIMAX 5000 1.1% TOOTHPASTE <i>sodium fluoride/potassium nitrate</i>	Preferred Brands	
FRAICHE 5000 1.1 % DENTAL GEL <i>fluoride (sodium)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
JUST RIGHT 5000 1.1% TOOTHPSTE <i>fluoride (sodium)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
PERIOMED 0.63% DENTAL RINSE <i>stannous fluoride</i>	Generics	
PREVIDENT 5000 ENAMEL PROTECT <i>sodium fluoride/potassium nitrate</i>	Preferred Brands	
PREVIDENT 5000 SENSITIVE PASTE <i>sodium fluoride/potassium nitrate</i>	Preferred Brands	
SF 1.1% GEL <i>fluoride (sodium)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
SF 5000 PLUS CREAM <i>fluoride (sodium)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
<i>sod fluoride enam prot 5000ppm</i>	Preferred Brands	
<i>sodium fluoride 0.2% rinse</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
<i>sodium fluoride 0.25 (0.55) mg</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
<i>sodium fluoride 0.5 mg(1.1 mg)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
<i>sodium fluoride 0.5 mg/ml drop</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
<i>sodium fluoride 1 mg (2.2 mg)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
<i>sodium fluoride 1.1% cream</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
<i>sodium fluoride 1.1% gel</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
SODIUM FLUORIDE 5000 DRY MOUTH <i>fluoride (sodium)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
SODIUM FLUORIDE 5000 PLUS CRM <i>fluoride (sodium)</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
<i>sodium fluoride 5000 ppm cream</i>	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sodium fluoride 5000 ppm paste	Preferred Generics	C [ACA] Age Edits Apply: Up to 16 years
sodium fluoride sensiv 5000ppm	Preferred Brands	
sodium fluoride-potassium nitr	Preferred Brands	
DEVICES		
1st tier unifine pentp 5mm 31g	Preferred Brands	
1st tier unifine pntip 4mm 32g	Preferred Brands	
1st tier unifine pntip 6mm 31g	Preferred Brands	
1st tier unifine pntip 8mm 31g	Preferred Brands	
1st tier unifine pntip 8mm 31g	Preferred Brands	
1st tier unifine pntp 12mm 29g	Preferred Brands	
1st tier unifine pntp 29gx1/2"	Preferred Brands	
1st tier unifine pntp 31gx1/4"	Preferred Brands	
1st tier unifine pntp 31gx3/16	Preferred Brands	
1st tier unifine pntp 31gx5/16	Preferred Brands	
1st tier unifine pntp 32gx5/32	Preferred Brands	
accu-chek fastclix lancet drum	Preferred Brands	
accu-chek fastclix lancing dev	Preferred Brands	
accu-chek safe-t-pro 23g lancet	Preferred Brands	
accu-chek safe-t-pro plus 23g	Preferred Brands	
accu-chek softclix lancet kit	Preferred Brands	
accu-chek softclix lancets	Preferred Brands	
acti-lance lite 28g lancets	Preferred Brands	
acti-lance special 17g lancets	Preferred Brands	
acti-lance univers 23g lancets	Preferred Brands	
adjustable lancing device	Preferred Brands	
advanced lancing device	Preferred Brands	
advanced lancing device	Preferred Brands	
advanced travel 28g lancets	Preferred Brands	
advocate 26g lancets	Preferred Brands	
advocate 30g lancets	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>advocate ins 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>advocate ins 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>advocate ins 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>advocate ins 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>advocate ins 1 ml 31gx5/16"</i>	Preferred Brands	
<i>advocate ins syr 1 ml 30gx5/16</i>	Preferred Brands	
<i>advocate lancing device</i>	Preferred Brands	
<i>advocate pen needle 32g 4mm</i>	Preferred Brands	
<i>advocate pen needle 4mm 33g</i>	Preferred Brands	
<i>advocate pen needles 5mm 31g</i>	Preferred Brands	
<i>advocate pen needles 8mm 31g</i>	Preferred Brands	
<i>advocate safety 21g lancet</i>	Preferred Brands	
<i>advocate safety 23g lancet</i>	Preferred Brands	
<i>advocate safety 28g lancet</i>	Preferred Brands	
<i>aerochamber mechanical vent</i>	Preferred Brands	
<i>aerochamber plus flow-vu med</i>	Preferred Brands	
<i>aerochamber2go</i>	Preferred Brands	
<i>agamatrix ultra-thin 33g lancet</i>	Preferred Brands	
<i>allergy syringe 1 ml 27gx1/2"</i>	Preferred Brands	
<i>allergy syringe 1 ml 27gx3/8"</i>	Preferred Brands	
<i>alternate site 26g lancets</i>	Preferred Brands	
<i>alternate site lancing device</i>	Preferred Brands	
<i>aq insulin syr 0.5 ml 30g 8mm</i>	Preferred Brands	
<i>aq insulin syr 1 ml 31g 8mm</i>	Preferred Brands	
<i>aq insulin syrin 1 ml 29g 12mm</i>	Preferred Brands	
<i>aqinject pen needle 31g 5mm</i>	Preferred Brands	
<i>aqinject pen needle 32g 4mm</i>	Preferred Brands	
<i>aqua lance lancing device</i>	Preferred Brands	
<i>assure comfort 28g lancets</i>	Preferred Brands	
<i>assure comfort 30g lancets</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>assure haemolance plus 25g</i>	Preferred Brands	
<i>assure haemolance plus 28g</i>	Preferred Brands	
<i>assure id duo pro ndl 31g 5mm</i>	Preferred Brands	
<i>assure id pen needle 30gx5/16"</i>	Preferred Brands	
<i>assure id pro pen ndl 30g 5mm</i>	Preferred Brands	
<i>assure id syr 0.5ml 31gx15/64"</i>	Preferred Brands	
<i>assure id syr 1 ml 31gx15/64"</i>	Preferred Brands	
<i>assure lance 25g lancets</i>	Preferred Brands	
<i>assure lance 28g lancets</i>	Preferred Brands	
<i>assure lance 28g safety lancet</i>	Preferred Brands	
<i>assure lance plus 21g lancets</i>	Preferred Brands	
<i>assure lance plus 25g lancets</i>	Preferred Brands	
<i>assure lance plus 30g lancets</i>	Preferred Brands	
<i>auto-lancet mini lancing dev</i>	Preferred Brands	
<i>autolet impress lancing device</i>	Preferred Brands	
<i>autolet lancing device</i>	Preferred Brands	
<i>autolet lite lancing device</i>	Preferred Brands	
<i>autosshield duo pen ndl 30g 5mm</i>	Preferred Brands	
<i>bd 1 ml syringe with needle</i>	Preferred Brands	
<i>bd 10 ml control syringe</i>	Preferred Brands	
<i>bd 10 ml syringe</i>	Preferred Brands	
<i>bd 10 ml syringe 20gx1"</i>	Preferred Brands	
<i>bd 10 ml syringe 20gx1-1/2"</i>	Preferred Brands	
<i>bd 10 ml syringe 21gx1"</i>	Preferred Brands	
<i>bd 10 ml syringe 21gx1-1/2"</i>	Preferred Brands	
<i>bd 10 ml syringe bulk</i>	Preferred Brands	
<i>bd 20 ml syringe</i>	Preferred Brands	
<i>bd 20 ml syringe bulk</i>	Preferred Brands	
<i>bd 3 ml syringe</i>	Preferred Brands	
<i>bd 3 ml syringe 18gx1-1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bd 3 ml syringe 20gx1-1/2"</i>	Preferred Brands	
<i>bd 3 ml syringe 25gx1"</i>	Preferred Brands	
<i>bd 3 ml syringe 25gx1-1/2"</i>	Preferred Brands	
<i>bd 5 ml syringe 20gx1"</i>	Preferred Brands	
<i>bd 5 ml syringe 20gx1-1/2"</i>	Preferred Brands	
<i>bd 5 ml syringe 21gx1"</i>	Preferred Brands	
<i>bd 5 ml syringe 21gx1-1/2"</i>	Preferred Brands	
<i>bd autoshield duo ndl 5mmx30g</i>	Preferred Brands	
<i>bd eclipse 30gx1/2" syringe</i>	Preferred Brands	
<i>bd eclipse needle 18g 40mm</i>	Preferred Brands	
<i>bd filter needle</i>	Preferred Brands	
<i>bd ins syr 0.3 ml 8mmx31g(1/2)</i>	Preferred Brands	
<i>bd ins syr u-500 1/2ml 6mmx31g</i>	Preferred Brands	
<i>bd ins syr uf 0.3ml 12.7mmx30g</i>	Preferred Brands	
<i>bd ins syr uf 0.5ml 12.7mmx30g</i>	Preferred Brands	
<i>bd ins syrn uf 1 ml 12.7mmx30g</i>	Preferred Brands	
<i>bd ins syrn uf 1 ml 30g 12.7mm</i>	Preferred Brands	
<i>bd ins syrn uf 1 ml 30g 12.7mm</i>	Preferred Brands	
<i>bd ins syrng 0.3 ml 29gx12.7mm</i>	Preferred Brands	
<i>bd ins syrng 0.5 ml 29gx12.7mm</i>	Preferred Brands	
<i>bd ins syrng uf 0.3 ml 8mmx31g</i>	Preferred Brands	
<i>bd ins syrng uf 0.5 ml 8mmx31g</i>	Preferred Brands	
<i>bd insulin syr 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>bd insulin syr 1 ml 27gx12.7mm</i>	Preferred Brands	
<i>bd insulin syr 1 ml 27gx5/8"</i>	Preferred Brands	
<i>bd insulin syr 1 ml 28gx1/2"</i>	Preferred Brands	
<i>bd insulin syr 1 ml 29gx12.7mm</i>	Preferred Brands	
<i>bd insulin syr uf 1 ml 8mmx31g</i>	Preferred Brands	
<i>bd integra retra needle 23gx1"</i>	Preferred Brands	
<i>bd integra syr 3 ml 21gx1 1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bd integra syr 3 ml 25gx5/8"</i>	Preferred Brands	
<i>bd integra syringe 3 ml 23gx1"</i>	Preferred Brands	
<i>bd integra syringe 3 ml 25gx1"</i>	Preferred Brands	
<i>bd interlink syr 17g w-cannula</i>	Preferred Brands	
<i>bd luer-lok syr 3 ml 25gx5/8"</i>	Preferred Brands	
<i>bd luer-lok syringe 1 ml</i>	Preferred Brands	
<i>bd luer-lok syringe 1ml 20gx1"</i>	Preferred Brands	
<i>bd luer-lok syringe 20 ml</i>	Preferred Brands	
<i>bd luer-lok syringe 3 ml</i>	Preferred Brands	
<i>bd luer-lok syringe 5 ml</i>	Preferred Brands	
<i>bd luer-lok tip syringe 30 ml</i>	Preferred Brands	
<i>bd luerlip syringe 1 ml</i>	Preferred Brands	
<i>bd microtainer 21g lancets</i>	Preferred Brands	
<i>bd microtainer 30g lancets</i>	Preferred Brands	
<i>bd microtainer lancets</i>	Preferred Brands	
<i>bd nano 2 gen pen ndl 32g 4mm</i>	Preferred Brands	
<i>bd needle 18gx1 1/2"</i>	Preferred Brands	
<i>bd needle 23gx1 1/2"</i>	Preferred Brands	
<i>bd needle 23gx1"</i>	Preferred Brands	
<i>bd needles 16gx1"</i>	Preferred Brands	
<i>bd needles 16gx1.5"</i>	Preferred Brands	
<i>bd needles 18gx1"</i>	Preferred Brands	
<i>bd needles 18gx1.5"</i>	Preferred Brands	
<i>bd needles 18gx1.5"</i>	Preferred Brands	
<i>bd needles 18gx1.5"</i>	Preferred Brands	
<i>bd needles 19gx1"</i>	Preferred Brands	
<i>bd needles 19gx1.5"</i>	Preferred Brands	
<i>bd needles 20gx1"</i>	Preferred Brands	
<i>bd needles 20gx1"</i>	Preferred Brands	
<i>bd needles 20gx1.5"</i>	Preferred Brands	
<i>bd needles 20gx1.5"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bd needles 21gx1"</i>	Preferred Brands	
<i>bd needles 21gx1.5"</i>	Preferred Brands	
<i>bd needles 21gx2"</i>	Preferred Brands	
<i>bd needles 23gx0.75"</i>	Preferred Brands	
<i>bd needles 23gx1.25"</i>	Preferred Brands	
<i>bd needles 25gx0.625"</i>	Preferred Brands	
<i>bd needles 25gx0.875"</i>	Preferred Brands	
<i>bd needles 25gx1.5"</i>	Preferred Brands	
<i>bd needles 26gx0.5"</i>	Preferred Brands	
<i>bd needles 27gx0.5"</i>	Preferred Brands	
<i>bd needles 27gx1x1.25"</i>	Preferred Brands	
<i>bd needles 30gx0.5"</i>	Preferred Brands	
<i>bd needles 30gx1"</i>	Preferred Brands	
<i>bd nokor admix needle 18gx1.5"</i>	Preferred Brands	
<i>bd nokor needle 18gx1"</i>	Preferred Brands	
<i>bd precisiongli 27gx1-1/2" ndl</i>	Preferred Brands	
<i>bd precisionglide ndl 27g 3/8"</i>	Preferred Brands	
<i>bd precisionglide needle 25g</i>	Preferred Brands	
<i>bd safetgld ins 0.3ml 29g 13mm</i>	Preferred Brands	
<i>bd safetgld ins 0.5ml 13mmx29g</i>	Preferred Brands	
<i>bd safetygld ins 0.3ml 31g 8mm</i>	Preferred Brands	
<i>bd safetygld ins 0.5ml 30g 8mm</i>	Preferred Brands	
<i>bd safetygld ins 1 ml 29g 13mm</i>	Preferred Brands	
<i>bd safetyglid ins 1 ml 6mmx31g</i>	Preferred Brands	
<i>bd safetyglide needle 23g 40mm</i>	Preferred Brands	
<i>bd safetyglide syr 3 ml 25gx1"</i>	Preferred Brands	
<i>bd safetyglide syringe 27gx5/8</i>	Preferred Brands	
<i>bd safetyglide tb 1ml 27g 10mm</i>	Preferred Brands	
<i>bd saftygld ins 0.3 ml 6mmx31g</i>	Preferred Brands	
<i>bd saftygld ins 0.5 ml 6mmx31g</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bd saftygld ins 0.5ml 29g 13mm</i>	Preferred Brands	
<i>bd slip-tip syringe 20 ml</i>	Preferred Brands	
<i>bd syringe 30 ml</i>	Preferred Brands	
<i>bd syringe luer-lok 50 ml</i>	Preferred Brands	
<i>bd syringe slip tip 10 ml</i>	Preferred Brands	
<i>bd syringe slip tip 50 ml</i>	Preferred Brands	
<i>bd syringe-safety glide</i>	Preferred Brands	
<i>bd syringe-safety glide</i>	Preferred Brands	
<i>bd syrng luer-lok sterile 50ml</i>	Preferred Brands	
<i>bd tb st syringe 1 ml 27g 10mm</i>	Preferred Brands	
<i>bd uf micro pen needle 6mmx32g</i>	Preferred Brands	
<i>bd uf mini pen needle 5mmx31g</i>	Preferred Brands	
<i>bd uf nano pen needle 4mmx32g</i>	Preferred Brands	
<i>bd uf orig pen ndl 12.7mmx29g</i>	Preferred Brands	
<i>bd uf short pen needle 8mmx31g</i>	Preferred Brands	
<i>bd veo ins 0.3ml 6mmx31g (1/2)</i>	Preferred Brands	
<i>bd veo ins syring 1 ml 6mmx31g</i>	Preferred Brands	
<i>bd veo ins syrn 0.3 ml 6mmx31g</i>	Preferred Brands	
<i>bd veo ins syrn 0.5 ml 6mmx31g</i>	Preferred Brands	
<i>bd-twinpak 10 ml dual cannula</i>	Preferred Brands	
<i>butterfly touch 30-36g lancet</i>	Preferred Brands	
<i>ca ins syr 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>ca ins syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>ca ins syr 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>ca ins syr 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>ca insulin syr 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>ca insulin syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>ca insulin syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>ca insulin syr 1 ml 30gx5/16"</i>	Preferred Brands	
<i>ca insulin syr 1 ml 31gx5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carefine pen needle 12.7mm 29g</i>	Preferred Brands	
<i>carefine pen needle 4mm 32g</i>	Preferred Brands	
<i>carefine pen needle 5mm 32g</i>	Preferred Brands	
<i>carefine pen needle 6mm 31g</i>	Preferred Brands	
<i>carefine pen needle 8mm 30g</i>	Preferred Brands	
<i>carefine pen needles 6mm 32g</i>	Preferred Brands	
<i>carefine pen needles 8mm 31g</i>	Preferred Brands	
<i>careone lancing device</i>	Preferred Brands	
<i>careone syr 0.3 ml 30gx1/2"</i>	Preferred Brands	
<i>careone syr 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>careone syr 1 ml 30gx1/2"</i>	Preferred Brands	
<i>careone ultra thin lancet</i>	Preferred Brands	
<i>careone unifine pentp 29gx1/2"</i>	Preferred Brands	
<i>careone unifine pentp 31gx1/4"</i>	Preferred Brands	
<i>careone unifine pntp 31gx3/16"</i>	Preferred Brands	
<i>careone unifine pntp 31gx5/16"</i>	Preferred Brands	
<i>careone unifine pntp 32gx5/32"</i>	Preferred Brands	
<i>carepoint II syr 3 ml 20g 1.5"</i>	Preferred Brands	
<i>carepoint II syr 3 ml 21g 1"</i>	Preferred Brands	
<i>carepoint II syr 3 ml 21g 1.5"</i>	Preferred Brands	
<i>carepoint II syr 3 ml 22g 1"</i>	Preferred Brands	
<i>carepoint II syr 3 ml 23g 1"</i>	Preferred Brands	
<i>carepoint II syr 3 ml 23g 1.5"</i>	Preferred Brands	
<i>carepoint II syr 3 ml 25g 1"</i>	Preferred Brands	
<i>carepoint II syr 3 ml 25g 5/8"</i>	Preferred Brands	
<i>carepoint Is syr 1 ml 25g 5/8"</i>	Preferred Brands	
<i>carepoint luer lock syr 3 ml</i>	Preferred Brands	
<i>carepoint precision luer 3 ml</i>	Preferred Brands	
<i>carepoint precision ndl 20g 1"</i>	Preferred Brands	
<i>carepoint precision ndl 21g 1"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carepoint safty 1ml 23g 25.4mm</i>	Preferred Brands	
<i>caresens 30g lancet</i>	Preferred Brands	
<i>caresoft lancing device</i>	Preferred Brands	
<i>caretouch 26g safety lancets</i>	Preferred Brands	
<i>caretouch 28g safety lancets</i>	Preferred Brands	
<i>caretouch hypo needle 26g 1"</i>	Preferred Brands	
<i>caretouch hypodermic 18g 1.5"</i>	Preferred Brands	
<i>caretouch hypodermic 20g 1"</i>	Preferred Brands	
<i>caretouch hypodermic 22g 1"</i>	Preferred Brands	
<i>caretouch hypodermic 23g 1"</i>	Preferred Brands	
<i>caretouch hypodermic 23g 1.5"</i>	Preferred Brands	
<i>caretouch hypodermic 25g 1"</i>	Preferred Brands	
<i>caretouch hypodermic 25g 1.5"</i>	Preferred Brands	
<i>caretouch hypodermic 25g 5/8"</i>	Preferred Brands	
<i>caretouch lancing device</i>	Preferred Brands	
<i>caretouch II syr 3 ml 23g 1.5"</i>	Preferred Brands	
<i>caretouch II syr 3 ml 25g 1"</i>	Preferred Brands	
<i>caretouch II syr 3 ml 25g 1.5"</i>	Preferred Brands	
<i>caretouch II syr 3 ml 25g 5/8"</i>	Preferred Brands	
<i>caretouch luer slip 10 ml syr</i>	Preferred Brands	
<i>caretouch luer slip 5 ml syr</i>	Preferred Brands	
<i>caretouch pen needle 29g 12mm</i>	Preferred Brands	
<i>caretouch pen needle 31gx1/4"</i>	Preferred Brands	
<i>caretouch pen needle 31gx3/16"</i>	Preferred Brands	
<i>caretouch pen needle 31gx5/16"</i>	Preferred Brands	
<i>caretouch pen needle 32gx3/16"</i>	Preferred Brands	
<i>caretouch pen needle 32gx5/32"</i>	Preferred Brands	
<i>caretouch syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>caretouch syr 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>caretouch syr 0.5 ml 31gx5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>caretouch syr 1 ml 28gx5/16"</i>	Preferred Brands	
<i>caretouch syr 1 ml 29gx5/16"</i>	Preferred Brands	
<i>caretouch syr 1 ml 30gx5/16"</i>	Preferred Brands	
<i>caretouch syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>caretouch twist 28g lancet</i>	Preferred Brands	
<i>caretouch twist 30g lancet</i>	Preferred Brands	
<i>caretouch twist 33g lancet</i>	Preferred Brands	
<i>chosen 30g lancet</i>	Preferred Brands	
<i>chosen lancing device</i>	Preferred Brands	
<i>chosen safety 28g lancet</i>	Preferred Brands	
<i>clever chek ultra thin 30g</i>	Preferred Brands	
<i>clickfine 31g x 1/4" needles</i>	Preferred Brands	
<i>clickfine 31g x 5/16" needles</i>	Preferred Brands	
<i>clickfine pen needle 32gx5/32"</i>	Preferred Brands	
<i>clickfine universal 31g x 1/4"</i>	Preferred Brands	
<i>coaguchek lancets</i>	Preferred Brands	
<i>comfort ez 0.3 ml 31g 15/64"</i>	Preferred Brands	
<i>comfort ez 0.5 ml 31g 15/64"</i>	Preferred Brands	
<i>comfort ez ins 0.3ml 30gx1/2"</i>	Preferred Brands	
<i>comfort ez ins 0.3ml 30gx5/16"</i>	Preferred Brands	
<i>comfort ez ins 0.5ml 31gx5/16"</i>	Preferred Brands	
<i>comfort ez ins 1 ml 31g 15/64"</i>	Preferred Brands	
<i>comfort ez ins 1 ml 31gx5/16"</i>	Preferred Brands	
<i>comfort ez insulin syr 0.3 ml</i>	Preferred Brands	
<i>comfort ez insulin syr 0.5 ml</i>	Preferred Brands	
<i>comfort ez insulin syr 0.5 ml</i>	Preferred Brands	
<i>comfort ez pen needle 12mm 29g</i>	Preferred Brands	
<i>comfort ez pen needles 4mm 32g</i>	Preferred Brands	
<i>comfort ez pen needles 4mm 33g</i>	Preferred Brands	
<i>comfort ez pen needles 5mm 31g</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>comfort ez pen needles 5mm 32g</i>	Preferred Brands	
<i>comfort ez pen needles 5mm 33g</i>	Preferred Brands	
<i>comfort ez pen needles 6mm 31g</i>	Preferred Brands	
<i>comfort ez pen needles 6mm 32g</i>	Preferred Brands	
<i>comfort ez pen needles 6mm 33g</i>	Preferred Brands	
<i>comfort ez pen needles 8mm 31g</i>	Preferred Brands	
<i>comfort ez pen needles 8mm 32g</i>	Preferred Brands	
<i>comfort ez pen needles 8mm 33g</i>	Preferred Brands	
<i>comfort ez pressure activt 28g</i>	Preferred Brands	
<i>comfort ez pro pen ndl 30g 8mm</i>	Preferred Brands	
<i>comfort ez pro pen ndl 31g 4mm</i>	Preferred Brands	
<i>comfort ez pro pen ndl 31g 5mm</i>	Preferred Brands	
<i>comfort ez safety 23g lancets</i>	Preferred Brands	
<i>comfort ez safety 28g lancets</i>	Preferred Brands	
<i>comfort ez syr 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>comfort ez syr 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>comfort ez syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>comfort ez syr 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>comfort ez syr 1 ml 28gx1/2"</i>	Preferred Brands	
<i>comfort ez syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>comfort ez syr 1 ml 30gx1/2"</i>	Preferred Brands	
<i>comfort ez syr 1 ml 30gx5/16"</i>	Preferred Brands	
<i>comfort point pen ndl 29gx1/2"</i>	Preferred Brands	
<i>comfort point pen ndl 31gx1/3"</i>	Preferred Brands	
<i>comfort point pen ndl 31gx1/4"</i>	Preferred Brands	
<i>comfort point pen ndl 31gx1/6"</i>	Preferred Brands	
<i>comfort touch pen ndl 31g 4mm</i>	Preferred Brands	
<i>comfort touch pen ndl 31g 5mm</i>	Preferred Brands	
<i>comfort touch pen ndl 31g 6mm</i>	Preferred Brands	
<i>comfort touch pen ndl 31g 8mm</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>comfort touch pen ndl 32g 4mm</i>	Preferred Brands	
<i>comfort touch pen ndl 32g 5mm</i>	Preferred Brands	
<i>comfort touch pen ndl 32g 6mm</i>	Preferred Brands	
<i>comfort touch pen ndl 32g 8mm</i>	Preferred Brands	
<i>comfort touch pen ndl 33g 4mm</i>	Preferred Brands	
<i>comfort touch pen ndl 33g 5mm</i>	Preferred Brands	
<i>comfort touch pen ndl 33g 6mm</i>	Preferred Brands	
<i>comfort touch ult thin 31g lanc</i>	Preferred Brands	
<i>comforttouch plus saf 30g lanc</i>	Preferred Brands	
<i>contour next lev 1 control sol</i>	Preferred Brands	
<i>contour next lev 2 control sol</i>	Preferred Brands	
<i>contour solution</i>	Preferred Brands	
<i>contour solution</i>	Preferred Brands	
<i>contour solution</i>	Preferred Brands	
<i>cvs lancing device</i>	Preferred Brands	
<i>cvs micro thin 33g lancets</i>	Preferred Brands	
<i>cvs thin 26g lancets</i>	Preferred Brands	
<i>cvs ultra thin 30g lancets</i>	Preferred Brands	
<i>davol irrig syringe 50 ml</i>	Preferred Brands	
<i>davol irrig syringe 60 ml</i>	Preferred Brands	
<i>dexcom g6 receiver</i>	Preferred Brands	QL ST MAX 1 / 365 DAYS
<i>dexcom g6 sensor</i>	Preferred Brands	ST QPD 0.1 per day
<i>dexcom g6 transmitter</i>	Preferred Brands	QL ST MAX 1 / 90 DAYS
<i>dexcom g7 receiver</i>	Preferred Brands	QL ST MAX 1 / 365 DAYS
<i>dexcom g7 sensor</i>	Preferred Brands	ST QPD 0.1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>droplet 0.3 ml 29g 12.7mm(1/2)</i>	Preferred Brands	
<i>droplet 0.3 ml 30g 12.7mm(1/2)</i>	Preferred Brands	
<i>droplet 0.5 ml 29gx12.5mm(1/2)</i>	Preferred Brands	
<i>droplet 0.5 ml 30gx12.5mm(1/2)</i>	Preferred Brands	
<i>droplet 30g lancets</i>	Preferred Brands	
<i>droplet genteel lancing device</i>	Preferred Brands	
<i>droplet ins 0.3 ml 29gx12.5mm</i>	Preferred Brands	
<i>droplet ins 0.3ml 30g 8mm(1/2)</i>	Preferred Brands	
<i>droplet ins 0.3ml 30gx12.5mm</i>	Preferred Brands	
<i>droplet ins 0.3ml 31g 6mm(1/2)</i>	Preferred Brands	
<i>droplet ins 0.3ml 31g 8mm(1/2)</i>	Preferred Brands	
<i>droplet ins 0.5 ml 29g 12.7mm</i>	Preferred Brands	
<i>droplet ins 0.5 ml 30g 12.7mm</i>	Preferred Brands	
<i>droplet ins 0.5ml 30gx6mm(1/2)</i>	Preferred Brands	
<i>droplet ins 0.5ml 30gx8mm(1/2)</i>	Preferred Brands	
<i>droplet ins 0.5ml 31gx6mm(1/2)</i>	Preferred Brands	
<i>droplet ins 0.5ml 31gx8mm(1/2)</i>	Preferred Brands	
<i>droplet ins syr 0.3 ml 30gx6mm</i>	Preferred Brands	
<i>droplet ins syr 0.3 ml 30gx8mm</i>	Preferred Brands	
<i>droplet ins syr 0.3 ml 31gx6mm</i>	Preferred Brands	
<i>droplet ins syr 0.3 ml 31gx8mm</i>	Preferred Brands	
<i>droplet ins syr 0.5 ml 31g 6mm</i>	Preferred Brands	
<i>droplet ins syr 0.5 ml 31g 8mm</i>	Preferred Brands	
<i>droplet ins syr 0.5ml 30g 8mm</i>	Preferred Brands	
<i>droplet ins syr 1 ml 30g 8mm</i>	Preferred Brands	
<i>droplet ins syr 1 ml 30gx6mm</i>	Preferred Brands	
<i>droplet ins syr 1 ml 30gx8mm</i>	Preferred Brands	
<i>droplet ins syr 1 ml 31g 6mm</i>	Preferred Brands	
<i>droplet ins syr 1 ml 31g 8mm</i>	Preferred Brands	
<i>droplet ins syr 1 ml 31gx6mm</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>droplet ins syr 1 ml 31gx8mm</i>	Preferred Brands	
<i>droplet ins syr 1ml 29g 12.7mm</i>	Preferred Brands	
<i>droplet ins syr 1ml 29gx12.5mm</i>	Preferred Brands	
<i>droplet ins syr 1ml 30g 12.7mm</i>	Preferred Brands	
<i>droplet ins syr 1ml 30gx12.5mm</i>	Preferred Brands	
<i>droplet lancing device</i>	Preferred Brands	
<i>droplet micron 34g 3.5mm</i>	Preferred Brands	
<i>droplet micron 34g x 9/64"</i>	Preferred Brands	
<i>droplet pen needle 29g 10mm</i>	Preferred Brands	
<i>droplet pen needle 29g 12mm</i>	Preferred Brands	
<i>droplet pen needle 30g 8mm</i>	Preferred Brands	
<i>droplet pen needle 31g 5mm</i>	Preferred Brands	
<i>droplet pen needle 31g 6mm</i>	Preferred Brands	
<i>droplet pen needle 31g 8mm</i>	Preferred Brands	
<i>droplet pen needle 32g 4mm</i>	Preferred Brands	
<i>droplet pen needle 32g 5mm</i>	Preferred Brands	
<i>droplet pen needle 32g 6mm</i>	Preferred Brands	
<i>droplet pen needle 32g 8mm</i>	Preferred Brands	
<i>dropsafe acti-lance 23g lancet</i>	Preferred Brands	
<i>dropsafe ins syr 0.3ml 31g 6mm</i>	Preferred Brands	
<i>dropsafe ins syr 0.3ml 31g 8mm</i>	Preferred Brands	
<i>dropsafe ins syr 0.5ml 31g 6mm</i>	Preferred Brands	
<i>dropsafe ins syr 0.5ml 31g 8mm</i>	Preferred Brands	
<i>dropsafe insul syr 1ml 31g 6mm</i>	Preferred Brands	
<i>dropsafe insul syr 1ml 31g 8mm</i>	Preferred Brands	
<i>dropsafe insuln 1ml 29g 12.5mm</i>	Preferred Brands	
<i>dropsafe pen needle 31gx1/4"</i>	Preferred Brands	
<i>dropsafe pen needle 31gx3/16"</i>	Preferred Brands	
<i>dropsafe pen needle 31gx5/16"</i>	Preferred Brands	
<i>dropsafe sicura ndl 25g 25mm</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drug mart ultra comfort syr</i>	Preferred Brands	
<i>drug mart ultra comfort syr</i>	Preferred Brands	
<i>drug mart ultra comfort syr</i>	Preferred Brands	
<i>drug mart ultra comfort syr</i>	Preferred Brands	
<i>drug mart ultra comfort syr</i>	Preferred Brands	
e-z ject colored lancets	Preferred Brands	
e-z ject lancets	Preferred Brands	
e-z pull & click lancing dev	Preferred Brands	
e-zject color 32g lancets	Preferred Brands	
e-zject color 33g lancets	Preferred Brands	
e-zject super thin 30g lancets	Preferred Brands	
e-zject thin lancets	Preferred Brands	
<i>easy cmft sfty pen ndl 31g 5mm</i>	Preferred Brands	
<i>easy cmft sfty pen ndl 31g 6mm</i>	Preferred Brands	
<i>easy cmft sfty pen ndl 32g 4mm</i>	Preferred Brands	
<i>easy comfort 0.3 ml 31g 1/2"</i>	Preferred Brands	
<i>easy comfort 0.3 ml 31g 5/16"</i>	Preferred Brands	
<i>easy comfort 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>easy comfort 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>easy comfort 0.5 ml 32gx5/16"</i>	Preferred Brands	
<i>easy comfort 0.5 ml syringe</i>	Preferred Brands	
<i>easy comfort 1 ml 31gx5/16"</i>	Preferred Brands	
<i>easy comfort 1 ml 32gx5/16"</i>	Preferred Brands	
<i>easy comfort 30g lancets</i>	Preferred Brands	
<i>easy comfort insulin 1 ml syr</i>	Preferred Brands	
<i>easy comfort pen ndl 29g 4mm</i>	Preferred Brands	
<i>easy comfort pen ndl 29g 5mm</i>	Preferred Brands	
<i>easy comfort pen ndl 31gx1/4"</i>	Preferred Brands	
<i>easy comfort pen ndl 31gx3/16"</i>	Preferred Brands	
<i>easy comfort pen ndl 31gx5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy comfort pen ndl 32gx5/32"</i>	Preferred Brands	
<i>easy comfort pen ndl 33g 4mm</i>	Preferred Brands	
<i>easy comfort pen ndl 33g 5mm</i>	Preferred Brands	
<i>easy comfort pen ndl 33g 6mm</i>	Preferred Brands	
<i>easy comfort syr 0.5ml 29g 8mm</i>	Preferred Brands	
<i>easy comfort syr 1 ml 29g 8mm</i>	Preferred Brands	
<i>easy comfort syr 1 ml 30gx1/2"</i>	Preferred Brands	
<i>easy glide cath tip 60 ml syrn</i>	Preferred Brands	
<i>easy glide ins 0.3 ml 31gx6mm</i>	Preferred Brands	
<i>easy glide ins 0.5 ml 31gx6mm</i>	Preferred Brands	
<i>easy glide ins 1 ml 31gx6mm</i>	Preferred Brands	
<i>easy glide luer lock 10 ml syr</i>	Preferred Brands	
<i>easy glide luer lock 3 ml syr</i>	Preferred Brands	
<i>easy glide luer lock 60 ml syr</i>	Preferred Brands	
<i>easy glide pen needle 4mm 33g</i>	Preferred Brands	
<i>easy mini eject lancing device</i>	Preferred Brands	
<i>easy touch 0.3 ml syr 30gx1/2"</i>	Preferred Brands	
<i>easy touch 0.5 ml syr 27gx1/2"</i>	Preferred Brands	
<i>easy touch 0.5 ml syr 29gx1/2"</i>	Preferred Brands	
<i>easy touch 0.5 ml syr 30gx1/2"</i>	Preferred Brands	
<i>easy touch 0.5 ml syr 30gx5/16</i>	Preferred Brands	
<i>easy touch 1 ml syr 27gx1/2"</i>	Preferred Brands	
<i>easy touch 1 ml syr 29gx1/2"</i>	Preferred Brands	
<i>easy touch 1 ml syr 30gx1/2"</i>	Preferred Brands	
<i>easy touch 1 ml syr 30gx1/2"</i>	Preferred Brands	
<i>easy touch fliplk 10ml 18gx1.5</i>	Preferred Brands	
<i>easy touch fliplk 10ml 21gx1.5</i>	Preferred Brands	
<i>easy touch fliplk 10ml 22gx1.5</i>	Preferred Brands	
<i>easy touch fliplk 5 ml 25gx5/8</i>	Preferred Brands	
<i>easy touch fliplk ndl 30gx5/16</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch fliplok ndl 31gx5/16</i>	Preferred Brands	
<i>easy touch fliplock 1 ml 25gx1</i>	Preferred Brands	
<i>easy touch fliplock 10ml 21gx1</i>	Preferred Brands	
<i>easy touch fliplock 3 ml 18gx1</i>	Preferred Brands	
<i>easy touch fliplock 3 ml 19gx1</i>	Preferred Brands	
<i>easy touch fliplock 3 ml 22gx1</i>	Preferred Brands	
<i>easy touch fliplock 3 ml 23gx1</i>	Preferred Brands	
<i>easy touch fliplock 3 ml 25gx1</i>	Preferred Brands	
<i>easy touch fliplock 5 ml 18gx1</i>	Preferred Brands	
<i>easy touch fliplock 5 ml 25gx1</i>	Preferred Brands	
<i>easy touch fliplock ndl 18gx1"</i>	Preferred Brands	
<i>easy touch fliplock ndl 19gx1"</i>	Preferred Brands	
<i>easy touch fliplock ndl 20gx1"</i>	Preferred Brands	
<i>easy touch fliplock ndl 21gx1"</i>	Preferred Brands	
<i>easy touch fliplock ndl 22gx1</i>	Preferred Brands	
<i>easy touch fliplock ndl 23gx1"</i>	Preferred Brands	
<i>easy touch fliplock ndl 25gx1"</i>	Preferred Brands	
<i>easy touch fliplock ndl 26gx1"</i>	Preferred Brands	
<i>easy touch fliplock ndl 27gx1"</i>	Preferred Brands	
<i>easy touch fliplok 10 ml 18gx1</i>	Preferred Brands	
<i>easy touch fliplok 10 ml 25gx1</i>	Preferred Brands	
<i>easy touch fliplok 1ml 27gx0.5</i>	Preferred Brands	
<i>easy touch fliplok 3ml 18gx1.5</i>	Preferred Brands	
<i>easy touch fliplok 3ml 19gx1.5</i>	Preferred Brands	
<i>easy touch fliplok 3ml 22gx1.5</i>	Preferred Brands	
<i>easy touch fliplok 3ml 23gx1.5</i>	Preferred Brands	
<i>easy touch fliplok 3ml 25gx5/8</i>	Preferred Brands	
<i>easy touch fliplok ndl 18gx1.5</i>	Preferred Brands	
<i>easy touch fliplok ndl 19gx1.5</i>	Preferred Brands	
<i>easy touch fliplok ndl 20gx1.5</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch fliplok ndl 21gx1.5</i>	Preferred Brands	
<i>easy touch fliplok ndl 22gx1.5</i>	Preferred Brands	
<i>easy touch fliplok ndl 22gx3/4</i>	Preferred Brands	
<i>easy touch fliplok ndl 23gx1.5</i>	Preferred Brands	
<i>easy touch fliplok ndl 23gx5/8</i>	Preferred Brands	
<i>easy touch fliplok ndl 26gx1/2</i>	Preferred Brands	
<i>easy touch fliplok ndl 27gx1/2</i>	Preferred Brands	
<i>easy touch fliplok ndl 28gx1/2</i>	Preferred Brands	
<i>easy touch fliplok ndl 29gx1/2</i>	Preferred Brands	
<i>easy touch fliplok ndl 30gx1/2</i>	Preferred Brands	
<i>easy touch fluring 1ml 25gx5/8</i>	Preferred Brands	
<i>easy touch fluring 1ml 25gx5/8</i>	Preferred Brands	
<i>easy touch fluringe 1 ml 25gx1</i>	Preferred Brands	
<i>easy touch fluringe 1 ml 25gx1</i>	Preferred Brands	
<i>easy touch hypodermic 16gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 16gx1.5"</i>	Preferred Brands	
<i>easy touch hypodermic 18gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 18gx1.25</i>	Preferred Brands	
<i>easy touch hypodermic 18gx1.5"</i>	Preferred Brands	
<i>easy touch hypodermic 19gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 19gx1.5"</i>	Preferred Brands	
<i>easy touch hypodermic 20gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 20gx1.5"</i>	Preferred Brands	
<i>easy touch hypodermic 21gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 21gx1.5"</i>	Preferred Brands	
<i>easy touch hypodermic 22gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 22gx1.5"</i>	Preferred Brands	
<i>easy touch hypodermic 23gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 23gx1.25</i>	Preferred Brands	
<i>easy touch hypodermic 23gx1.5"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch hypodermic 23gx3/4"</i>	Preferred Brands	
<i>easy touch hypodermic 24gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 24gx1.25</i>	Preferred Brands	
<i>easy touch hypodermic 25gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 25gx1.5"</i>	Preferred Brands	
<i>easy touch hypodermic 25gx5/8"</i>	Preferred Brands	
<i>easy touch hypodermic 26gx1/2"</i>	Preferred Brands	
<i>easy touch hypodermic 26gx3/8"</i>	Preferred Brands	
<i>easy touch hypodermic 26gx5/8"</i>	Preferred Brands	
<i>easy touch hypodermic 27gx1.25</i>	Preferred Brands	
<i>easy touch hypodermic 27gx1.5"</i>	Preferred Brands	
<i>easy touch hypodermic 27gx1/2"</i>	Preferred Brands	
<i>easy touch hypodermic 30gx1"</i>	Preferred Brands	
<i>easy touch hypodermic 30gx1/2"</i>	Preferred Brands	
<i>easy touch hypodermic 31gx5/16</i>	Preferred Brands	
<i>easy touch hypodermic 32gx5/16</i>	Preferred Brands	
<i>easy touch insulin 1ml 29gx1/2</i>	Preferred Brands	
<i>easy touch insulin 1ml 30gx1/2</i>	Preferred Brands	
<i>easy touch insulin syr 0.3 ml</i>	Preferred Brands	
<i>easy touch insulin syr 0.3 ml</i>	Preferred Brands	
<i>easy touch insulin syr 0.5 ml</i>	Preferred Brands	
<i>easy touch insulin syr 0.5 ml</i>	Preferred Brands	
<i>easy touch insulin syr 0.5 ml</i>	Preferred Brands	
<i>easy touch insulin syr 0.5 ml</i>	Preferred Brands	
<i>easy touch insulin syr 1 ml</i>	Preferred Brands	
<i>easy touch insulin syr 1 ml</i>	Preferred Brands	
<i>easy touch insulin syr 1 ml</i>	Preferred Brands	
<i>easy touch insulin syr 1 ml</i>	Preferred Brands	
<i>easy touch insulin syr 1 ml</i>	Preferred Brands	
<i>easy touch insulin 1ml 29gx1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch insulin 1ml 30gx1/2"</i>	Preferred Brands	
<i>easy touch insulin 1ml 30gx5/16</i>	Preferred Brands	
<i>easy touch insulin 1ml 30gx5/16</i>	Preferred Brands	
<i>easy touch insulin 1ml 31gx5/16</i>	Preferred Brands	
<i>easy touch insulin 1ml 31gx5/16</i>	Preferred Brands	
<i>easy touch lancing device</i>	Preferred Brands	
<i>easy touch luer lock 1 ml syr</i>	Preferred Brands	
<i>easy touch luer lock 10 ml syr</i>	Preferred Brands	
<i>easy touch luer lock 20 ml syr</i>	Preferred Brands	
<i>easy touch luer lock 3 ml syr</i>	Preferred Brands	
<i>easy touch luer lock 5 ml syr</i>	Preferred Brands	
<i>easy touch luer lock 60 ml syr</i>	Preferred Brands	
<i>easy touch luer lock insulin 1 ml</i>	Preferred Brands	
<i>easy touch pen needle 29gx1/2"</i>	Preferred Brands	
<i>easy touch pen needle 30gx5/16</i>	Preferred Brands	
<i>easy touch pen needle 31gx1/4"</i>	Preferred Brands	
<i>easy touch pen needle 31gx3/16</i>	Preferred Brands	
<i>easy touch pen needle 31gx5/16</i>	Preferred Brands	
<i>easy touch pen needle 32gx1/4"</i>	Preferred Brands	
<i>easy touch pen needle 32gx3/16</i>	Preferred Brands	
<i>easy touch pen needle 32gx5/32</i>	Preferred Brands	
<i>easy touch pull-top 26g lancet</i>	Preferred Brands	
<i>easy touch pull-top 28g lancet</i>	Preferred Brands	
<i>easy touch pull-top 30g lancet</i>	Preferred Brands	
<i>easy touch pull-top 32g lancet</i>	Preferred Brands	
<i>easy touch saf pen ndl 29g 5mm</i>	Preferred Brands	
<i>easy touch saf pen ndl 29g 8mm</i>	Preferred Brands	
<i>easy touch saf pen ndl 30g 5mm</i>	Preferred Brands	
<i>easy touch saf pen ndl 30g 8mm</i>	Preferred Brands	
<i>easy touch safety 21g lancets</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch safety 23g lancets</i>	Preferred Brands	
<i>easy touch safety 26g lancets</i>	Preferred Brands	
<i>easy touch safety 28g lancets</i>	Preferred Brands	
<i>easy touch safety 30g lancets</i>	Preferred Brands	
<i>easy touch safety 32g lancets</i>	Preferred Brands	
<i>easy touch sheath 10 ml 25gx1"</i>	Preferred Brands	
<i>easy touch sheath 10ml 21gx1.5</i>	Preferred Brands	
<i>easy touch sheath 10ml 22gx1.5</i>	Preferred Brands	
<i>easy touch sheath 3 ml 21gx1"</i>	Preferred Brands	
<i>easy touch sheath 3 ml 21gx1.5</i>	Preferred Brands	
<i>easy touch sheath 3 ml 22gx1"</i>	Preferred Brands	
<i>easy touch sheath 3 ml 22gx1.5</i>	Preferred Brands	
<i>easy touch sheath 3 ml 23gx1"</i>	Preferred Brands	
<i>easy touch sheath 3 ml 25gx1"</i>	Preferred Brands	
<i>easy touch sheath 3 ml 25gx5/8</i>	Preferred Brands	
<i>easy touch sheath 5 ml 21gx1.5</i>	Preferred Brands	
<i>easy touch sheath 5 ml 22gx1.5</i>	Preferred Brands	
<i>easy touch sheath 5 ml 25gx1"</i>	Preferred Brands	
<i>easy touch sheathlock 10ml syr</i>	Preferred Brands	
<i>easy touch sheathlock 3 ml syr</i>	Preferred Brands	
<i>easy touch syr 0.5ml 27g12.7mm</i>	Preferred Brands	
<i>easy touch syr 0.5ml 28g12.7mm</i>	Preferred Brands	
<i>easy touch syr 0.5ml 29g12.7mm</i>	Preferred Brands	
<i>easy touch syr 1 ml 27g 12.7mm</i>	Preferred Brands	
<i>easy touch syr 1 ml 27g 16mm</i>	Preferred Brands	
<i>easy touch syr 1 ml 28g 12.7mm</i>	Preferred Brands	
<i>easy touch syr 1 ml 29g 12.7mm</i>	Preferred Brands	
<i>easy touch tb flp 1 ml 26gx5/8</i>	Preferred Brands	
<i>easy touch tb flp 1 ml 27gx1/2</i>	Preferred Brands	
<i>easy touch tb flp 1 ml 28gx1/2</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch tb shlk 1ml 25gx5/8</i>	Preferred Brands	
<i>easy touch tb shlk 1ml 26gx5/8</i>	Preferred Brands	
<i>easy touch tb shlk 1ml 27gx1/2</i>	Preferred Brands	
<i>easy touch tb shlk 1ml 28gx1/2</i>	Preferred Brands	
<i>easy touch twist 26g lancets</i>	Preferred Brands	
<i>easy touch twist 28g lancets</i>	Preferred Brands	
<i>easy touch twist 30g lancets</i>	Preferred Brands	
<i>easy touch twist 32g lancets</i>	Preferred Brands	
<i>easy touch twist 33g lancets</i>	Preferred Brands	
<i>easy touch uni-slip 10 ml syr</i>	Preferred Brands	
<i>easy touch uni-slip 3 ml syr</i>	Preferred Brands	
<i>easy touch uni-slip 5 ml syr</i>	Preferred Brands	
<i>easy-touch ins 1 ml 31gx5/16"</i>	Preferred Brands	
<i>easypoint needle 25g 16mm</i>	Preferred Brands	
<i>easypoint needle 25g x 5/8"</i>	Preferred Brands	
<i>easytouch saf pen ndl 30g 6mm</i>	Preferred Brands	
<i>embrace 21g safety lancet</i>	Preferred Brands	
<i>embrace 28g safety lancet</i>	Preferred Brands	
<i>embrace 30g lancets</i>	Preferred Brands	
<i>embrace lancing device</i>	Preferred Brands	
<i>embrace pen needle 29g 12mm</i>	Preferred Brands	
<i>embrace pen needle 30g 5mm</i>	Preferred Brands	
<i>embrace pen needle 30g 8mm</i>	Preferred Brands	
<i>embrace pen needle 31g 5mm</i>	Preferred Brands	
<i>embrace pen needle 31g 6mm</i>	Preferred Brands	
<i>embrace pen needle 31g 8mm</i>	Preferred Brands	
<i>embrace pen needle 32g 4mm</i>	Preferred Brands	
<i>eqi ins syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>eqi insul syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>eqi insul syr 0.5 ml 31gx5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eqi insulin 0.3 ml syringe</i>	Preferred Brands	
<i>eqi insulin 0.3 ml syringe</i>	Preferred Brands	
<i>eqi insulin 0.5 ml syringe</i>	Preferred Brands	
<i>eqi insulin 0.5 ml syringe</i>	Preferred Brands	
<i>eqi insulin 1 ml syringe</i>	Preferred Brands	
<i>eqi insulin syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>exel micro thin 33g lancets</i>	Preferred Brands	
<i>exel huber 22gx3/4" needle</i>	Preferred Brands	
<i>exel huber needle 22gx1"</i>	Preferred Brands	
<i>exel hypo needle 18gx1"</i>	Preferred Brands	
<i>exel hypo needle 18gx1.5"</i>	Preferred Brands	
<i>exel hypo needle 19gx1"</i>	Preferred Brands	
<i>exel hypo needle 19gx1.5"</i>	Preferred Brands	
<i>exel hypo needle 20gx0.75"</i>	Preferred Brands	
<i>exel hypo needle 20gx1"</i>	Preferred Brands	
<i>exel hypo needle 20gx1.5"</i>	Preferred Brands	
<i>exel hypo needle 21gx1"</i>	Preferred Brands	
<i>exel hypo needle 21gx1.5"</i>	Preferred Brands	
<i>exel hypo needle 22gx0.75"</i>	Preferred Brands	
<i>exel hypo needle 22gx1"</i>	Preferred Brands	
<i>exel hypo needle 22gx1.5"</i>	Preferred Brands	
<i>exel hypo needle 23gx0.75"</i>	Preferred Brands	
<i>exel hypo needle 23gx1"</i>	Preferred Brands	
<i>exel hypo needle 25gx0.625"</i>	Preferred Brands	
<i>exel hypo needle 25gx0.75"</i>	Preferred Brands	
<i>exel hypo needle 25gx1"</i>	Preferred Brands	
<i>exel hypo needle 25gx1.5"</i>	Preferred Brands	
<i>exel hypo needle 26gx0.375"</i>	Preferred Brands	
<i>exel hypo needle 26gx0.5"</i>	Preferred Brands	
<i>exel hypo needle 26gx0.625"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>exel hypo needle 26gx1.5"</i>	Preferred Brands	
<i>exel hypo needle 27gx0.5"</i>	Preferred Brands	
<i>exel ins syr u100 1 ml 28gx1/2</i>	Preferred Brands	
<i>exel u100 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>exel u100 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>exel u100 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>exel u100 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>exel u100 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>exel u100 1 ml 30gx5/16"</i>	Preferred Brands	
<i>exel u100 ins syr 1 ml 29gx1/2</i>	Preferred Brands	
<i>filter needle 5 micron</i>	Preferred Brands	
<i>fingerstix lancets</i>	Preferred Brands	
<i>flow-eze vented needle</i>	Preferred Brands	
<i>fora 30g lancets</i>	Preferred Brands	
<i>fora lancing device</i>	Preferred Brands	
<i>foracare 30g lancets</i>	Preferred Brands	
<i>freestyle 28g lancets</i>	Preferred Brands	
<i>freestyle prec 0.5 ml 30gx5/16</i>	Preferred Brands	
<i>freestyle prec 0.5 ml 31gx5/16</i>	Preferred Brands	
<i>freestyle prec 1 ml 30gx5/16"</i>	Preferred Brands	
<i>freestyle prec 1 ml 31gx5/16"</i>	Preferred Brands	
<i>freestyle unistik 2 lancets</i>	Preferred Brands	
<i>ge lancing device</i>	Preferred Brands	
<i>genteel vacuum lancing device</i>	Preferred Brands	
<i>glucocom 28g lancets</i>	Preferred Brands	
<i>glucocom 30g lancets</i>	Preferred Brands	
<i>glucocom 33g lancets</i>	Preferred Brands	
<i>gnp clickfine 31g x 1/4" ndl</i>	Preferred Brands	
<i>gnp clickfine 31g x 5/16" ndl</i>	Preferred Brands	
<i>gnp ins syr 0.3 ml 29gx1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp ins syringe 1 ml 28g 1/2"</i>	Preferred Brands	
<i>gnp insul syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>gnp insul syr 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>gnp insulin syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>gnp lancing system device</i>	Preferred Brands	
<i>gnp pen needle 31g 5mm</i>	Preferred Brands	
<i>gnp pen needle 31g 8mm</i>	Preferred Brands	
<i>gnp pen needle 32g 4mm</i>	Preferred Brands	
<i>gnp pen needle 32g 6mm</i>	Preferred Brands	
<i>gnp simpli pen needle 32g 4mm</i>	Preferred Brands	
<i>gnp sterile 33g lancet</i>	Preferred Brands	
<i>gnp ult c 0.3ml 29gx1/2" (1/2)</i>	Preferred Brands	
<i>gnp ult cmfrt 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>gnp ulticare pen ndl 31g 5mm</i>	Preferred Brands	
<i>gnp ulticare pen ndl 31g 8mm</i>	Preferred Brands	
<i>gnp ulticare pen ndl 32g 4mm</i>	Preferred Brands	
<i>gnp ulticare pen ndl 32g 6mm</i>	Preferred Brands	
<i>gnp ultiguard safepack 31g 5mm</i>	Preferred Brands	
<i>gnp ultiguard safepack 31g 8mm</i>	Preferred Brands	
<i>gnp ultiguard safepack 32g 4mm</i>	Preferred Brands	
<i>gnp ultiguard safepack 32g 6mm</i>	Preferred Brands	
<i>gnp ultr cmfrt 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>gnp ultra comfort 0.5 ml syr</i>	Preferred Brands	
<i>gnp ultra comfort 0.5 ml syr</i>	Preferred Brands	
<i>gnp ultra comfort 0.5 ml syr</i>	Preferred Brands	
<i>gnp ultra comfort 1 ml syringe</i>	Preferred Brands	
<i>gnp ultra comfort 1 ml syringe</i>	Preferred Brands	
<i>gnp ultra comfort 3/10 ml syr</i>	Preferred Brands	
<i>gnp universal 1 standard 21g</i>	Preferred Brands	
<i>gnp universal 1 thin 26g lancet</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gojji lancets 30g</i>	Preferred Brands	
<i>gojji lancing device</i>	Preferred Brands	
<i>gs lancing device and lancets</i>	Preferred Brands	
<i>gs pen needle 31g x 1/4"</i>	Preferred Brands	
<i>gs pen needle 31g x 5/16"</i>	Preferred Brands	
<i>gs pen needle 31g x 5mm</i>	Preferred Brands	
<i>gs pen needle 31g x 6mm</i>	Preferred Brands	
<i>gs pen needle 31g x 8mm</i>	Preferred Brands	
<i>gs pen needle 32g x 4mm</i>	Preferred Brands	
<i>gs pen needle 32g x 6mm</i>	Preferred Brands	
<i>healthwise ins 0.3ml 30gx5/16"</i>	Preferred Brands	
<i>healthwise ins 0.3ml 31gx5/16"</i>	Preferred Brands	
<i>healthwise ins 0.5ml 30gx5/16"</i>	Preferred Brands	
<i>healthwise ins 0.5ml 31gx5/16"</i>	Preferred Brands	
<i>healthwise ins 1 ml 30gx5/16"</i>	Preferred Brands	
<i>healthwise ins 1 ml 31gx5/16"</i>	Preferred Brands	
<i>healthwise pen needle 31g 5mm</i>	Preferred Brands	
<i>healthwise pen needle 31g 8mm</i>	Preferred Brands	
<i>healthwise pen needle 32g 4mm</i>	Preferred Brands	
<i>healthy accents autolet device</i>	Preferred Brands	
<i>heb micro thin 33g lancets</i>	Preferred Brands	
<i>heb unifine pntp plus 31gx3/16</i>	Preferred Brands	
<i>hm ulticare pen needle 4mm 32g</i>	Preferred Brands	
<i>hm ulticare pen needle 5mm 31g</i>	Preferred Brands	
<i>hm ulticare pen needle 6mm 31g</i>	Preferred Brands	
<i>hm ulticare pen needle 8mm 31g</i>	Preferred Brands	
<i>hypolance ast lancing kit</i>	Preferred Brands	
<i>ilet inf-contact detach 23"6mm</i>	Preferred Brands	PA QPD 3.34 per day
<i>ilet infusn kit-inset 23" 6 mm</i>	Preferred Brands	PA QPD 2.5 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ilet infusn kit-inset 32" 6 mm</i>	Preferred Brands	PA QPD 2.5 per day
<i>ilet insulin pump</i>	Preferred Brands	QL max 1 / 720 days PA
<i>ilet starter kit contact23"6mm</i>	Preferred Brands	QL max 1 / 720 days PA
<i>ilet starter kit-inset 23" 6mm</i>	Preferred Brands	QL max 1 / 720 days PA
<i>ilet starter kit-inset 32" 6mm</i>	Preferred Brands	QL max 1 / 720 days PA
<i>incontrol lancing device</i>	Preferred Brands	
<i>incontrol pen needle 12mm 29g</i>	Preferred Brands	
<i>incontrol pen needle 4mm 32g</i>	Preferred Brands	
<i>incontrol pen needle 5mm 31g</i>	Preferred Brands	
<i>incontrol pen needle 6mm 31g</i>	Preferred Brands	
<i>incontrol pen needle 8mm 31g</i>	Preferred Brands	
<i>incontrol super thin 30g lancet</i>	Preferred Brands	
<i>incontrol ulticare ndl 31g 6mm</i>	Preferred Brands	
<i>incontrol ulticare ndl 31g 8mm</i>	Preferred Brands	
<i>incontrol ulticare ndl 32g 4mm</i>	Preferred Brands	
<i>incontrol ultra thin 28g lancet</i>	Preferred Brands	
<i>inject ease 28g lancets</i>	Preferred Brands	
<i>inject ease 30g lancets</i>	Preferred Brands	
<i>ins syr u-500 0.5 ml 31g 6mm</i>	Preferred Brands	
<i>insulin 1 ml syringe</i>	Preferred Brands	
<i>insulin 1 ml syringe</i>	Preferred Brands	
<i>insulin 1/2 ml syringe</i>	Preferred Brands	
<i>insulin 1/2 ml syringe</i>	Preferred Brands	
<i>insulin 3/10 ml syringe</i>	Preferred Brands	
<i>insulin 3/10 ml syringe</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>insulin syr 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>insulin syr 0.3ml 31gx1/4(1/2)</i>	Preferred Brands	
<i>insulin syr 0.5 ml 28g 12.7mm</i>	Preferred Brands	
<i>insulin syrin 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>insulin syrin 0.3 ml 30gx1/2"</i>	Preferred Brands	
<i>insulin syrin 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>insulin syrin 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 28g 1/2"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 30g 1/2"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 30g 5/16"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 31g 5/16"</i>	Preferred Brands	
<i>insulin syrin 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>insulin syringe 0.5 ml 27g 1/2"</i>	Preferred Brands	
<i>insulin syringe 0.5 ml 27g 13mm</i>	Preferred Brands	
<i>insulin syringe 0.5 ml 28g 1/2"</i>	Preferred Brands	
<i>insulin syringe 0.5 ml 29g 1/2"</i>	Preferred Brands	
<i>insulin syringe 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>insulin syringe 0.3 ml</i>	Preferred Brands	
<i>insulin syringe 0.3 ml 31gx1/4</i>	Preferred Brands	
<i>insulin syringe 0.5 ml 31gx1/4</i>	Preferred Brands	
<i>insulin syringe 1 ml</i>	Preferred Brands	
<i>insulin syringe 1 ml 27g 1/2"</i>	Preferred Brands	
<i>insulin syringe 1 ml 27g 13mm</i>	Preferred Brands	
<i>insulin syringe 1 ml 27g 16mm</i>	Preferred Brands	
<i>insulin syringe 1 ml 27gx1/2"</i>	Preferred Brands	
<i>insulin syringe 1 ml 28g 1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>insulin syringe 1 ml 28g 13mm</i>	Preferred Brands	
<i>insulin syringe 1 ml 28gx1/2"</i>	Preferred Brands	
<i>insulin syringe 1 ml 29g 1/2"</i>	Preferred Brands	
<i>insulin syringe 1 ml 29gx1/2"</i>	Preferred Brands	
<i>insulin syringe 1 ml 30g 1/2"</i>	Preferred Brands	
<i>insulin syringe 1 ml 30g 1/2"</i>	Preferred Brands	
<i>insulin syringe 1 ml 30g 5/16"</i>	Preferred Brands	
<i>insulin syringe 1 ml 30gx1/2"</i>	Preferred Brands	
<i>insulin syringe 1 ml 30gx5/16"</i>	Preferred Brands	
<i>insulin syringe 1 ml 31g 5/16"</i>	Preferred Brands	
<i>insulin syringe 1 ml 31gx1/4"</i>	Preferred Brands	
<i>insulin syringe 1 ml 31gx5/16"</i>	Preferred Brands	
<i>insulin syringe 1ml 28g 12.7mm</i>	Preferred Brands	
<i>insupen pen needle 29gx1/2"</i>	Preferred Brands	
<i>insupen pen needle 31g 5mm</i>	Preferred Brands	
<i>insupen pen needle 31g 8mm</i>	Preferred Brands	
<i>insupen pen needle 31gx3/16"</i>	Preferred Brands	
<i>insupen pen needle 31gx5/16"</i>	Preferred Brands	
<i>insupen pen needle 32g 4mm</i>	Preferred Brands	
<i>insupen pen needle 32g 6mm</i>	Preferred Brands	
<i>insupen pen needle 32gx5/32"</i>	Preferred Brands	
<i>invacare 30g lancets</i>	Preferred Brands	
<i>invacare lancing device</i>	Preferred Brands	
<i>kinray ins syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>kinray syring 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>kinray syring 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>kmart valu plus syr 1/2 ml</i>	Preferred Brands	
<i>kmart valu plus syr 1/2 ml</i>	Preferred Brands	
<i>kro autolet lancing device</i>	Preferred Brands	
<i>kro ins syr 0.3 ml 29gx1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kro ins syrin 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>kro ins syrin 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>kro ins syrin 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>kro ins syrin 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>kro ins syringe 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>kro ins syringe 1 ml 29gx1/2"</i>	Preferred Brands	
<i>kro ins syringe 1 ml 30gx5/16"</i>	Preferred Brands	
<i>kro ins syringe 1 ml 31gx5/16"</i>	Preferred Brands	
<i>kro insulin syr 1 ml 30gx5/16"</i>	Preferred Brands	
<i>kro lancing device</i>	Preferred Brands	
<i>kro pen needle 4mm x 32g</i>	Preferred Brands	
<i>kro pen needle 4mm x 33g</i>	Preferred Brands	
<i>kro pen needle 5mm x 31g</i>	Preferred Brands	
<i>kro pen needle 6mm x 31g</i>	Preferred Brands	
<i>kro pen needle 8mm x 31g</i>	Preferred Brands	
<i>kro universal 1 thin 26g lanct</i>	Preferred Brands	
<i>croger ins syr 0.3 ml 30gx5/16</i>	Preferred Brands	
<i>croger ins syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>croger ins syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>croger ins syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>croger lancets</i>	Preferred Brands	
<i>croger lancing device</i>	Preferred Brands	
<i>croger pen needles 31g x 5/16"</i>	Preferred Brands	
<i>croger super thin lancets</i>	Preferred Brands	
<i>croger syr 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>croger syringe 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>lancets 26g x 1.8mm</i>	Preferred Brands	
<i>lancets 28g lancets</i>	Preferred Brands	
<i>lancets 30g</i>	Preferred Brands	
<i>lancets 33g</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lancets ultra fine 28g</i>	Preferred Brands	
<i>lancing device</i>	Preferred Brands	
<i>lancing device</i>	Preferred Brands	
<i>lanzo lancing device</i>	Preferred Brands	
<i>leader ins syr 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>leader ins syr 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>leader ins syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>leader ins syr 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>leader ins syr 1 ml 28gx1/2"</i>	Preferred Brands	
<i>leader ins syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>leader ins syr 1 ml 30gx5/16"</i>	Preferred Brands	
<i>leader ins syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>leader insulin syringe 0.3 ml</i>	Preferred Brands	
<i>leader syring 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>leader syring 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>lite touch 28g lancets</i>	Preferred Brands	
<i>lite touch 30g lancets</i>	Preferred Brands	
<i>lite touch 31gx1/4" pen needle</i>	Preferred Brands	
<i>lite touch 33g lancets</i>	Preferred Brands	
<i>lite touch insulin 0.5 ml syr</i>	Preferred Brands	
<i>lite touch insulin 0.5 ml syr</i>	Preferred Brands	
<i>lite touch insulin 0.5 ml syr</i>	Preferred Brands	
<i>lite touch insulin 1 ml syr</i>	Preferred Brands	
<i>lite touch insulin 1 ml syr</i>	Preferred Brands	
<i>lite touch insulin 1 ml syr</i>	Preferred Brands	
<i>lite touch insulin syr 0.3 ml</i>	Preferred Brands	
<i>lite touch insulin syr 0.5 ml</i>	Preferred Brands	
<i>lite touch insulin syr 1 ml</i>	Preferred Brands	
<i>lite touch lancing pen</i>	Preferred Brands	
<i>lite touch pen needle 29g</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lite touch pen needle 31g</i>	Preferred Brands	
<i>lite touch pen needle 31g</i>	Preferred Brands	
<i>litetouch ins 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>litetouch ins 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>litetouch ins 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>litetouch ins 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>litetouch syr 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>litetouch syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>litetouch syr 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>litetouch syrin 1 ml 28gx1/2"</i>	Preferred Brands	
<i>litetouch syrin 1 ml 29gx1/2"</i>	Preferred Brands	
<i>litetouch syrin 1 ml 30gx5/16"</i>	Preferred Brands	
<i>longs thin lancets 26g</i>	Preferred Brands	
<i>longs thin lancets 30g</i>	Preferred Brands	
<i>magellan insul syringe 0.3 ml</i>	Preferred Brands	
<i>magellan insul syringe 0.5 ml</i>	Preferred Brands	
<i>magellan insulin syr 0.3 ml</i>	Preferred Brands	
<i>magellan insulin syr 0.5 ml</i>	Preferred Brands	
<i>magellan insulin syringe 1 ml</i>	Preferred Brands	
<i>magellan insulin syringe 1 ml</i>	Preferred Brands	
<i>magellan safety ndl 18g 1-1/2"</i>	Preferred Brands	
<i>magellan safety needle 25g 1"</i>	Preferred Brands	
<i>maxi-comfort ins 0.5 ml 28g</i>	Preferred Brands	
<i>maxi-comfort ins 1 ml 28gx1/2"</i>	Preferred Brands	
<i>maxicomfort ii pen ndl 31gx6mm</i>	Preferred Brands	
<i>maxicomfort ins 0.5ml 27gx1/2"</i>	Preferred Brands	
<i>maxicomfort ins 1 ml 27gx1/2"</i>	Preferred Brands	
<i>maxicomfort pen ndl 29g x 5mm</i>	Preferred Brands	
<i>maxicomfort pen ndl 29g x 8mm</i>	Preferred Brands	
<i>medication transfer needle</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medisense thin 28g lancets</i>	Preferred Brands	
<i>medisense thin lancets</i>	Preferred Brands	
<i>medlance plus 21g lancets</i>	Preferred Brands	
<i>medlance plus 30g lancets</i>	Preferred Brands	
<i>medlance plus extra 21g lancet</i>	Preferred Brands	
<i>medlance plus lite 25g lancets</i>	Preferred Brands	
<i>medlance plus special blade</i>	Preferred Brands	
<i>meijer lancets</i>	Preferred Brands	
<i>meijer lancing device</i>	Preferred Brands	
<i>meijer universal 1 26g lancets</i>	Preferred Brands	
<i>micro thin 33g lancets</i>	Preferred Brands	
<i>microlet 2 lancing device</i>	Preferred Brands	
<i>microlet lancets</i>	Preferred Brands	
<i>microlet next lancing device</i>	Preferred Brands	
<i>mini lancing device</i>	Preferred Brands	
<i>mini pen needle 32g 4mm</i>	Preferred Brands	
<i>mini pen needle 32g 5mm</i>	Preferred Brands	
<i>mini pen needle 32g 6mm</i>	Preferred Brands	
<i>mini pen needle 32g 8mm</i>	Preferred Brands	
<i>mini pen needle 33g 4mm</i>	Preferred Brands	
<i>mini pen needle 33g 5mm</i>	Preferred Brands	
<i>mini pen needle 33g 6mm</i>	Preferred Brands	
<i>mini ultra-thin ii pen ndl 31g</i>	Preferred Brands	
<i>mobile 30g lancets</i>	Preferred Brands	
<i>monoject 0.5 ml syrn 28gx1/2"</i>	Preferred Brands	
<i>monoject 1 ml syrn 27x1/2"</i>	Preferred Brands	
<i>monoject 1 ml syrn 28gx1/2"</i>	Preferred Brands	
<i>monoject 12 ml syrn 20gx1.25</i>	Preferred Brands	
<i>monoject 3 ml syringe</i>	Preferred Brands	
<i>monoject disp syringe 20 ml</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>monoject filtr 18gx1.5" needle</i>	Preferred Brands	
<i>monoject insul syr u100</i>	Preferred Brands	
<i>monoject insul syr u100</i>	Preferred Brands	
<i>monoject insul syr u100 0.5 ml</i>	Preferred Brands	
<i>monoject insul syr u100 1 ml</i>	Preferred Brands	
<i>monoject insul syr u100 1 ml</i>	Preferred Brands	
<i>monoject insul syr u100 1 ml</i>	Preferred Brands	
<i>monoject insul syr u100 1 ml</i>	Preferred Brands	
<i>monoject insulin syr 0.3 ml</i>	Preferred Brands	
<i>monoject insulin syr 0.5 ml</i>	Preferred Brands	
<i>monoject insulin syr 1 ml</i>	Preferred Brands	
<i>monoject insulin syr u-100</i>	Preferred Brands	
<i>monoject insulin syr u-100</i>	Preferred Brands	
<i>monoject insulin syrn 3/10 ml</i>	Preferred Brands	
<i>monoject syringe 0.3 ml</i>	Preferred Brands	
<i>monoject syringe 0.5 ml</i>	Preferred Brands	
<i>monoject syringe 1 ml</i>	Preferred Brands	
<i>monoject syringe 1 ml</i>	Preferred Brands	
<i>monoject syringe 12 ml</i>	Preferred Brands	
<i>monoject syringe 140 ml</i>	Preferred Brands	
<i>monoject syringe 20 ml</i>	Preferred Brands	
<i>monoject syringe 60 ml</i>	Preferred Brands	
<i>monolet 21g lancets</i>	Preferred Brands	
<i>monolet thin 28g lancets</i>	Preferred Brands	
<i>ms ins syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>ms ins syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>ms ins syringe 1 ml 30gx1/2"</i>	Preferred Brands	
<i>ms insul syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>ms insul syr 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>ms insul syr 0.5 ml 31gx5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ms insulin syr 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>ms insulin syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>ms insulin syringe 0.3 ml</i>	Preferred Brands	
<i>multi-lancet device 2 kit</i>	Preferred Brands	
<i>myglucohealth 30g lancets</i>	Preferred Brands	
<i>nano 2 gen pen needle 32g 4mm</i>	Preferred Brands	
<i>nano pen needle 32g 4mm</i>	Preferred Brands	
<i>nova safety 23g lancets</i>	Preferred Brands	
<i>nova safety 28g lancets</i>	Preferred Brands	
<i>nova sureflex lancing device</i>	Preferred Brands	
<i>nova sureflex thin lancets</i>	Preferred Brands	
<i>novofine 32g needles</i>	Preferred Brands	
<i>novofine autocover 30g needle</i>	Preferred Brands	
<i>novofine plus pen ndl 32gx1/6"</i>	Preferred Brands	
<i>novopen echo insulin device</i>	Preferred Brands	
<i>omnipod 5 (g6/libre 2 plus)</i>	Preferred Brands	PA QPD 1.0 per day
<i>omnipod 5 dextg7g6 intro(gen 5)</i>	Preferred Brands	QL MAX 1 / 720 DAYS PA
<i>omnipod 5 dextg7g6 pods (gen 5)</i>	Preferred Brands	PA QPD 1.0 per day
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	Preferred Brands	QL max 1 / 720 days PA
<i>omnipod 5 g6-g7 pods (gen 5)</i>	Preferred Brands	PA QPD 1.0 per day
<i>omnipod 5 intro(g6/libre2plus)</i>	Preferred Brands	QL max 1 / 720 days PA
<i>omnipod dash intro kit (gen 4)</i>	Preferred Brands	QL MAX 1 / 720 DAYS PA
<i>omnipod dash pods (gen 4) 5pk</i>	Preferred Brands	PA QPD 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>on call lancing device</i>	Preferred Brands	
<i>on call plus lancing device</i>	Preferred Brands	
<i>on-the-go 30g lancets</i>	Preferred Brands	
<i>onetouch delica plus 30g lancet</i>	Preferred Brands	
<i>onetouch delica plus 33g lancet</i>	Preferred Brands	
<i>onetouch delica plus lanc dev</i>	Preferred Brands	
<i>onetouch delica saf 30g lancet</i>	Preferred Brands	
<i>onetouch ultrasoft2 30g lancet</i>	Preferred Brands	
<i>panda mask large</i>	Preferred Brands	
<i>panda mask medium</i>	Preferred Brands	
<i>panda mask small</i>	Preferred Brands	
<i>pc super thin 30g lancets</i>	Preferred Brands	
<i>pc unifine pentips 12mm needle</i>	Preferred Brands	
<i>pc unifine pentips 6mm needle</i>	Preferred Brands	
<i>pc unifine pentips 8mm needle</i>	Preferred Brands	
<i>pediatric panda mask</i>	Preferred Brands	
<i>pen needle 12mm 29g</i>	Preferred Brands	
<i>pen needle 29g 12mm</i>	Preferred Brands	
<i>pen needle 30g 5mm</i>	Preferred Brands	
<i>pen needle 30g 8mm</i>	Preferred Brands	
<i>pen needle 31g 5mm</i>	Preferred Brands	
<i>pen needle 31g 6mm</i>	Preferred Brands	
<i>pen needle 31g 8mm</i>	Preferred Brands	
<i>pen needle 31g x 1/4"</i>	Preferred Brands	
<i>pen needle 31g x 3/16"</i>	Preferred Brands	
<i>pen needle 31g x 5/16"</i>	Preferred Brands	
<i>pen needle 32g 4mm</i>	Preferred Brands	
<i>pen needle 32g x 5/32"</i>	Preferred Brands	
<i>pen needle 33g 4mm</i>	Preferred Brands	
<i>pen needle 4mm 32g</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pen needle 5mm 31g</i>	Preferred Brands	
<i>pen needle 6mm 31g</i>	Preferred Brands	
<i>pen needles 12mm 29g</i>	Preferred Brands	
<i>pen needles 4mm 32g</i>	Preferred Brands	
<i>pen needles 5mm 31g</i>	Preferred Brands	
<i>pen needles 6mm 31g</i>	Preferred Brands	
<i>pen needles 8mm 31g</i>	Preferred Brands	
<i>pentips pen needle 29g 1/2"</i>	Preferred Brands	
<i>pentips pen needle 29g 12mm</i>	Preferred Brands	
<i>pentips pen needle 29gx1/2"</i>	Preferred Brands	
<i>pentips pen needle 31g 1/4"</i>	Preferred Brands	
<i>pentips pen needle 31g 3/16"</i>	Preferred Brands	
<i>pentips pen needle 31g 5/16"</i>	Preferred Brands	
<i>pentips pen needle 31g 5mm</i>	Preferred Brands	
<i>pentips pen needle 31g 6mm</i>	Preferred Brands	
<i>pentips pen needle 31g 8mm</i>	Preferred Brands	
<i>pentips pen needle 31gx1/4"</i>	Preferred Brands	
<i>pentips pen needle 31gx3/16"</i>	Preferred Brands	
<i>pentips pen needle 31gx5/16"</i>	Preferred Brands	
<i>pentips pen needle 32g 1/4"</i>	Preferred Brands	
<i>pentips pen needle 32g 4mm</i>	Preferred Brands	
<i>pentips pen needle 32g 5/32"</i>	Preferred Brands	
<i>pentips pen needle 32gx5/32"</i>	Preferred Brands	
<i>perfect point 28g safety lancet</i>	Preferred Brands	
<i>perfect point 30g safety lancet</i>	Preferred Brands	
<i>perfect point needle 25g 1"</i>	Preferred Brands	
<i>pharmacist choice 28g lancets</i>	Preferred Brands	
<i>pharmacist choice 30g lancets</i>	Preferred Brands	
<i>pharmacist choice 33g lancets</i>	Preferred Brands	
<i>pip 28g lancet</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pip 30g lancet</i>	Preferred Brands	
<i>pip pen needle 31g x 5mm</i>	Preferred Brands	
<i>pip pen needle 32g x 4mm</i>	Preferred Brands	
<i>poly hub needle 18gx1"</i>	Preferred Brands	
<i>poly hub needle 18gx1-1/2"</i>	Preferred Brands	
<i>poly hub needle 21gx1"</i>	Preferred Brands	
<i>poly hub needle 21gx1-1/2"</i>	Preferred Brands	
<i>poly hub needle 22gx1"</i>	Preferred Brands	
<i>poly hub needle 22gx1-1/2"</i>	Preferred Brands	
<i>poly hub needle 23gx1"</i>	Preferred Brands	
<i>poly hub needle 23gx1-1/2"</i>	Preferred Brands	
<i>poly hub needle 25gx1"</i>	Preferred Brands	
<i>poly hub needle 25gx1-1/2"</i>	Preferred Brands	
<i>poly hub needle 25gx5/8"</i>	Preferred Brands	
<i>poly hub needle 27gx1-1/4"</i>	Preferred Brands	
<i>poly hub needle 27gx1/2"</i>	Preferred Brands	
<i>pref plus ins 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>pref plus syr 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>pref plus syringe 1 ml 29gx1/2"</i>	Preferred Brands	
<i>preferred plus 0.3 ml 30gx5/16</i>	Preferred Brands	
<i>preferred plus 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>preferred plus lancets</i>	Preferred Brands	
<i>preferred plus syringe 0.5 ml</i>	Preferred Brands	
<i>preferred plus syringe 1 ml</i>	Preferred Brands	
<i>preferred plus thin lancets</i>	Preferred Brands	
<i>prefpls ins syr 1 ml 30gx5/16"</i>	Preferred Brands	
<i>pressure activated 21g lancets</i>	Preferred Brands	
<i>pressure activated 28g lancets</i>	Preferred Brands	
<i>prevent pen needle 31gx1/4"</i>	Preferred Brands	
<i>prevent pen needle 31gx5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pro comfort 0.5 ml 30g 5/16"</i>	Preferred Brands	
<i>pro comfort 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>pro comfort 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>pro comfort 0.5 ml 31g 5/16"</i>	Preferred Brands	
<i>pro comfort 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>pro comfort 1 ml 30g 5/16"</i>	Preferred Brands	
<i>pro comfort 1 ml 30gx1/2"</i>	Preferred Brands	
<i>pro comfort 1 ml 30gx5/16"</i>	Preferred Brands	
<i>pro comfort 1 ml 31g 5/16"</i>	Preferred Brands	
<i>pro comfort 1 ml 31gx5/16"</i>	Preferred Brands	
<i>pro comfort 30g lancets</i>	Preferred Brands	
<i>pro comfort 30g safety lancet</i>	Preferred Brands	
<i>pro comfort 31g lancet</i>	Preferred Brands	
<i>pro comfort pen ndl 32g x 1/4"</i>	Preferred Brands	
<i>pro comfort pen ndl 4mm 32g</i>	Preferred Brands	
<i>pro comfort pen ndl 5mm 32g</i>	Preferred Brands	
<i>prodigy ins syr 1ml 28gx1/2"</i>	Preferred Brands	
<i>prodigy lancing device</i>	Preferred Brands	
<i>prodigy pressure activated 28g</i>	Preferred Brands	
<i>prodigy safety 26g lancets</i>	Preferred Brands	
<i>prodigy syrng 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>prodigy syringe 0.3ml 31gx5/16"</i>	Preferred Brands	
<i>prodigy twist top 28g lancet</i>	Preferred Brands	
<i>pub advanced lancing device</i>	Preferred Brands	
<i>pub ins syrin 0.3 ml 30gx1/2"</i>	Preferred Brands	
<i>pub ins syringe 1 ml 30gx1/2"</i>	Preferred Brands	
<i>pub insul syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>pub insul syr 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>pub insul syr 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>pub insulin syr 1 ml 31gx5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pub micro thin 33g lancet</i>	Preferred Brands	
<i>pub pen 12mm 29g needles</i>	Preferred Brands	
<i>pub pen 8mm 31g needles</i>	Preferred Brands	
<i>pub pen needle 6mm 31g</i>	Preferred Brands	
<i>pub unifine pntp plus 31gx3/16</i>	Preferred Brands	
<i>pure cmft sfty pen ndl 31g 5mm</i>	Preferred Brands	
<i>pure cmft sfty pen ndl 31g 6mm</i>	Preferred Brands	
<i>pure cmft sfty pen ndl 32g 4mm</i>	Preferred Brands	
<i>pure comfort 30g safety lancet</i>	Preferred Brands	
<i>pure comfort 30g safety lancet</i>	Preferred Brands	
<i>pure comfort 30g twist lancet</i>	Preferred Brands	
<i>pure comfort pen ndl 32g 4mm</i>	Preferred Brands	
<i>pure comfort pen ndl 32g 5mm</i>	Preferred Brands	
<i>pure comfort pen ndl 32g 6mm</i>	Preferred Brands	
<i>pure comfort pen ndl 32g 8mm</i>	Preferred Brands	
<i>push button safety 28g lancet</i>	Preferred Brands	
<i>pv autolet lancing device</i>	Preferred Brands	
<i>pv unifine pentip plus 31gx5mm</i>	Preferred Brands	
<i>pv unifine pentip plus 31gx6mm</i>	Preferred Brands	
<i>pv unifine pentip plus 31gx8mm</i>	Preferred Brands	
<i>pv unifine pentip plus 32gx4mm</i>	Preferred Brands	
<i>pv unifine pentip plus 33gx4mm</i>	Preferred Brands	
<i>pv unilet micro thin 33g lanct</i>	Preferred Brands	
<i>pv unilet super thin 30g lanct</i>	Preferred Brands	
<i>qc autolet lancing device</i>	Preferred Brands	
<i>qc unifine pentips 32gx5/32"</i>	Preferred Brands	
<i>qc unifine pentips 4mm 32g</i>	Preferred Brands	
<i>qc unilet super thin 30g lanct</i>	Preferred Brands	
<i>qc unilet ultra thin 28g lanct</i>	Preferred Brands	
<i>ra e-zject 26g lancets</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra e-zject 28g lancets</i>	Preferred Brands	
<i>ra e-zject 30g lancets</i>	Preferred Brands	
<i>ra e-zject color 33g lancets</i>	Preferred Brands	
<i>ra health care lancing device</i>	Preferred Brands	
<i>ra ins syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>ra ins syr 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>ra ins syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>ra ins syringe 1 ml 30gx5/16"</i>	Preferred Brands	
<i>ra pen needle 31gx3/16"</i>	Preferred Brands	
<i>ra pen needle 31gx5/16"</i>	Preferred Brands	
<i>raya sure pen needle 29g 12mm</i>	Preferred Brands	
<i>raya sure pen needle 31g 4mm</i>	Preferred Brands	
<i>raya sure pen needle 31g 5mm</i>	Preferred Brands	
<i>raya sure pen needle 31g 6mm</i>	Preferred Brands	
<i>readylance 21g safety lancets</i>	Preferred Brands	
<i>readylance 23g safety lancets</i>	Preferred Brands	
<i>readylance 26g safety lancets</i>	Preferred Brands	
<i>readylance 28g safety lancets</i>	Preferred Brands	
<i>readylance 30g safety lancets</i>	Preferred Brands	
<i>reliamed 28g lancets</i>	Preferred Brands	
<i>reliamed 30g lancets</i>	Preferred Brands	
<i>reliamed lancing device</i>	Preferred Brands	
<i>reliamed mini lancing device</i>	Preferred Brands	
<i>reliamed safety 28g lancets</i>	Preferred Brands	
<i>relion 2-in-1 lancet device</i>	Preferred Brands	
<i>relion ins syr 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>relion ins syr 0.3 ml 31gx6mm</i>	Preferred Brands	
<i>relion ins syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>relion ins syr 0.5 ml 31gx6mm</i>	Preferred Brands	
<i>relion ins syr 1 ml 29gx1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>relion ins syr 1 ml 31gx15/64"</i>	Preferred Brands	
<i>relion ins syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>relion insulin syr 0.5 ml</i>	Preferred Brands	
<i>relion lancing device</i>	Preferred Brands	
<i>relion lancing device</i>	Preferred Brands	
<i>relion micro thin 33g lancet</i>	Preferred Brands	
<i>relion mini pen 31g x 1/4" ndl</i>	Preferred Brands	
<i>relion pen 29g needle</i>	Preferred Brands	
<i>relion pen 31g needle</i>	Preferred Brands	
<i>relion pen needle 29gx1/2"</i>	Preferred Brands	
<i>relion pen needle 31g 6mm</i>	Preferred Brands	
<i>relion pen needle 31gx1/4"</i>	Preferred Brands	
<i>relion pen needle 31gx5/16"</i>	Preferred Brands	
<i>relion pen needle 32gx5/32"</i>	Preferred Brands	
<i>relion syring 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>relion syring 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>relion thin 26g lancets</i>	Preferred Brands	
<i>relion thin 26g lancets</i>	Preferred Brands	
<i>relion ultra thin 30g lancets</i>	Preferred Brands	
<i>relion ultra thin plus 33g</i>	Preferred Brands	
<i>rexall universal 1 30g lancets</i>	Preferred Brands	
<i>rightest gd500 lancing device</i>	Preferred Brands	
<i>rightest gl300 30g lancets</i>	Preferred Brands	
<i>safety 21g lancets</i>	Preferred Brands	
<i>safety 28g lancets</i>	Preferred Brands	
<i>safety pen needle 31g 4mm</i>	Preferred Brands	
<i>safety pen needle 31g 5mm</i>	Preferred Brands	
<i>safety pen needle 5mm x 31g</i>	Preferred Brands	
<i>saps twist top 30g lancet</i>	Preferred Brands	
<i>saps twist top 30g lancets</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>securesafe pen ndl 30gx5/16"</i>	Preferred Brands	
<i>securesafe syr 0.5 ml 29g 1/2"</i>	Preferred Brands	
<i>securesafe syrng 1 ml 29g 1/2"</i>	Preferred Brands	
<i>simple diagntic lancet device</i>	Preferred Brands	
<i>sky safety pen needle 30g 5mm</i>	Preferred Brands	
<i>sky safety pen needle 30g 8mm</i>	Preferred Brands	
<i>sm ins syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>sm ins syr 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>sm ins syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>sm ins syringe 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>sm ins syringe 1 ml 28gx1/2"</i>	Preferred Brands	
<i>sm ins syringe 1 ml 30gx5/16"</i>	Preferred Brands	
<i>sm insul syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>sm insul syr 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>sm insulin syr 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>sm insulin syr 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>sm insulin syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>sm micro thin 33g lancets</i>	Preferred Brands	
<i>sm super thin 30g lancets</i>	Preferred Brands	
<i>sm thin lancets 26g</i>	Preferred Brands	
<i>smart sense color 33g lancets</i>	Preferred Brands	
<i>smart sense standard 21g</i>	Preferred Brands	
<i>smart sense super thin 30g</i>	Preferred Brands	
<i>smart sense thin 26g lancets</i>	Preferred Brands	
<i>smartest lancet</i>	Preferred Brands	
<i>solus v2 28g lancets</i>	Preferred Brands	
<i>solus v2 30g twist lancets</i>	Preferred Brands	
<i>solus v2 lancing device</i>	Preferred Brands	
<i>sterilance tl twist 30g lancet</i>	Preferred Brands	
<i>sterilance tl twist 32g lancet</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sterile 33g lancet</i>	Preferred Brands	
<i>super thin 28g lancets</i>	Preferred Brands	
<i>super thin 30g lancet</i>	Preferred Brands	
<i>super thin 30g lancets</i>	Preferred Brands	
<i>sure cmft sfty pen ndl 31g 6mm</i>	Preferred Brands	
<i>sure cmft sfty pen ndl 32g 4mm</i>	Preferred Brands	
<i>sure comfort 0.3 ml syringe</i>	Preferred Brands	
<i>sure comfort 0.5 ml syringe</i>	Preferred Brands	
<i>sure comfort 0.5 ml syringe</i>	Preferred Brands	
<i>sure comfort 0.5 ml syringe</i>	Preferred Brands	
<i>sure comfort 0.5 ml syringe</i>	Preferred Brands	
<i>sure comfort 0.5 ml syringe</i>	Preferred Brands	
<i>sure comfort 1 ml syringe</i>	Preferred Brands	
<i>sure comfort 1 ml syringe</i>	Preferred Brands	
<i>sure comfort 1 ml syringe</i>	Preferred Brands	
<i>sure comfort 1 ml syringe</i>	Preferred Brands	
<i>sure comfort 1 ml syringe</i>	Preferred Brands	
<i>sure comfort 18g lancets</i>	Preferred Brands	
<i>sure comfort 21g lancets</i>	Preferred Brands	
<i>sure comfort 23g lancets</i>	Preferred Brands	
<i>sure comfort 28g lancets</i>	Preferred Brands	
<i>sure comfort 3/10 ml syringe</i>	Preferred Brands	
<i>sure comfort 3/10 ml syringe</i>	Preferred Brands	
<i>sure comfort 3/10 ml syringe</i>	Preferred Brands	
<i>sure comfort 3/10 ml syringe</i>	Preferred Brands	
<i>sure comfort 30g lancets</i>	Preferred Brands	
<i>sure comfort 30g pen needle</i>	Preferred Brands	
<i>sure comfort ins 0.3ml 31gx1/4</i>	Preferred Brands	
<i>sure comfort ins 0.5ml 31gx1/4</i>	Preferred Brands	
<i>sure comfort ins 1 ml 31gx1/4"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sure comfort lancing pen</i>	Preferred Brands	
<i>sure comfort pen ndl 29gx1/2"</i>	Preferred Brands	
<i>sure comfort pen ndl 31g 5mm</i>	Preferred Brands	
<i>sure comfort pen ndl 31g 8mm</i>	Preferred Brands	
<i>sure comfort pen ndl 32g 4mm</i>	Preferred Brands	
<i>sure comfort pen ndl 32g 6mm</i>	Preferred Brands	
<i>sure-fine pen needles 12.7mm</i>	Preferred Brands	
<i>sure-fine pen needles 5mm</i>	Preferred Brands	
<i>sure-fine pen needles 8mm</i>	Preferred Brands	
<i>sure-ject ins 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>sure-ject ins 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>sure-ject insu syr u100 0.3 ml</i>	Preferred Brands	
<i>sure-ject insu syr u100 0.3 ml</i>	Preferred Brands	
<i>sure-ject insu syr u100 0.5 ml</i>	Preferred Brands	
<i>sure-ject insu syr u100 0.5 ml</i>	Preferred Brands	
<i>sure-ject insu syr u100 0.5 ml</i>	Preferred Brands	
<i>sure-ject insu syr u100 1 ml</i>	Preferred Brands	
<i>sure-ject insul syr u100 1 ml</i>	Preferred Brands	
<i>sure-ject insul syr u100 1 ml</i>	Preferred Brands	
<i>sure-ject insulin syringe 1 ml</i>	Preferred Brands	
<i>sure-lance 26g lancets</i>	Preferred Brands	
<i>sure-lance flat lancets</i>	Preferred Brands	
<i>sure-lance thin 28g lancets</i>	Preferred Brands	
<i>sure-lance ultra thin 30g</i>	Preferred Brands	
<i>sure-pen lancing device</i>	Preferred Brands	
<i>sure-touch lancet</i>	Preferred Brands	
<i>swi twist top 30g lancet</i>	Preferred Brands	
<i>syringe luer lock 10 ml</i>	Preferred Brands	
<i>syringe luer lock 10 ml 20g 1"</i>	Preferred Brands	
<i>syringe w-o needle 140 ml</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with needle 3ml 23g 1"</i>	Preferred Brands	
<i>techlite 0.3 ml 29gx12mm (1/2)</i>	Preferred Brands	
<i>techlite 0.3 ml 30gx8mm (1/2)</i>	Preferred Brands	
<i>techlite 0.3 ml 31gx6mm (1/2)</i>	Preferred Brands	
<i>techlite 0.3 ml 31gx8mm (1/2)</i>	Preferred Brands	
<i>techlite 0.5 ml 30gx12mm (1/2)</i>	Preferred Brands	
<i>techlite 0.5 ml 30gx8mm (1/2)</i>	Preferred Brands	
<i>techlite 0.5 ml 31gx6mm (1/2)</i>	Preferred Brands	
<i>techlite 0.5 ml 31gx8mm (1/2)</i>	Preferred Brands	
<i>techlite 26g lancets</i>	Preferred Brands	
<i>techlite 28g lancets</i>	Preferred Brands	
<i>techlite 30g lancets</i>	Preferred Brands	
<i>techlite ins syr 1 ml 29gx12mm</i>	Preferred Brands	
<i>techlite ins syr 1 ml 30gx12mm</i>	Preferred Brands	
<i>techlite ins syr 1 ml 31gx6mm</i>	Preferred Brands	
<i>techlite ins syr 1 ml 31gx8mm</i>	Preferred Brands	
<i>techlite pen needle 29gx1/2"</i>	Preferred Brands	
<i>techlite pen needle 29gx3/8"</i>	Preferred Brands	
<i>techlite pen needle 31gx1/4"</i>	Preferred Brands	
<i>techlite pen needle 31gx3/16"</i>	Preferred Brands	
<i>techlite pen needle 31gx5/16"</i>	Preferred Brands	
<i>techlite pen needle 32gx1/4"</i>	Preferred Brands	
<i>techlite pen needle 32gx5/16"</i>	Preferred Brands	
<i>techlite pen needle 32gx5/32"</i>	Preferred Brands	
<i>techlite plus pen ndl 32g 4mm</i>	Preferred Brands	
<i>terumo ins syr 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>thin 26g lancets</i>	Preferred Brands	
<i>thin lancets 28g</i>	Preferred Brands	
<i>topcare clickfine 31g x 1/4"</i>	Preferred Brands	
<i>topcare clickfine 31g x 5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare ultra comfort syringe</i>	Preferred Brands	
<i>topcare universal1 33g lancets</i>	Preferred Brands	
<i>topcare universal1 thin lancet</i>	Preferred Brands	
<i>true cmfrt pro 0.5ml 30g 5/16"</i>	Preferred Brands	
<i>true cmfrt pro 0.5ml 31g 5/16"</i>	Preferred Brands	
<i>true cmfrt pro 0.5ml 32g 5/16"</i>	Preferred Brands	
<i>true cmft sfty pen ndl 31g 5mm</i>	Preferred Brands	
<i>true cmft sfty pen ndl 31g 6mm</i>	Preferred Brands	
<i>true cmft sfty pen ndl 32g 4mm</i>	Preferred Brands	
<i>true comfort 0.5 ml 30g 1/2"</i>	Preferred Brands	
<i>true comfort 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>true comfort 0.5ml 30g 5/16"</i>	Preferred Brands	
<i>true comfort 0.5ml 31g 5/16"</i>	Preferred Brands	
<i>true comfort 1 ml 31gx5/16"</i>	Preferred Brands	
<i>true comfort 30g lancet</i>	Preferred Brands	
<i>true comfort 30g safety lancet</i>	Preferred Brands	
<i>true comfort 30g twist lancet</i>	Preferred Brands	
<i>true comfort pen ndl 31g 5mm</i>	Preferred Brands	
<i>true comfort pen ndl 31g 6mm</i>	Preferred Brands	
<i>true comfort pen ndl 31g 8mm</i>	Preferred Brands	
<i>true comfort pen ndl 31gx5mm</i>	Preferred Brands	
<i>true comfort pen ndl 31gx6mm</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>true comfort pen ndl 32g 4mm</i>	Preferred Brands	
<i>true comfort pen ndl 32g 5mm</i>	Preferred Brands	
<i>true comfort pen ndl 32g 6mm</i>	Preferred Brands	
<i>true comfort pen ndl 32gx4mm</i>	Preferred Brands	
<i>true comfort pen ndl 33g 4mm</i>	Preferred Brands	
<i>true comfort pen ndl 33g 5mm</i>	Preferred Brands	
<i>true comfort pen ndl 33g 6mm</i>	Preferred Brands	
<i>true comfort pro 1 ml 30g 1/2"</i>	Preferred Brands	
<i>true comfort pro 1ml 30g 5/16"</i>	Preferred Brands	
<i>true comfort pro 1ml 31g 5/16"</i>	Preferred Brands	
<i>true comfort pro 1ml 32g 5/16"</i>	Preferred Brands	
<i>true comfort sfty 1ml 30g 1/2"</i>	Preferred Brands	
<i>true comfrt pro 0.5ml 30g 1/2"</i>	Preferred Brands	
<i>true comfrt sfty 1ml 30g 5/16"</i>	Preferred Brands	
<i>true comfrt sfty 1ml 31g 5/16"</i>	Preferred Brands	
<i>true comfrt sfty 1ml 32g 5/16"</i>	Preferred Brands	
<i>truedraw lancing device</i>	Preferred Brands	
<i>trueplus 33g lancets</i>	Preferred Brands	
<i>trueplus pen needle 29g 12mm</i>	Preferred Brands	
<i>trueplus pen needle 29gx1/2"</i>	Preferred Brands	
<i>trueplus pen needle 31g 5mm</i>	Preferred Brands	
<i>trueplus pen needle 31g 8mm</i>	Preferred Brands	
<i>trueplus pen needle 31g x 1/4"</i>	Preferred Brands	
<i>trueplus pen needle 31gx3/16"</i>	Preferred Brands	
<i>trueplus pen needle 31gx5/16"</i>	Preferred Brands	
<i>trueplus pen needle 32gx5/32"</i>	Preferred Brands	
<i>trueplus safety 28g lancet</i>	Preferred Brands	
<i>trueplus safety 28g lancet</i>	Preferred Brands	
<i>trueplus super thin 28g lancet</i>	Preferred Brands	
<i>trueplus syr 0.3ml 29gx1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trueplus syr 0.3ml 30gx5/16"</i>	Preferred Brands	
<i>trueplus syr 0.3ml 31gx5/16"</i>	Preferred Brands	
<i>trueplus syr 0.5ml 28gx1/2"</i>	Preferred Brands	
<i>trueplus syr 0.5ml 29gx1/2"</i>	Preferred Brands	
<i>trueplus syr 0.5ml 30gx5/16"</i>	Preferred Brands	
<i>trueplus syr 0.5ml 31gx5/16"</i>	Preferred Brands	
<i>trueplus syr 1ml 28gx1/2"</i>	Preferred Brands	
<i>trueplus syr 1ml 29gx1/2"</i>	Preferred Brands	
<i>trueplus syr 1ml 30gx5/16"</i>	Preferred Brands	
<i>trueplus syr 1ml 31gx5/16"</i>	Preferred Brands	
<i>trueplus ultra thin 30g lancet</i>	Preferred Brands	
<i>twiist refill kt(csst-ndl-syr)</i>	Preferred Brands	PA QPD 0.034 per day
<i>twiist rfl(infus-csst-ndl-syr)</i>	Preferred Brands	PA QPD 0.034 per day
<i>twiist starter kit</i>	Preferred Brands	QL PA max 1 / 720 days
<i>twist lancets</i>	Preferred Brands	
<i>twist lancets 30g</i>	Preferred Brands	
<i>twist lancets 32g</i>	Preferred Brands	
<i>twist top 30g lancet</i>	Preferred Brands	
<i>ult cft 0.3 ml 29gx1/2" (1/2)</i>	Preferred Brands	
<i>ulticare ins syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>ulti-lance auto-ad device</i>	Preferred Brands	
<i>ulti-lance automatic device</i>	Preferred Brands	
<i>ulticar ins 0.3ml 31gx1/4(1/2)</i>	Preferred Brands	
<i>ulticare ins 0.3 ml 30gx1/2"</i>	Preferred Brands	
<i>ulticare ins 0.3 ml 31gx1/4"</i>	Preferred Brands	
<i>ulticare ins 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>ulticare ins 0.5 ml 31gx1/4"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ulticare ins 1 ml 31gx1/4"</i>	Preferred Brands	
<i>ulticare ins safety 1ml 29x1/2</i>	Preferred Brands	
<i>ulticare ins syr 1 ml 28gx1/2"</i>	Preferred Brands	
<i>ulticare ins syr 1 ml 29gx1/2"</i>	Preferred Brands	
<i>ulticare ins syr 1 ml 30gx1/2"</i>	Preferred Brands	
<i>ulticare lds syr 1 ml 22g 1.5"</i>	Preferred Brands	
<i>ulticare pen ndl 12.7 mm 29g</i>	Preferred Brands	
<i>ulticare pen needle 31gx3/16"</i>	Preferred Brands	
<i>ulticare pen needle 4mm 32g</i>	Preferred Brands	
<i>ulticare pen needle 6mm 31g</i>	Preferred Brands	
<i>ulticare pen needle 8 mm 31g</i>	Preferred Brands	
<i>ulticare pen needle 8mm 31g</i>	Preferred Brands	
<i>ulticare pen needles 12mm 29g</i>	Preferred Brands	
<i>ulticare pen needles 4mm 32g</i>	Preferred Brands	
<i>ulticare pen needles 6mm 31g</i>	Preferred Brands	
<i>ulticare pen needles 6mm 32g</i>	Preferred Brands	
<i>ulticare pen needles 8mm 31g</i>	Preferred Brands	
<i>ulticare safe pen ndl 30g 8mm</i>	Preferred Brands	
<i>ulticare safe pen ndl 5mm 30g</i>	Preferred Brands	
<i>ulticare safety 0.5 ml 29gx1/2</i>	Preferred Brands	
<i>ulticare safety syringe 3 ml</i>	Preferred Brands	
<i>ulticare syr 0.3 ml 30gx1/2"</i>	Preferred Brands	
<i>ulticare syr 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>ulticare syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>ulticare syr 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>ulticare syr 0.5 ml 29gx1/2"</i>	Preferred Brands	
<i>ulticare syr 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>ulticare syr 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>ulticare syr 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>ulticare syr 0.5 ml 31gx5/16"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ulticare syr 1 ml 30gx5/16"</i>	Preferred Brands	
<i>ulticare syr 1 ml 31gx5/16"</i>	Preferred Brands	
<i>ulticare syrin 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>ulticare syrin 0.5 ml 28gx1/2"</i>	Preferred Brands	
<i>ulticare syringe 1 ml 30gx1/2"</i>	Preferred Brands	
<i>ultiguard safe 1ml 30g 12.7mm</i>	Preferred Brands	
<i>ultiguard safe0.3ml 30g 12.7mm</i>	Preferred Brands	
<i>ultiguard safe0.5ml 30g 12.7mm</i>	Preferred Brands	
<i>ultiguard safepack 1ml 31g 8mm</i>	Preferred Brands	
<i>ultiguard safepack 29g 12.7mm</i>	Preferred Brands	
<i>ultiguard safepack 31g 5mm</i>	Preferred Brands	
<i>ultiguard safepack 31g 6mm</i>	Preferred Brands	
<i>ultiguard safepack 31g 8mm</i>	Preferred Brands	
<i>ultiguard safepack 32g 4mm</i>	Preferred Brands	
<i>ultiguard safepack 32g 6mm</i>	Preferred Brands	
<i>ultiguard safepk 0.3ml 31g 8mm</i>	Preferred Brands	
<i>ultiguard safepk 0.5ml 31g 8mm</i>	Preferred Brands	
<i>ultilet 28g lancets</i>	Preferred Brands	
<i>ultilet 30g lancets</i>	Preferred Brands	
<i>ultilet 33g lancets</i>	Preferred Brands	
<i>ultilet classic 26g lancets</i>	Preferred Brands	
<i>ultilet classic 28g lancets</i>	Preferred Brands	
<i>ultilet classic 28g lancets</i>	Preferred Brands	
<i>ultilet classic 30g lancets</i>	Preferred Brands	
<i>ultilet classic 33g lancets</i>	Preferred Brands	
<i>ultilet pen needle 4mm 32g</i>	Preferred Brands	
<i>ultilet safety 23g lancets</i>	Preferred Brands	
<i>ultra comfort 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>ultra comfort 0.3 ml syringe</i>	Preferred Brands	
<i>ultra comfort 0.5 ml 29gx1/2"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultra comfort 0.5 ml syringe</i>	Preferred Brands	
<i>ultra comfort 0.5 ml syringe</i>	Preferred Brands	
<i>ultra comfort 1 ml 28gx1/2"</i>	Preferred Brands	
<i>ultra comfort 1 ml 29gx1/2"</i>	Preferred Brands	
<i>ultra comfort 1 ml 30gx5/16"</i>	Preferred Brands	
<i>ultra comfort 1 ml syringe</i>	Preferred Brands	
<i>ultra flo 0.3ml 30g 1/2" (1/2)</i>	Preferred Brands	
<i>ultra flo 0.3ml 30g 5/16"(1/2)</i>	Preferred Brands	
<i>ultra flo 0.3ml 31g 5/16"(1/2)</i>	Preferred Brands	
<i>ultra flo pen needle 31g 5mm</i>	Preferred Brands	
<i>ultra flo pen needle 31g 8mm</i>	Preferred Brands	
<i>ultra flo pen needle 32g 4mm</i>	Preferred Brands	
<i>ultra flo pen needle 33g 4mm</i>	Preferred Brands	
<i>ultra flo pen needles 12mm 29g</i>	Preferred Brands	
<i>ultra flo syr 0.3 ml 29gx1/2"</i>	Preferred Brands	
<i>ultra flo syr 0.3 ml 30g 5/16"</i>	Preferred Brands	
<i>ultra flo syr 0.3 ml 31g 5/16"</i>	Preferred Brands	
<i>ultra flo syr 0.5 ml 29g 1/2"</i>	Preferred Brands	
<i>ultra thin 28g lancets</i>	Preferred Brands	
<i>ultra thin 30g lancets</i>	Preferred Brands	
<i>ultra thin 31g lancet</i>	Preferred Brands	
<i>ultra thin 31g lancets</i>	Preferred Brands	
<i>ultra thin pen ndl 32g x 4mm</i>	Preferred Brands	
<i>ultra-care 30g lancets</i>	Preferred Brands	
<i>ultra-fine 0.3 ml 30g 12.7mm</i>	Preferred Brands	
<i>ultra-fine 0.3ml 31g 6mm (1/2)</i>	Preferred Brands	
<i>ultra-fine 0.3ml 31g 8mm (1/2)</i>	Preferred Brands	
<i>ultra-fine 0.5 ml 30g 12.7mm</i>	Preferred Brands	
<i>ultra-fine ins syr 1ml 31g 6mm</i>	Preferred Brands	
<i>ultra-fine ins syr 1ml 31g 8mm</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultra-fine pen ndl 29g 12.7mm</i>	Preferred Brands	
<i>ultra-fine pen needle 31g 5mm</i>	Preferred Brands	
<i>ultra-fine pen needle 31g 8mm</i>	Preferred Brands	
<i>ultra-fine pen needle 32g 6mm</i>	Preferred Brands	
<i>ultra-fine syr 0.3 ml 31g 6mm</i>	Preferred Brands	
<i>ultra-fine syr 0.3 ml 31g 8mm</i>	Preferred Brands	
<i>ultra-fine syr 0.5 ml 31g 6mm</i>	Preferred Brands	
<i>ultra-fine syr 0.5 ml 31g 8mm</i>	Preferred Brands	
<i>ultra-fine syr 1 ml 30g 12.7mm</i>	Preferred Brands	
<i>ultra-thin ii 1 ml 31gx5/16"</i>	Preferred Brands	
<i>ultra-thin ii 28g lancets</i>	Preferred Brands	
<i>ultra-thin ii 30g lancets</i>	Preferred Brands	
<i>ultra-thin ii ins 0.3 ml 30g</i>	Preferred Brands	
<i>ultra-thin ii ins 0.3 ml 31g</i>	Preferred Brands	
<i>ultra-thin ii ins 0.5 ml 29g</i>	Preferred Brands	
<i>ultra-thin ii ins 0.5 ml 30g</i>	Preferred Brands	
<i>ultra-thin ii ins 0.5 ml 31g</i>	Preferred Brands	
<i>ultra-thin ii ins syr 1 ml 29g</i>	Preferred Brands	
<i>ultra-thin ii ins syr 1 ml 30g</i>	Preferred Brands	
<i>ultra-thin ii pen ndl 29gx1/2"</i>	Preferred Brands	
<i>ultra-thin ii pen ndl 31gx5/16</i>	Preferred Brands	
<i>ultracare ins 0.3 ml 30gx5/16"</i>	Preferred Brands	
<i>ultracare ins 0.3 ml 31gx5/16"</i>	Preferred Brands	
<i>ultracare ins 0.5 ml 30gx1/2"</i>	Preferred Brands	
<i>ultracare ins 0.5 ml 30gx5/16"</i>	Preferred Brands	
<i>ultracare ins 0.5 ml 31gx5/16"</i>	Preferred Brands	
<i>ultracare ins 1 ml 30g x 5/16"</i>	Preferred Brands	
<i>ultracare ins 1 ml 30gx1/2"</i>	Preferred Brands	
<i>ultracare ins 1 ml 31g x 5/16"</i>	Preferred Brands	
<i>ultracare pen needle 31gx1/4"</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultracare pen needle 31gx3/16"</i>	Preferred Brands	
<i>ultracare pen needle 31gx5/16"</i>	Preferred Brands	
<i>ultracare pen needle 32gx1/4"</i>	Preferred Brands	
<i>ultracare pen needle 32gx3/16"</i>	Preferred Brands	
<i>ultracare pen needle 32gx5/32"</i>	Preferred Brands	
<i>ultracare pen needle 33gx5/32"</i>	Preferred Brands	
<i>unifine otc pen needle 31g 5mm</i>	Preferred Brands	
<i>unifine otc pen needle 32g 4mm</i>	Preferred Brands	
<i>unifine pentips 12mm 29g</i>	Preferred Brands	
<i>unifine pentips 29g 12mm</i>	Preferred Brands	
<i>unifine pentips 31g 5mm</i>	Preferred Brands	
<i>unifine pentips 31g 6mm</i>	Preferred Brands	
<i>unifine pentips 31g 8mm</i>	Preferred Brands	
<i>unifine pentips 31gx3/16"</i>	Preferred Brands	
<i>unifine pentips 32g 4mm</i>	Preferred Brands	
<i>unifine pentips 32g 6mm</i>	Preferred Brands	
<i>unifine pentips 32gx1/4"</i>	Preferred Brands	
<i>unifine pentips 32gx5/32"</i>	Preferred Brands	
<i>unifine pentips 33gx5/32"</i>	Preferred Brands	
<i>unifine pentips 6mm 31g</i>	Preferred Brands	
<i>unifine pentips 8mm 31g</i>	Preferred Brands	
<i>unifine pentips max 30gx3/16"</i>	Preferred Brands	
<i>unifine pentips plus 29gx1/2"</i>	Preferred Brands	
<i>unifine pentips plus 30gx3/16"</i>	Preferred Brands	
<i>unifine pentips plus 31g 5mm</i>	Preferred Brands	
<i>unifine pentips plus 31gx1/4"</i>	Preferred Brands	
<i>unifine pentips plus 31gx3/16"</i>	Preferred Brands	
<i>unifine pentips plus 31gx5/16"</i>	Preferred Brands	
<i>unifine pentips plus 32gx5/32"</i>	Preferred Brands	
<i>unifine pentips plus 33g 4mm</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unifine pentips plus 33gx5/32"</i>	Preferred Brands	
<i>unifine protect 30g 5mm</i>	Preferred Brands	
<i>unifine protect 30g 8mm</i>	Preferred Brands	
<i>unifine protect 32g 4mm</i>	Preferred Brands	
<i>unifine safecontrol 30g 5mm</i>	Preferred Brands	
<i>unifine safecontrol 30g 8mm</i>	Preferred Brands	
<i>unifine safecontrol 31g 5mm</i>	Preferred Brands	
<i>unifine safecontrol 31g 6mm</i>	Preferred Brands	
<i>unifine safecontrol 31g 8mm</i>	Preferred Brands	
<i>unifine safecontrol 32g 4mm</i>	Preferred Brands	
<i>unifine ultra pen ndl 31g 5mm</i>	Preferred Brands	
<i>unifine ultra pen ndl 31g 6mm</i>	Preferred Brands	
<i>unifine ultra pen ndl 31g 8mm</i>	Preferred Brands	
<i>unifine ultra pen ndl 32g 4mm</i>	Preferred Brands	
<i>unilet comfortouch 26g lancets</i>	Preferred Brands	
<i>unilet comfortouch lancet</i>	Preferred Brands	
<i>unilet gp lancet</i>	Preferred Brands	
<i>unilet gp lancet superlite</i>	Preferred Brands	
<i>unilet micro thin 33g lancet</i>	Preferred Brands	
<i>unilet micro thin 33g lancets</i>	Preferred Brands	
<i>unilet super thin 30g lancets</i>	Preferred Brands	
<i>unilet ultra thin 28g lancets</i>	Preferred Brands	
<i>unistik 2 extra 21g lancet</i>	Preferred Brands	
<i>unistik 2 normal 21g lancet</i>	Preferred Brands	
<i>unistik 3 comfort 28g lancet</i>	Preferred Brands	
<i>unistik 3 dual 18g lancet</i>	Preferred Brands	
<i>unistik 3 extra 21g lancets</i>	Preferred Brands	
<i>unistik 3 gentle 30g lancets</i>	Preferred Brands	
<i>unistik 3 gentle on-the-go 30g</i>	Preferred Brands	
<i>unistik 3 normal 23g lancet</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unistik 3 normal 23g lancets</i>	Preferred Brands	
<i>unistik comfort 28g lancets</i>	Preferred Brands	
<i>unistik czt comfort 28g lancet</i>	Preferred Brands	
<i>unistik czt normal 23g lancets</i>	Preferred Brands	
<i>unistik extra 21g lancets</i>	Preferred Brands	
<i>unistik normal 23g lancets</i>	Preferred Brands	
<i>unistik pro 21g lancet</i>	Preferred Brands	
<i>unistik pro 25g lancet</i>	Preferred Brands	
<i>unistik pro 28g lancet</i>	Preferred Brands	
<i>unistik safety 28g lancet</i>	Preferred Brands	
<i>unistik safety 30g lancets</i>	Preferred Brands	
<i>unistik touch 21g lancets</i>	Preferred Brands	
<i>unistik touch 23g lancets</i>	Preferred Brands	
<i>unistik touch 28g lancets</i>	Preferred Brands	
<i>unistik touch 30g lancets</i>	Preferred Brands	
<i>unistik-2 3 mm device</i>	Preferred Brands	
<i>universal 1 33g lancets</i>	Preferred Brands	
<i>value plus lancing device</i>	Preferred Brands	
<i>vanishpoint 0.5 ml 30gx1/2" sy</i>	Preferred Brands	
<i>vanishpoint ins 1 ml 30gx3/16"</i>	Preferred Brands	
<i>vanishpoint u-100 29x1/2 syr</i>	Preferred Brands	
<i>vantage lancing device</i>	Preferred Brands	
<i>verifine in syr 0.5ml 29g 12mm</i>	Preferred Brands	
<i>verifine ins syr 0.3ml 31g 8mm</i>	Preferred Brands	
<i>verifine ins syr 0.5ml 31g 8mm</i>	Preferred Brands	
<i>verifine ins syr 1 ml 29g 1/2"</i>	Preferred Brands	
<i>verifine ins syr 1 ml 29g 12mm</i>	Preferred Brands	
<i>verifine ins syr 1 ml 31g 8mm</i>	Preferred Brands	
<i>verifine pen needle 29g 12mm</i>	Preferred Brands	
<i>verifine pen needle 31g 5mm</i>	Preferred Brands	

****ATTENTION FHK PROVIDERS AND ENROLLEES****

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verifine pen needle 31g 8mm</i>	Preferred Brands	
<i>verifine pen needle 32g 4mm</i>	Preferred Brands	
<i>verifine pen needle 32g 6mm</i>	Preferred Brands	
<i>verifine pl pn ndl 32g4mm-shrp</i>	Preferred Brands	
<i>verifine plus pen ndl 31g 5mm</i>	Preferred Brands	
<i>verifine plus pen ndl 31g 8mm</i>	Preferred Brands	
<i>verifine plus pen ndl 32g 4mm</i>	Preferred Brands	
<i>verifine safety 21g lancet mini</i>	Preferred Brands	
<i>verifine safety 23g lancet mini</i>	Preferred Brands	
<i>verifine safety 28g lancet mini</i>	Preferred Brands	
<i>verifine safety 30g lancet mini</i>	Preferred Brands	
<i>verifine syring 0.5ml 29g 1/2"</i>	Preferred Brands	
<i>verifine syring 1 ml 31g 5/16"</i>	Preferred Brands	
<i>verifine syrng 0.3ml 31g 5/16"</i>	Preferred Brands	
<i>verifine syrng 0.5ml 31g 5/16"</i>	Preferred Brands	
<i>verifine universal 28g lancet</i>	Preferred Brands	
<i>verifine universal 30g lancet</i>	Preferred Brands	
<i>verifine universal 33g lancet</i>	Preferred Brands	
<i>vivaguard 30g lancet</i>	Preferred Brands	
<i>vivaguard lancing device</i>	Preferred Brands	
<i>vivaguard safety 28g lancet</i>	Preferred Brands	
<i>vortex adult mask</i>	Preferred Brands	
<i>vortex holding chamber</i>	Preferred Brands	
<i>vortex vhc pediatric med mask</i>	Preferred Brands	
<i>walgreens thin lancets</i>	Preferred Brands	
<i>walgreens ultra thin lancets</i>	Preferred Brands	
<i>wm unifine pentip plus 4mm 32g</i>	Preferred Brands	
<i>wm unifine pentip plus 5mm 31g</i>	Preferred Brands	
<i>wm unifine pentip plus 6mm 31g</i>	Preferred Brands	
<i>wm unifine pentip plus 8mm 31g</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>yale needles 21gx1.25"</i>	Preferred Brands	
<i>yourx ulticare pen ndl 4mm 32g</i>	Preferred Brands	
<i>yourx ulticare pen ndl 6mm 31g</i>	Preferred Brands	
<i>yourx ulticare pen ndl 8mm 31g</i>	Preferred Brands	
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
<i>contour next test strip (ndc: 00193727735)</i>	Preferred Brands	 6.8 per day
<i>contour next test strip (ndc: 00193727870)</i>	Preferred Brands	 6.8 per day
<i>contour next test strip (ndc: 00193730850)</i>	Preferred Brands	 6.8 per day
<i>contour next test strip (ndc: 00193731025)</i>	Preferred Brands	 6.8 per day
<i>contour next test strip (ndc: 00193731150)</i>	Preferred Brands	 6.8 per day
<i>contour next test strip (ndc: 00193731221)</i>	Preferred Brands	 6.8 per day
<i>contour plus test strip</i>	Preferred Brands	 6.8 per day
<i>contour test strip</i>	Preferred Brands	 6.8 per day
<i>freestyle insulinx test strip</i>	Preferred Brands	 6.8 per day
<i>freestyle insulinx test strips</i>	Preferred Brands	 6.8 per day
<i>freestyle lite test strip</i>	Preferred Brands	 6.8 per day
<i>freestyle lite test strip nfrs</i>	Preferred Brands	 6.8 per day
<i>freestyle prec neo test strips</i>	Preferred Brands	 6.8 per day
<i>freestyle test strips</i>	Preferred Brands	 6.8 per day
<i>freestyle test strips nfrs</i>	Preferred Brands	 6.8 per day
<i>optium ez test strip</i>	Preferred Brands	 6.8 per day
<i>precision xtra test strips</i>	Preferred Brands	 6.8 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO 108 MG/0.68 ML PEN <i>vedolizumab</i>	Preferred Brands	S PA QPD 0.049 per day
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide 10 mg tablet</i>	Generics	
<i>leflunomide 20 mg tablet</i>	Generics	
DIURETICS		
LOOP DIURETICS (40:28)		
<i>bumetanide 0.5 mg tablet</i>	Preferred Generics	
<i>bumetanide 1 mg tablet</i>	Preferred Generics	
<i>bumetanide 2 mg tablet</i>	Generics	
<i>furosemide 10 mg/ml solution</i>	Preferred Generics	
<i>furosemide 20 mg tablet</i>	Preferred Generics	
<i>furosemide 40 mg tablet</i>	Preferred Generics	
<i>furosemide 80 mg tablet</i>	Preferred Generics	
<i>torsemide 10 mg tablet</i>	Preferred Generics	
<i>torsemide 100 mg tablet</i>	Preferred Generics	
<i>torsemide 20 mg tablet</i>	Preferred Generics	
<i>torsemide 5 mg tablet</i>	Preferred Generics	
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl 5 mg tablet</i>	Preferred Generics	
<i>amiloride hcl-hctz 5-50 mg tab</i>	Preferred Generics	
<i>triamterene 100 mg capsule</i>	Generics	
<i>triamterene 50 mg capsule</i>	Generics	
<i>triamterene-hctz 37.5-25 mg cp</i>	Preferred Generics	
<i>triamterene-hctz 37.5-25 mg tb</i>	Preferred Generics	
<i>triamterene-hctz 75-50 mg tab</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIAZIDE DIURETICS		
<i>hydrochlorothiazide 12.5 mg cp</i>	Preferred Generics	
<i>hydrochlorothiazide 12.5 mg tb</i>	Preferred Generics	
<i>hydrochlorothiazide 25 mg tab</i>	Preferred Generics	
<i>hydrochlorothiazide 50 mg tab</i>	Preferred Generics	
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone 25 mg tablet</i>	Preferred Generics	
<i>chlorthalidone 50 mg tablet</i>	Preferred Generics	
<i>indapamide 1.25 mg tablet</i>	Preferred Generics	
<i>indapamide 2.5 mg tablet</i>	Preferred Generics	
<i>metolazone 10 mg tablet</i>	Generics	
<i>metolazone 2.5 mg tablet</i>	Generics	
<i>metolazone 5 mg tablet</i>	Generics	
VASOPRESSIN ANTAGONISTS		
JYNARQUE 15 MG TABLET <i>tolvaptan</i>	Generics	S PA QPD 2 per day
JYNARQUE 15 MG-15 MG TABLET <i>tolvaptan</i>	Generics	S PA QPD 2 per day
JYNARQUE 30 MG TABLET <i>tolvaptan</i>	Generics	S PA QPD 1 per day
JYNARQUE 30 MG-15 MG TABLET <i>tolvaptan</i>	Generics	S PA QPD 2 per day
JYNARQUE 45 MG-15 MG TABLET <i>tolvaptan</i>	Generics	S PA QPD 2 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
JYNARQUE 90 MG-30 MG TABLET <i>tolvaptan</i>	Generics		S PA QPD 2 per day
<i>tolvaptan 15 mg tablet</i>	Generics		QL S MAX 30 / 365 DAYS
<i>tolvaptan 30 mg tablet</i>	Generics		QL S MAX 60 / 365 DAYS
DOPAMINE RECEPTOR AGONISTS			
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS			
<i>bromocriptine 2.5 mg tablet</i>	Generics		
<i>bromocriptine 5 mg capsule</i>	Generics		
<i>cabergoline 0.5 mg tablet</i>	Generics		
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST			
<i>apomorphine 30 mg/3 ml cartrdg</i>	Generics		S
<i>pramipexole 0.125 mg tablet</i>	Preferred Generics		
<i>pramipexole 0.25 mg tablet</i>	Preferred Generics		
<i>pramipexole 0.5 mg tablet</i>	Preferred Generics		
<i>pramipexole 0.75 mg tablet</i>	Preferred Generics		
<i>pramipexole 1 mg tablet</i>	Preferred Generics		
<i>pramipexole 1.5 mg tablet</i>	Preferred Generics		
<i>ropinirole hcl 0.25 mg tablet</i>	Preferred Generics		
<i>ropinirole hcl 0.5 mg tablet</i>	Preferred Generics		
<i>ropinirole hcl 1 mg tablet</i>	Preferred Generics		
<i>ropinirole hcl 2 mg tablet</i>	Preferred Generics		
<i>ropinirole hcl 3 mg tablet</i>	Preferred Generics		
<i>ropinirole hcl 4 mg tablet</i>	Preferred Generics		
<i>ropinirole hcl 5 mg tablet</i>	Preferred Generics		

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS #2 TABLET <i>sodium phosphate,monobasic/potassium phosphate,monobasic</i>	Preferred Brands	
PHOSPHO-TRIN K500 500 MG TAB <i>potassium phosphate,monobasic</i>	Generics	
PHOSPHOROUS 250 MG TABLET <i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	Generics	
ALKALINIZING AGENTS		
<i>potassium citrate er 10 meq tb</i>	Generics	
<i>potassium citrate er 15 meq tb</i>	Generics	
<i>potassium citrate er 5 meq tab</i>	Generics	
<i>sod citrate-citric acid cup</i>	Generics	
<i>sod citrate-citric acid soln</i>	Generics	
AMMONIA DETOXICANTS		
<i>carglumic acid 200 mg tab susp</i>	Generics	S PA
CONSTULOSE 10 GM/15 ML SOLN <i>lactulose</i>	Generics	
ENULOSE 10 GM/15 ML SOLUTION <i>lactulose</i>	Preferred Generics	
GENERLAC 10 GM/15 ML SOLUTION <i>lactulose</i>	Preferred Generics	
<i>lactulose 10 gm/15 ml soln cup</i>	Generics	
<i>lactulose 10 gm/15 ml solution</i>	Generics	
<i>lactulose 20 gm/30 ml soln cup</i>	Generics	
<i>sodium phenylbutyrate 500mg tb</i>	Generics	S PA
<i>sodium phenylbutyrate powder</i>	Generics	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IRRIGATING SOLUTIONS		
NEBUSAL 3% VIAL <i>sodium chloride for inhalation</i>	Preferred Generics	
PULMOSAL 7% VIAL <i>sodium chloride for inhalation</i>	Preferred Generics	
<i>sodium chloride 3% vial</i>	Preferred Generics	
<i>sodium chloride 7% vial</i>	Preferred Generics	
REPLACEMENT PREPARATIONS		
KLOR-CON 10 MEQ TABLET <i>potassium chloride</i>	Preferred Generics	
KLOR-CON 20 MEQ PACKET <i>potassium chloride</i>	Generics	
KLOR-CON 8 MEQ TABLET <i>potassium chloride</i>	Preferred Generics	
KLOR-CON M10 TABLET <i>potassium chloride</i>	Preferred Generics	
KLOR-CON M15 TABLET <i>potassium chloride</i>	Generics	
KLOR-CON M20 TABLET <i>potassium chloride</i>	Preferred Generics	
<i>potassium cl 10% (20 meq/15ml)</i>	Generics	
<i>potassium cl 20 meq packet</i>	Generics	
<i>potassium cl 20% (40 meq/15ml)</i>	Generics	
<i>potassium cl er 10 meq capsule</i>	Preferred Generics	
<i>potassium cl er 10 meq tablet</i>	Preferred Generics	
<i>potassium cl er 10 meq tablet</i>	Preferred Generics	
<i>potassium cl er 15 meq tablet</i>	Generics	
<i>potassium cl er 20 meq tablet</i>	Preferred Generics	
<i>potassium cl er 20 meq tablet</i>	Preferred Generics	
<i>potassium cl er 8 meq capsule</i>	Preferred Generics	
<i>potassium cl er 8 meq tablet</i>	Preferred Generics	
<i>potassium cl10%(20meq/15ml)cup</i>	Generics	
<i>potassium cl10%(40meq/30ml)cup</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>potassium cl20%(40meq/15ml)cup</i>	Generics	
URICOSURIC AGENTS		
<i>probenecid 500 mg tablet</i>	Generics	
<i>probenecid-colchicine tablet</i>	Generics	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate 12% lotion</i>	Generics	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate 12% cream</i>	Generics	
<i>calcipotriene 0.005% cream</i>	Generics	
ENSTILAR 0.005%-0.064% FOAM <i>calcipotriene/betamethasone dipropionate</i>	Preferred Brands	
<i>nitroglycerin 0.4% ointment</i>	Generics	
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
<i>nitisinone 10 mg capsule</i>	Generics	S
<i>nitisinone 2 mg capsule</i>	Generics	S
<i>nitisinone 20 mg capsule</i>	Generics	S
<i>nitisinone 5 mg capsule</i>	Generics	S
NITYR 10 MG TABLET <i>nitisinone</i>	Preferred Brands	S
NITYR 2 MG TABLET <i>nitisinone</i>	Preferred Brands	S
NITYR 5 MG TABLET <i>nitisinone</i>	Preferred Brands	S
ORFADIN 4 MG/ML SUSPENSION <i>nitisinone</i>	Preferred Brands	S
<i>sapropterin 100 mg powder pkt</i>	Generics	S PA
<i>sapropterin 100 mg tablet</i>	Generics	S PA

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>sapropterin 500 mg powder pkt</i>	Generics		S PA
ENZYME INHIBITORS			
<i>miglustat 100 mg capsule</i>	Generics		S PA QPD 3.0 per day
YARGESA 100 MG CAPSULE <i>miglustat</i>	Generics		S PA QPD 3.0 per day
ZOKINVY 50 MG CAPSULE <i>lonafarnib</i>	Preferred Brands		S PA QPD 4.0 per day
ZOKINVY 75 MG CAPSULE <i>lonafarnib</i>	Preferred Brands		S PA QPD 4.0 per day
REVCОВI 2.4 MG/1.5 ML VIAL <i>elapegademase-lvlr</i>	Preferred Brands		S
ESTROGENS AND ANTIESTROGENS			
ESTROGEN AGONIST-ANTAGONISTS			
<i>raloxifene hcl 60 mg tablet</i>	Generics		C [ACA] Age Edits Apply: 35+ years
SOLTAMOX 20 MG/10 ML SOLN <i>tamoxifen citrate</i>	Preferred Brands		
<i>tamoxifen 10 mg tablet</i>	Preferred Generics		C [ACA] Age Edits Apply: 35+ years
<i>tamoxifen 20 mg tablet</i>	Preferred Generics		C [ACA] Age Edits Apply: 35+ years
<i>toremifene citrate 60 mg tab</i>	Generics		S
ESTROGENS			
ABIGALE 1 MG-0.5 MG TABLET <i>estradiol/norethindrone acetate</i>	Generics		
ABIGALE LO 0.5-0.1 MG TABLET <i>estradiol/norethindrone acetate</i>	Generics		

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMABELZ 0.5 MG-0.1 MG TABLET <i>estradiol/norethindrone acetate</i>	Generics	
AMABELZ 1 MG-0.5 MG TABLET <i>estradiol/norethindrone acetate</i>	Generics	
CLIMARA PRO PATCH <i>estradiol/levonorgestrel</i>	Preferred Brands	QPD 0.143 per day
DIVIGEL 0.25 MG GEL PACKET <i>estradiol</i>	Preferred Brands	QPD 1 per day
DIVIGEL 0.5 MG GEL PACKET <i>estradiol</i>	Preferred Brands	QPD 1 per day
DIVIGEL 0.75 MG GEL PACKET <i>estradiol</i>	Preferred Brands	QPD 1 per day
DIVIGEL 1 MG GEL PACKET <i>estradiol</i>	Preferred Brands	QPD 1 per day
DOTTI 0.025 MG PATCH <i>estradiol</i>	Generics	QPD 0.286 per day
DOTTI 0.0375 MG PATCH <i>estradiol</i>	Generics	QPD 0.286 per day
DOTTI 0.05 MG PATCH <i>estradiol</i>	Generics	QPD 0.286 per day
DOTTI 0.075 MG PATCH <i>estradiol</i>	Generics	QPD 0.286 per day
DOTTI 0.1 MG PATCH <i>estradiol</i>	Generics	QPD 0.286 per day
DUAVEE 0.45-20 MG TABLET <i>estrogens, conjugated/bazedoxifene acetate</i>	Preferred Brands	
<i>estradiol 0.01% cream</i>	Generics	QL MAX 255 / 365 DAYS
<i>estradiol 0.025 mg patch(1/wk)</i>	Generics	QPD 0.143 per day
<i>estradiol 0.025 mg patch(2/wk)</i>	Generics	QPD 0.286 per day
<i>estradiol 0.0375mg patch(1/wk)</i>	Generics	QPD 0.143 per day
<i>estradiol 0.0375mg patch(2/wk)</i>	Generics	QPD 0.286 per day
<i>estradiol 0.05 mg patch (1/wk)</i>	Generics	QPD 0.143 per day
<i>estradiol 0.05 mg patch (2/wk)</i>	Generics	QPD 0.286 per day
<i>estradiol 0.06 mg patch (1/wk)</i>	Generics	QPD 0.143 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol 0.06% 1.25g gel pump</i>	Generics	 1.25 per day
<i>estradiol 0.075 mg patch(1/wk)</i>	Generics	 0.143 per day
<i>estradiol 0.075 mg patch(2/wk)</i>	Generics	 0.286 per day
<i>estradiol 0.1 mg patch (1/wk)</i>	Generics	 0.143 per day
<i>estradiol 0.1 mg patch (2/wk)</i>	Generics	 0.286 per day
<i>estradiol 0.1 % (0.25mg) gel pk</i>	Generics	 1.0 per day
<i>estradiol 0.1 % (0.5mg) gel pkt</i>	Generics	 1.0 per day
<i>estradiol 0.1 % (0.75mg) gel pk</i>	Generics	 1.0 per day
<i>estradiol 0.1 % (1 mg) gel pkt</i>	Generics	 1.0 per day
<i>estradiol 0.1 % (1.25mg) gel pk</i>	Generics	 1.25 per day
<i>estradiol 0.5 mg tablet</i>	Preferred Generics	
<i>estradiol 1 mg tablet</i>	Preferred Generics	
<i>estradiol 10 mcg vaginal insrt</i>	Generics	
<i>estradiol 2 mg tablet</i>	Preferred Generics	
<i>estradiol valerate 100 mg/5 ml</i>	Generics	
<i>estradiol valerate 200 mg/5 ml</i>	Generics	
<i>estradiol valerate 50 mg/5 ml</i>	Generics	
<i>estradiol-noreth 0.5-0.1 mg tb</i>	Generics	
<i>estradiol-noreth 1-0.5 mg tab</i>	Generics	
ESTRING 7.5 MCG/DAY (2MG) RING <i>estradiol</i>	Preferred Brands	 max 1 / 90 days
FYAVOLV 0.5 MG-2.5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Generics	
FYAVOLV 1 MG-5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Generics	
JINTELI 1 MG-5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Generics	
LYLLANA 0.025 MG PATCH <i>estradiol</i>	Generics	 0.286 per day
LYLLANA 0.0375 MG PATCH <i>estradiol</i>	Generics	 0.286 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYLLANA 0.05 MG PATCH <i>estradiol</i>	Generics	 0.286 per day
LYLLANA 0.075 MG PATCH <i>estradiol</i>	Generics	 0.286 per day
LYLLANA 0.1 MG PATCH <i>estradiol</i>	Generics	 0.286 per day
MIMVEY 1-0.5 MG TABLET <i>estradiol/norethindrone acetate</i>	Generics	
<i>norethin-eth estrad 1 mg-5 mcg</i>	Generics	
<i>norethind-eth estrad 0.5-2.5</i>	Generics	
PREMARIN 0.3 MG TABLET <i>estrogens, conjugated</i>	Preferred Brands	
PREMARIN 0.45 MG TABLET <i>estrogens, conjugated</i>	Preferred Brands	
PREMARIN 0.625 MG TABLET <i>estrogens, conjugated</i>	Preferred Brands	
PREMARIN 0.9 MG TABLET <i>estrogens, conjugated</i>	Preferred Brands	
PREMARIN 1.25 MG TABLET <i>estrogens, conjugated</i>	Preferred Brands	
PREMARIN VAGINAL CREAM-APPL <i>estrogens, conjugated</i>	Preferred Brands	
PREMPHASE 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	Preferred Brands	
PREMPRO 0.3 MG-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	Preferred Brands	
PREMPRO 0.45-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	Preferred Brands	
PREMPRO 0.625-2.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YUVAFEM 10 MCG VAGINAL INSERT <i>estradiol</i>	Generics	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTI-INFLAMMATORY AGENTS (EENT)		
RESTASIS 0.05% EYE EMULSION <i>cyclosporine</i>	Generics	
ANTIALLERGIC AGENTS		
<i>azelastine 0.1% (137 mcg) spray</i>	Preferred Generics	
<i>azelastine hcl 0.05% drops</i>	Preferred Generics	
<i>bepotastine 1.5% eye drop</i>	Generics	
<i>epinastine hcl 0.05% eye drops</i>	Generics	
<i>olopatadine hcl 0.1% eye drops</i>	Generics	
<i>olopatadine hcl 0.2% eye drop</i>	Generics	
EENT DRUGS, MISCELLANEOUS		
<i>ipratropium 0.03% spray</i>	Generics	
<i>ipratropium 0.06% spray</i>	Generics	
LOCAL ANESTHETICS (EENT)		
<i>lidocaine 2% viscous 15 ml cup</i>	Preferred Generics	
<i>lidocaine 2% viscous soln</i>	Preferred Generics	
<i>lidocaine hcl 4% solution</i>	Generics	PA QPD 5.0 per day
MYDRIATICS		
<i>atropine 1% eye drop</i>	Generics	
<i>atropine 1% eye drops</i>	Generics	
<i>cyclopentolate 1% eye drop</i>	Preferred Generics	
<i>cyclopentolate 1% eye drops</i>	Preferred Generics	
FIRST GENERATION ANTIHISTAMINES		
ETHANOLAMINE DERIVATIVES		
DIPHEN 12.5 MG/5 ML ELIXIR <i>diphenhydramine hcl</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIPHEN 12.5 MG/5 ML SOLUTION <i>diphenhydramine hcl</i>	Generics	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
<i>cyproheptadine 2 mg/5 ml soln</i>	Preferred Generics	
<i>cyproheptadine 2 mg/5 ml syrup</i>	Preferred Generics	
<i>cyproheptadine 4 mg tablet</i>	Preferred Generics	
PHENOTHIAZINE DERIVATIVES		
<i>promethazine 12.5 mg suppos</i>	Generics	
<i>promethazine 12.5 mg tablet</i>	Preferred Generics	
<i>promethazine 25 mg suppository</i>	Generics	
<i>promethazine 25 mg tablet</i>	Preferred Generics	
<i>promethazine 50 mg tablet</i>	Preferred Generics	
<i>promethazine 6.25 mg/5 ml soln</i>	Preferred Generics	
<i>promethazine 6.25 mg/5 ml syrup</i>	Preferred Generics	
PROMETHEGAN 12.5 MG SUPPOS <i>promethazine hcl</i>	Generics	
PROMETHEGAN 25 MG SUPPOSITORY <i>promethazine hcl</i>	Generics	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl 0.5 mg tablet</i>	Generics	
<i>alosetron hcl 1 mg tablet</i>	Generics	
<i>balsalazide disodium 750 mg cp</i>	Generics	
<i>mesalamine 1,000 mg supp</i>	Generics	
<i>mesalamine 4 gm/60 ml enema</i>	Generics	
<i>mesalamine 800 mg dr tablet</i>	Generics	
<i>mesalamine dr 1.2 gm tablet</i>	Generics	
<i>mesalamine dr 400 mg capsule</i>	Generics	
<i>mesalamine er 0.375 gram cap</i>	Generics	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atrop 2.5-0.025</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loperamide 2 mg capsule</i>	Generics	
VIBERZI 100 MG TABLET <i>eluxadoline</i>	Preferred Brands	
VIBERZI 75 MG TABLET <i>eluxadoline</i>	Preferred Brands	
CATHARTICS AND LAXATIVES		
GAVILYTE-G SOLUTION <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	Preferred Generics	 [ACA] Age Edits Apply: 45-75 years
GAVILYTE-N SOLUTION <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	Generics	 [ACA] Age Edits Apply: 45-75 years
<i>peg 3350-electrolyte solution</i>	Generics	 [ACA] Age Edits Apply: 45-75 years
<i>peg-3350 and electrolytes soln</i>	Preferred Generics	 [ACA] Age Edits Apply: 45-75 years
<i>sod sul-potass sul-mag sul sol</i>	Generics	
CHOLELITHOLYTIC AGENTS		
CHENODAL 250 MG TABLET <i>chenodiol</i>	Preferred Brands	
CTEXLI 250 MG TABLET <i>chenodiol</i>	Preferred Brands	
<i>ursodiol 250 mg tablet</i>	Generics	
<i>ursodiol 300 mg capsule</i>	Generics	
<i>ursodiol 500 mg tablet</i>	Generics	
DIGESTANTS		
CREON DR 12,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
CREON DR 24,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
CREON DR 3,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
CREON DR 36,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
CREON DR 6,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZENPEP DR 10,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
ZENPEP DR 15,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
ZENPEP DR 20,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
ZENPEP DR 25,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
ZENPEP DR 3,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
ZENPEP DR 40,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
ZENPEP DR 5,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
ZENPEP DR 60,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	Preferred Brands	
GI DRUGS, MISCELLANEOUS		
<i>dronabinol 10 mg capsule</i>	Generics	
<i>dronabinol 2.5 mg capsule</i>	Generics	
<i>dronabinol 5 mg capsule</i>	Generics	
IMMUNOMODULATORY AGENTS (56:44)		
OMVOH 100 MG/ML PEN <i>mirikizumab-mrkz</i>	Preferred Brands	S PA QPD 0.072 per day
OMVOH 100 MG/ML SYRINGE <i>mirikizumab-mrkz</i>	Preferred Brands	S PA QPD 0.072 per day
OMVOH 200 MG DOSE - 2 PENS <i>mirikizumab-mrkz</i>	Preferred Brands	S PA QPD 0.072 per day
OMVOH 200 MG DOSE - 2 SYRINGES <i>mirikizumab-mrkz</i>	Preferred Brands	S PA QPD 0.072 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
OMVOH 200 MG/2 ML PEN <i>mirikizumab-mrkz</i>	Preferred Brands		S PA QPD 0.072 per day
OMVOH 200 MG/2 ML SYRINGE <i>mirikizumab-mrkz</i>	Preferred Brands		S PA QPD 0.072 per day
OMVOH 300 MG DOSE - 2 PENS <i>mirikizumab-mrkz</i>	Preferred Brands		S PA QPD 0.108 per day
OMVOH 300 MG DOSE - 2 SYRINGES <i>mirikizumab-mrkz</i>	Preferred Brands		S PA QPD 0.108 per day
PROKINETIC AGENTS			
<i>metoclopramide 10 mg tablet</i>	Preferred Generics		
<i>metoclopramide 5 mg tablet</i>	Preferred Generics		
<i>metoclopramide 5 mg/5 ml soln</i>	Generics		
GENITOURINARY SMOOTH MUSCLE RELAXANTS			
ANTIMUSCARINICS			
<i>oxybutynin 5 mg tablet</i>	Preferred Generics		QPD 4.0 per day
<i>oxybutynin 5 mg/5 ml soln cup</i>	Preferred Generics		QPD 20.0 per day
<i>oxybutynin 5 mg/5 ml solution</i>	Preferred Generics		QPD 20.0 per day
<i>oxybutynin 5 mg/5 ml syrup</i>	Preferred Generics		QPD 20.0 per day
<i>oxybutynin cl er 10 mg tablet</i>	Preferred Generics		QPD 2.0 per day
<i>oxybutynin cl er 15 mg tablet</i>	Preferred Generics		QPD 2.0 per day
<i>oxybutynin cl er 5 mg tablet</i>	Preferred Generics		QPD 1.0 per day
<i>solifenacin 10 mg tablet</i>	Preferred Generics		QPD 1.0 per day
<i>solifenacin 5 mg tablet</i>	Preferred Generics		QPD 1.0 per day
<i>tolterodine tart er 2 mg cap</i>	Generics		QPD 1.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolterodine tart er 4 mg cap</i>	Generics	 1.0 per day
<i>tolterodine tartrate 1 mg tab</i>	Generics	 2.0 per day
<i>tolterodine tartrate 2 mg tab</i>	Generics	 2.0 per day
<i>tropium chloride 20 mg tablet</i>	Generics	 2.0 per day
<i>tropium chloride er 60 mg cap</i>	Generics	 1.0 per day
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
MYFEMBREE 40 MG-1 MG-0.5 MG TB <i>relugolix/estradiol/norethindrone acetate</i>	Preferred Brands	  1 per day
ORIAHNN 300-1-0.5MG/300MG CAPS <i>elagolix sodium/estradiol/norethindrone acetate</i>	Preferred Brands	  2 per day
ORILISSA 150 MG TABLET <i>elagolix sodium</i>	Preferred Brands	  1 per day
ORILISSA 200 MG TABLET <i>elagolix sodium</i>	Preferred Brands	  2 per day
GONADOTROPINS		
<i>leuprolide 2wk 14 mg/2.8 ml kt</i>	Generics	
<i>leuprolide 2wk 14 mg/2.8 ml vl</i>	Generics	
LUPRON DEPOT 11.25 MG 3MO KIT <i>leuprolide acetate</i>	Preferred Brands	 max 90 days / fill 
LUPRON DEPOT 22.5 MG 3MO KIT <i>leuprolide acetate</i>	Preferred Brands	 max 90 days / fill 
LUPRON DEPOT 3.75 MG KIT <i>leuprolide acetate</i>	Preferred Brands	
LUPRON DEPOT 45 MG 6MO KIT <i>leuprolide acetate</i>	Preferred Brands	 max 180 days / fill 
LUPRON DEPOT 7.5 MG KIT <i>leuprolide acetate</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT-4 MONTH KIT <i>leuprolide acetate</i>	Preferred Brands	QL S max 120 days / fill
LUPRON DEPOT-PED 11.25 MG 3MO <i>leuprolide acetate</i>	Preferred Brands	QL S max 90 days / fill
LUPRON DEPOT-PED 11.25 MG KIT <i>leuprolide acetate</i>	Preferred Brands	S
LUPRON DEPOT-PED 15 MG KIT <i>leuprolide acetate</i>	Preferred Brands	S
LUPRON DEPOT-PED 30 MG 3MO KIT <i>leuprolide acetate</i>	Preferred Brands	QL S max 90 days / fill
LUPRON DEPOT-PED 45 MG 6MO KIT <i>leuprolide acetate</i>	Preferred Brands	QL S max 180 days / fill
LUPRON DEPOT-PED 7.5 MG KIT <i>leuprolide acetate</i>	Preferred Brands	S
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA 150-37.5 MG PELLET PKT <i>sofosbuvir/velpatasvir</i>	Preferred Brands	S PA QPD 1 per day
EPCLUSA 200 MG-50 MG TABLET <i>sofosbuvir/velpatasvir</i>	Preferred Brands	S PA QPD 1 per day
EPCLUSA 200-50 MG PELLET PACK <i>sofosbuvir/velpatasvir</i>	Preferred Brands	S PA QPD 1 per day
EPCLUSA 400 MG-100 MG TABLET <i>sofosbuvir/velpatasvir</i>	Preferred Brands	S PA QPD 1 per day
HARVONI 33.75-150 MG PELLET PK <i>ledipasvir/sofosbuvir</i>	Preferred Brands	S PA QPD 1 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HARVONI 45-200 MG PELLET PACKET <i>ledipasvir/sofosbuvir</i>	Preferred Brands	S PA QPD 1 per day
HARVONI 45-200 MG TABLET <i>ledipasvir/sofosbuvir</i>	Preferred Brands	S PA QPD 1 per day
HARVONI 90-400 MG TABLET <i>ledipasvir/sofosbuvir</i>	Preferred Brands	S PA QPD 1 per day
SOVALDI 150 MG PELLET PACKET <i>sofosbuvir</i>	Preferred Brands	S PA QPD 1 per day
SOVALDI 200 MG PELLET PACKET <i>sofosbuvir</i>	Preferred Brands	S PA QPD 1 per day
SOVALDI 200 MG TABLET <i>sofosbuvir</i>	Preferred Brands	S PA QPD 1 per day
SOVALDI 400 MG TABLET <i>sofosbuvir</i>	Preferred Brands	S PA QPD 1 per day
VOSEVI 400-100-100 MG TABLET <i>sofosbuvir/velpatasvir/voxilaprevir</i>	Preferred Brands	S PA QPD 1 per day
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET 100-40 MG TABLET <i>glecaprevir/pibrentasvir</i>	Preferred Brands	S PA QPD 3.0 per day
MAVYRET 50-20 MG PELLET PACKET <i>glecaprevir/pibrentasvir</i>	Preferred Brands	S PA QPD 5 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE <i>succimer</i>	Preferred Brands	S
<i>deferasirox 125 mg tb for susp</i>	Generics	S
<i>deferasirox 180 mg granule pkt</i>	Generics	S
<i>deferasirox 180 mg tablet</i>	Generics	S
<i>deferasirox 250 mg tb for susp</i>	Generics	S
<i>deferasirox 360 mg granule pkt</i>	Generics	S
<i>deferasirox 360 mg tablet</i>	Generics	S
<i>deferasirox 500 mg tb for susp</i>	Generics	S
<i>deferasirox 90 mg granule pkt</i>	Generics	S
<i>deferasirox 90 mg tablet</i>	Generics	S
<i>deferiprone 1,000 mg tb(3x/dy)</i>	Generics	S
<i>deferiprone 500 mg tablet</i>	Generics	S
<i>penicillamine 250 mg tablet</i>	Generics	S
<i>trientine hcl 250 mg capsule</i>	Generics	S
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ARNUITY ELLIPTA 100 MCG INH <i>fluticasone furoate</i>	Preferred Brands	QPD 1 per day
ARNUITY ELLIPTA 200 MCG INH <i>fluticasone furoate</i>	Preferred Brands	QPD 1 per day
ARNUITY ELLIPTA 50 MCG INH <i>fluticasone furoate</i>	Preferred Brands	QPD 1 per day
ASMANEX HFA 100 MCG INHALER <i>mometasone furoate</i>	Preferred Brands	QPD 0.434 per day
ASMANEX HFA 200 MCG INHALER <i>mometasone furoate</i>	Preferred Brands	QPD 0.434 per day
ASMANEX HFA 50 MCG INHALER <i>mometasone furoate</i>	Preferred Brands	QPD 0.434 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASMANEX TWISTHALER 110 MCG #30 <i>mometasone furoate</i>	Preferred Brands	 0.034 per day
ASMANEX TWISTHALER 220 MCG #30 <i>mometasone furoate</i>	Preferred Brands	 0.034 per day
ASMANEX TWISTHALER 220 MCG #60 <i>mometasone furoate</i>	Preferred Brands	 0.034 per day
ASMANEX TWISTHALR 220 MCG #120 <i>mometasone furoate</i>	Preferred Brands	 0.034 per day
<i>budesonide 0.25 mg/2 ml susp</i>	Generics	
<i>budesonide 0.5 mg/2 ml susp</i>	Generics	
<i>budesonide 1 mg/2 ml inh susp</i>	Generics	
<i>budesonide 2 mg rectal foam</i>	Generics	
<i>budesonide dr 3 mg capsule</i>	Generics	
<i>budesonide ec 3 mg capsule</i>	Generics	
<i>dexamethasone 0.1% eye drop</i>	Preferred Brands	
<i>dexamethasone 0.5 mg tablet</i>	Preferred Generics	
<i>dexamethasone 0.5 mg/5 ml elx</i>	Generics	
<i>dexamethasone 0.75 mg tablet</i>	Preferred Generics	
<i>dexamethasone 1 mg tablet</i>	Preferred Generics	
<i>dexamethasone 1.5 mg tablet</i>	Preferred Generics	
<i>dexamethasone 2 mg tablet</i>	Preferred Generics	
<i>dexamethasone 4 mg tablet</i>	Preferred Generics	
<i>dexamethasone 6 mg tablet</i>	Preferred Generics	
<i>fludrocortisone 0.1 mg tablet</i>	Preferred Generics	
<i>hydrocortisone 10 mg tablet</i>	Generics	
<i>hydrocortisone 20 mg tablet</i>	Generics	
<i>hydrocortisone 5 mg tablet</i>	Generics	
<i>methylprednisolone 16 mg tab</i>	Preferred Generics	
<i>methylprednisolone 32 mg tab</i>	Preferred Generics	
<i>methylprednisolone 4 mg dosepk</i>	Preferred Generics	
<i>methylprednisolone 4 mg tablet</i>	Preferred Generics	
<i>methylprednisolone 8 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisolone 15 mg/5 ml soln</i>	Preferred Generics	
<i>prednisolone 15 mg/5 ml soln</i>	Preferred Generics	
<i>prednisolone 15 mg/5 ml syrup</i>	Preferred Generics	
<i>prednisolone 15mg/5ml soln cup</i>	Preferred Generics	
<i>prednisolone 5 mg/5 ml soln</i>	Generics	
<i>prednisolone sod ph 25 mg/5 ml</i>	Generics	
<i>prednisone 1 mg tablet</i>	Preferred Generics	
<i>prednisone 10 mg tab dose pack</i>	Preferred Generics	
<i>prednisone 10 mg tablet</i>	Preferred Generics	
<i>prednisone 2.5 mg tablet</i>	Preferred Generics	
<i>prednisone 20 mg tablet</i>	Preferred Generics	
<i>prednisone 5 mg tab dose pack</i>	Preferred Generics	
<i>prednisone 5 mg tablet</i>	Preferred Generics	
<i>prednisone 5 mg/5 ml solution</i>	Preferred Brands	
<i>prednisone 50 mg tablet</i>	Preferred Generics	
QVAR REDIHALER 40 MCG <i>beclomethasone dipropionate</i>	Preferred Brands	 0.354 per day
QVAR REDIHALER 80 MCG <i>beclomethasone dipropionate</i>	Preferred Brands	 0.707 per day
ANDROGENS		
<i>danazol 100 mg capsule</i>	Generics	
<i>danazol 200 mg capsule</i>	Generics	
<i>danazol 50 mg capsule</i>	Generics	
DEPO-TESTOSTERONE 1,000MG/10ML <i>testosterone cypionate</i>	Generics	  0.358 per day
DEPO-TESTOSTERONE 200 MG/ML <i>testosterone cypionate</i>	Generics	  0.358 per day
DEPO-TESTOSTERONE 200 MG/ML VL <i>testosterone cypionate</i>	Generics	  0.358 per day
<i>methyltestosterone 10 mg cap</i>	Generics	  20 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>testosterone 1% (25mg/2.5g) pk</i>	Generics		PA QPD 5.0 per day
<i>testosterone 1% (50 mg/5 g) pk</i>	Generics		PA QPD 10 per day
<i>testosterone 1.62% gel pump</i>	Generics		PA QPD 5.0 per day
<i>testosterone 12.5 mg/1.25 gram</i>	Generics		PA QPD 10.0 per day
<i>testosterone 30 mg/1.5 ml pump</i>	Generics		PA QPD 6 per day
<i>testosterone 50 mg/5 gram gel</i>	Generics		PA QPD 10 per day
<i>testosterone cyp 1,000 mg/10ml</i>	Generics		PA QPD 0.358 per day
<i>testosterone cyp 2,000 mg/10ml</i>	Generics		PA QPD 0.358 per day
<i>testosterone cyp 200 mg/ml</i>	Generics		PA QPD 0.358 per day
CONTRACEPTIVES			
AFIRMELLE-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics		C [ACA] Quantity Limits May Apply
AFTERA 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics		C [ACA] Quantity Limits May Apply
ALTAVERA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics		C [ACA] Quantity Limits May Apply
ALYACEN 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics		C [ACA] Quantity Limits May Apply
ALYACEN 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics		C [ACA] Quantity Limits May Apply
AMETHIA 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generics		C [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMETHYST 90-20 MCG TABLET <i>levonorgestrel/ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
APRI 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ARANELLE 28 TABLET <i>norethindrone-ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
ASHLYNA 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
AUBRA EQ-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AUBRA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AUROVELA 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AUROVELA 21 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AUROVELA 24 FE 1 MG-20 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AUROVELA FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AUROVELA FE 1.5 MG-30 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AVIANE-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AYUNA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
AZURETTE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
BALZIVA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
BLISOVI 24 FE TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
BLISOVI FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLISOVI FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
BRIELLYN TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
CAMILA 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
CAMRESE 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
CAMRESE LO TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
CAZANT 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
CHARLOTTE 24 FE CHEWABLE TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Generics	 [ACA] Quantity Limits May Apply
CHATEAL EQ-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
CRYSSELLE-28 TABLET <i>norgestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
CURAE 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
CYRED 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
CYRED EQ 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
DASETTA 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
DASETTA 7/7/7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
DAYSEE 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
DEBLITANE 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>desogestr-eth estrad eth estra</i>	Preferred Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOLISHALE 90-20 MCG TABLET <i>levonorgestrel/ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
<i>drosp-ee-levomef 3-0.02-0.451</i>	Generics	 [ACA] Quantity Limits May Apply
<i>drospirenone-ee 3-0.02 mg tab</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>drospirenone-ee 3-0.03 mg tab</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ECONTRA EZ 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ECONTRA ONE-STEP 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ELINEST-28 TABLET <i>norgestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ELLA 30 MG TABLET <i>ulipristal acetate</i>	Preferred Brands	 [ACA] Quantity Limits May Apply
EMZAHH 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ENPRESSE-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ENSKYCE 28 TABLET <i>desogestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ERRIN 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ESTARYLLA 0.25-0.035 MG TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>ethynodiol-eth estra 1mg-35mcg</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>ethynodiol-eth estra 1mg-50mcg</i>	Generics	 [ACA] Quantity Limits May Apply
FALMINA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
FEIRZA 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
FEIRZA 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
FINZALA 1-0.02(24)-75 CHEW TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GALBRIELA 0.8-0.025 MG CHEW TB <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	Generics	 [ACA] Quantity Limits May Apply
HAILEY 21 1.5 MG-30 MCG TAB <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
HAILEY 24 FE 1 MG-20 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
HAILEY FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
HAILEY FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
HEATHER 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
HER STYLE 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ICLEVIA 0.15 MG-0.03 MG TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
INCASSIA 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
INTROVALE 0.15-0.03 MG TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ISIBLOOM 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
JAIMIESS 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
JASMIEL 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
JENCYCLA 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
JOLESSA 0.15 MG-0.03 MG TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
JULEBER 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
JUNEL 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUNEL 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
JUNEL FE 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
JUNEL FE 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
JUNEL FE 24 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
KAITLIB FE 0.8-0.025MG CHEW TB <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	Generics	 [ACA] Quantity Limits May Apply
KALLIGA 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
KARIVA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
KELNOR 1-35 28 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
KELNOR 1-50 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
KURVELO-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LARIN 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LARIN 21 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LARIN 24 FE 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LARIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LARIN FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LAYOLIS FE CHEWABLE TABLET <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEENA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
LESSINA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LEVONEST-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>levono-e estrad 0.15-0.03-0.01</i>	Generics	 [ACA] Quantity Limits May Apply
<i>levonor-e estrad 0.1-0.02-0.01</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>levonor-eth estra 0.09-0.02 mg</i>	Generics	 [ACA] Quantity Limits May Apply
<i>levonor-eth estrad 0.1-0.02 mg</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>levonor-eth estrad 0.15-0.03</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>levonor-eth estrad 0.15-0.03</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>levonor-eth estrad triphasic</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
<i>levonorg 0.15mg-ee 20-25-30mcg</i>	Generics	 [ACA] Quantity Limits May Apply
<i>levonorgestrel 1.5 mg tablet</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LEVORA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LO LOESTRIN FE 1-10 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Brands	
LO-ZUMANDIMINE 3 MG-0.02 MG TB <i>ethinyl estradiol/drospirenone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LOESTRIN 21 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LOESTRIN 21 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LOESTRIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
LOESTRIN FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOJAIMIESS 0.1-0.02-0.01 TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
LORYNA 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
LOW-OGESTREL-28 TABLET <i>norgestrel-ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
LUTERA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
LYLEQ 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
LYZA 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MARLISSA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MELEYA 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MIBELAS 24 FE CHEWABLE TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Generics	C [ACA] Quantity Limits May Apply
MICROGESTIN 21 1-20 TABLET <i>norethindrone acetate/ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MICROGESTIN 21 1.5-30 TAB <i>norethindrone acetate/ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MICROGESTIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MICROGESTIN FE 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MILI 0.25-0.035 MG TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MONO-LINYAH 28 TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MY CHOICE 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
MY WAY 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
NECON 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	Generics	C [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEW DAY 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
NIKKI 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
NORA-BE TABLET <i>norethindrone</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>norelgestrom-ee 150-35 mcg/day</i>	Generics	C [ACA] Quantity Limits May Apply
<i>noret-estr-fe 0.4-0.035(21)-75</i>	Generics	C [ACA] Quantity Limits May Apply
<i>noreth-ee-fe 1 mg/20-30-35 mcg</i>	Generics	C [ACA] Quantity Limits May Apply
<i>noreth-ee-fe 1-0.02(21)-75 tab</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>noreth-ee-fe 1-0.02(24)-75 chw</i>	Generics	C [ACA] Quantity Limits May Apply
<i>noreth-ee-fe 1.5-0.03mg(21)-75</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>norethin-ee 1.5-0.03 mg(21) tb</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>norethin-estra-fe 0.8-0.025 mg</i>	Generics	C [ACA] Quantity Limits May Apply
<i>norethind-eth estrad 1-0.02 mg</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>norethindrone 0.35 mg tablet</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>norg-ee 0.18-0.215-0.25/0.025</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>norg-ee 0.18-0.215-0.25/0.035</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>norg-ethin estra 0.25-0.035 mg</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>norgestimate-ee 0.25-0.035 mg</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
NORTREL 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	Generics	C [ACA] Quantity Limits May Apply
NORTREL 1-35 21 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
NORTREL 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	C [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NORTREL 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
NUVARING VAGINAL RING <i>etonogestrel/ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
NYLIA 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
NYLIA 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
NYMYO 0.25-0.035 MG (28) TAB <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
OCELLA 3 MG-0.03 MG TABLET <i>ethinyl estradiol/drospirenone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
OPCON ONE-STEP 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
OPTION 2 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ORQUIDEA 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
ORTHO-NOVUM 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	
PHILITH 0.4-0.035 MG TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
PIMTREA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
PORTIA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
RECLIPSEN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
RIVELSA TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
ROSYRAH TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
SETLAKIN 0.15 MG-0.03 MG TAB <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
SHAROBE 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMLIYA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
SIMPESSE 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
SPRINTEC 28 DAY TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
SRONYX 0.10-0.02 MG TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
SYEDA 28 TABLET <i>ethinyl estradiol/drospirenone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TAKE ACTION 1.5 MG TABLET <i>levonorgestrel</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TARINA 24 FE 1 MG-20 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TARINA FE 1-20 EQ TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TARINA FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TILIA FE 28 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Generics	 [ACA] Quantity Limits May Apply
TRI-ESTARYLLA TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-LEGEST FE-28 DAY TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Generics	 [ACA] Quantity Limits May Apply
TRI-LINYAH TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-LO-ESTARYLLA TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-LO-MARZIA TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-LO-MILI TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-LO-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-MILI 28 TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-NYMYO 28 TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-VYLIBRA 28 TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRI-VYLIBRA LO TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TRIVORA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TULANA 0.35 MG TABLET <i>norethindrone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TURQOZ-28 TABLET <i>norgestrel-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
TYDEMY 3-0.03-0.451 MG TABLET <i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	Generics	 [ACA] Quantity Limits May Apply
VALTYA 1 MG-50 MCG TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
VESTURA 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
VIENVA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
VIORELE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
VOLNEA 0.15-0.02-0.01 MG TAB <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
VYFEMLA 0.4 MG-0.035 MG TABLET <i>norethindrone-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
VYLIBRA 28 TABLET <i>norgestimate-ethinyl estradiol</i>	Preferred Generics	 [ACA] Quantity Limits May Apply
WERA 0.5/0.035 MG 28 TABLET <i>norethindrone-ethinyl estradiol</i>	Generics	 [ACA] Quantity Limits May Apply
WYMZYA FE 0.4-0.035 MG CHEW TB <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	Generics	 [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
XARAH FE 1 MG/20-30-35 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Generics		 [ACA] Quantity Limits May Apply
XELRIA FE 0.4-0.035 MG CHEW TB <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	Generics		 [ACA] Quantity Limits May Apply
XULANE 150-35 MCG/DAY PATCH <i>norelgestromin/ethinyl estradiol</i>	Generics		 [ACA] Quantity Limits May Apply
ZAFEMY 150-35 MCG/DAY PATCH <i>norelgestromin/ethinyl estradiol</i>	Generics		 [ACA] Quantity Limits May Apply
ZARAH TABLET <i>ethinyl estradiol/drospirenone</i>	Preferred Generics		 [ACA] Quantity Limits May Apply
ZOVIA 1-35 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	Preferred Generics		 [ACA] Quantity Limits May Apply
ZUMANDIMINE 3 MG-0.03 MG TAB <i>ethinyl estradiol/drospirenone</i>	Preferred Generics		 [ACA] Quantity Limits May Apply
PITUITARY			
<i>desmopressin 0.01% solution</i>	Generics		
<i>desmopressin 10 mcg/0.1 ml spr</i>	Generics		
<i>desmopressin 40 mcg/10 ml vial</i>	Generics		
<i>desmopressin ac 4 mcg/ml ampul</i>	Generics		
<i>desmopressin ac 4 mcg/ml vial</i>	Generics		
<i>desmopressin acetate 0.1 mg tb</i>	Generics		
<i>desmopressin acetate 0.2 mg tb</i>	Generics		
GENOTROPIN 12 MG CARTRIDGE <i>somatropin</i>	Preferred Brands		 
GENOTROPIN 5 MG CARTRIDGE <i>somatropin</i>	Preferred Brands		 
GENOTROPIN MINIQUICK 0.2 MG <i>somatropin</i>	Preferred Brands		 
GENOTROPIN MINIQUICK 0.4 MG <i>somatropin</i>	Preferred Brands		 
GENOTROPIN MINIQUICK 0.6 MG <i>somatropin</i>	Preferred Brands		 

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENOTROPIN MINIQUICK 0.8 MG <i>somatropin</i>	Preferred Brands	S PA
GENOTROPIN MINIQUICK 1 MG <i>somatropin</i>	Preferred Brands	S PA
GENOTROPIN MINIQUICK 1.2 MG <i>somatropin</i>	Preferred Brands	S PA
GENOTROPIN MINIQUICK 1.4 MG <i>somatropin</i>	Preferred Brands	S PA
GENOTROPIN MINIQUICK 1.6 MG <i>somatropin</i>	Preferred Brands	S PA
GENOTROPIN MINIQUICK 1.8 MG <i>somatropin</i>	Preferred Brands	S PA
GENOTROPIN MINIQUICK 2 MG <i>somatropin</i>	Preferred Brands	S PA
OMNITROPE 10 MG/1.5 ML CRTG <i>somatropin</i>	Preferred Brands	S PA
OMNITROPE 5 MG/1.5 ML CRTG <i>somatropin</i>	Preferred Brands	S PA
OMNITROPE 5.8 MG VIAL <i>somatropin</i>	Preferred Brands	S PA
PROGESTINS		
GALLIFREY 5 MG TABLET <i>norethindrone acetate</i>	Generics	
<i>medroxyprogesterone 10 mg tab</i>	Preferred Generics	
<i>medroxyprogesterone 150 mg/ml</i>	Preferred Generics	QL max 90 days / fill C [ACA] Quantity Limits May Apply
<i>medroxyprogesterone 150 mg/ml</i>	Preferred Generics	C [ACA] Quantity Limits May Apply
<i>medroxyprogesterone 2.5 mg tab</i>	Preferred Generics	
<i>medroxyprogesterone 5 mg tab</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>megestrol 20 mg tablet</i>	Preferred Generics	
<i>megestrol 40 mg tablet</i>	Preferred Generics	
<i>megestrol 400 mg/10ml susp cup</i>	Generics	
<i>megestrol acet 40 mg/ml susp</i>	Generics	
<i>norethindrone 5 mg tablet</i>	Generics	
<i>progesterone 100 mg capsule</i>	Preferred Generics	
<i>progesterone 200 mg capsule</i>	Generics	
<i>progesterone 500 mg/10 ml vial</i>	Generics	
IMMUNOMODULATORY AGENTS (90:00)		
COMPLEMENT INHIBITOR AGENTS (90:20)		
EMPAVELI 1,080 MG/20 ML VIAL <i>pegcetacoplan</i>	Preferred Brands	S PA QPD 5.715 per day
FABHALTA 200 MG CAPSULE <i>iptacopan hcl</i>	Preferred Brands	S PA QPD 2.0 per day
INSULINS		
INTERMEDIATE-ACTING INSULINS		
HUMULIN 70-30 VIAL <i>insulin nph human isophane/insulin regular, human</i>	Preferred Brands	QPD 3.334 per day
HUMULIN 70/30 KWIKPEN <i>insulin nph human isophane/insulin regular, human</i>	Preferred Brands	QPD 3.334 per day
HUMULIN N 100 UNIT/ML KWIKPEN <i>insulin nph human isophane</i>	Preferred Brands	QPD 3.334 per day
HUMULIN N 100 UNIT/ML VIAL <i>insulin nph human isophane</i>	Preferred Brands	QPD 3.334 per day
NOVOLIN 70-30 100 UNIT/ML VIAL <i>insulin nph human isophane/insulin regular, human</i>	Preferred Brands	QPD 3.334 per day
NOVOLIN 70-30 FLEXPEN <i>insulin nph human isophane/insulin regular, human</i>	Preferred Brands	QPD 3.334 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN N 100 UNIT/ML FLEXPEN <i>insulin nph human isophane</i>	Preferred Brands	 3.334 per day
NOVOLIN N 100 UNIT/ML VIAL <i>insulin nph human isophane</i>	Preferred Brands	 3.334 per day
RELION NOVOLIN 70-30 FLEXPEN <i>insulin nph human isophane/insulin regular, human</i>	Preferred Brands	 3.334 per day
RELION NOVOLIN 70-30 VIAL <i>insulin nph human isophane/insulin regular, human</i>	Preferred Brands	 3.334 per day
RELION NOVOLIN N 100 UNIT/ML <i>insulin nph human isophane</i>	Preferred Brands	 3.334 per day
RELION NOVOLIN N U-100 FLEXPEN <i>insulin nph human isophane</i>	Preferred Brands	 3.334 per day
LONG-ACTING INSULINS		
<i>insulin glargine-yfqn u100 pen</i>	Preferred Brands	 3.334 per day
<i>insulin glargine-yfqn u100 vl</i>	Preferred Brands	 3.334 per day
LEVEMIR 100 UNIT/ML VIAL <i>insulin detemir</i>	Preferred Brands	 3.334 per day
LEVEMIR FLEXPEN 100 UNIT/ML <i>insulin detemir</i>	Preferred Brands	 3.334 per day
SEMGLEE (YFGN) 100 UNIT/ML PEN <i>insulin glargine-yfqn</i>	Preferred Brands	 3.334 per day
SEMGLEE (YFGN) 100 UNIT/ML VL <i>insulin glargine-yfqn</i>	Preferred Brands	 3.334 per day
SOLIQUA 100 UNIT-33 MCG/ML PEN <i>insulin glargine,human recombinant analog/lixisenatide</i>	Preferred Brands	 0.6 per day
TOUJEO MAX SOLOSTR 300 UNIT/ML <i>insulin glargine,human recombinant analog</i>	Preferred Brands	 3.334 per day
TOUJEO SOLOSTAR 300 UNIT/ML <i>insulin glargine,human recombinant analog</i>	Preferred Brands	 3.334 per day
TRESIBA 100 UNIT/ML VIAL <i>insulin degludec</i>	Preferred Brands	 3.334 per day
TRESIBA FLEXTOUCH 100 UNIT/ML <i>insulin degludec</i>	Preferred Brands	 3.334 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRESIBA FLEXTOUCH 200 UNIT/ML <i>insulin degludec</i>	Preferred Brands	 3.334 per day
XULTOPHY 100 UNIT-3.6MG/ML PEN <i>insulin degludec/liraglutide</i>	Preferred Brands	 0.5 per day
RAPID-ACTING INSULINS		
FIASP 100 UNIT/ML FLEXTOUCH <i>insulin aspart (niacinamide)</i>	Preferred Brands	 3.334 per day
FIASP 100 UNIT/ML VIAL <i>insulin aspart (niacinamide)</i>	Preferred Brands	 3.334 per day
FIASP PENFILL 100 UNIT/ML CART <i>insulin aspart (niacinamide)</i>	Preferred Brands	 3.334 per day
HUMALOG 100 UNIT/ML CARTRIDGE <i>insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG 100 UNIT/ML KWIKPEN <i>insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG 100 UNIT/ML VIAL <i>insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG 200 UNIT/ML KWIKPEN <i>insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG JR 100 UNIT/ML KWIKPEN <i>insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG MIX 50-50 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG MIX 50-50 VIAL <i>insulin lispro protamine and insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG MIX 75-25 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG MIX 75-25 VIAL <i>insulin lispro protamine and insulin lispro</i>	Preferred Brands	 3.334 per day
HUMALOG TEMPO PEN 100 UNIT/ML <i>insulin lispro</i>	Preferred Brands	 3.334 per day
LYUMJEV 100 UNIT/ML KWIKPEN <i>insulin lispro-aabc</i>	Preferred Brands	 3.334 per day
LYUMJEV 100 UNIT/ML VIAL <i>insulin lispro-aabc</i>	Preferred Brands	 3.334 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYUMJEV 200 UNIT/ML KWIKPEN <i>insulin lispro-aabc</i>	Preferred Brands	 3.334 per day
LYUMJEV TEMPO PEN 100 UNIT/ML <i>insulin lispro-aabc</i>	Preferred Brands	 3.334 per day
NOVOLOG 100 UNIT/ML FLEXPEN <i>insulin aspart</i>	Preferred Brands	 3.334 per day
NOVOLOG 100 UNIT/ML VIAL <i>insulin aspart</i>	Preferred Brands	 3.334 per day
NOVOLOG MIX 70-30 FLEXPEN <i>insulin aspart protamine human/insulin aspart</i>	Preferred Brands	 3.334 per day
NOVOLOG MIX 70-30 VIAL <i>insulin aspart protamine human/insulin aspart</i>	Preferred Brands	 3.334 per day
NOVOLOG PENFILL 100 UNIT/ML <i>insulin aspart</i>	Preferred Brands	 3.334 per day
RELION NOVOLOG 100 UNIT/ML VL <i>insulin aspart</i>	Preferred Brands	 3.334 per day
RELION NOVOLOG MIX 70-30 FLXPN <i>insulin aspart protamine human/insulin aspart</i>	Preferred Brands	 3.334 per day
RELION NOVOLOG MIX 70-30 VIAL <i>insulin aspart protamine human/insulin aspart</i>	Preferred Brands	 3.334 per day
RELION NOVOLOG U-100 FLEXPEN <i>insulin aspart</i>	Preferred Brands	 3.334 per day
RELION NOVOLOG U-100 FLEXPEN (NDC:00169210125) <i>insulin aspart</i>	Preferred Brands	 3.334 per day
SHORT-ACTING INSULINS		
HUMULIN R 100 UNIT/ML VIAL <i>insulin regular, human</i>	Preferred Brands	 3.334 per day
HUMULIN R 500 UNIT/ML KWIKPEN <i>insulin regular, human</i>	Preferred Brands	 3.334 per day
HUMULIN R 500 UNIT/ML VIAL <i>insulin regular, human</i>	Preferred Brands	 3.334 per day
NOVOLIN R 100 UNIT/ML FLEXPEN <i>insulin regular, human</i>	Preferred Brands	 3.334 per day
NOVOLIN R 100 UNIT/ML VIAL <i>insulin regular, human</i>	Preferred Brands	 3.334 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION NOVOLIN R 100 UNIT/ML <i>insulin regular, human</i>	Preferred Brands	 3.334 per day
RELION NOVOLIN R U-100 FLEXPEN <i>insulin regular, human</i>	Preferred Brands	 3.334 per day
INTERLEUKIN INHIBITOR AGENTS		
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR 150 MG/ML AUTOINJECTOR <i>omalizumab</i>	Preferred Brands	 
XOLAIR 150 MG/ML SYRINGE <i>omalizumab</i>	Preferred Brands	 
XOLAIR 300 MG/2 ML AUTOINJECT <i>omalizumab</i>	Preferred Brands	 
XOLAIR 300 MG/2 ML SYRINGE <i>omalizumab</i>	Preferred Brands	 
XOLAIR 75 MG/0.5 ML AUTOINJECT <i>omalizumab</i>	Preferred Brands	 
XOLAIR 75 MG/0.5 ML SYRINGE <i>omalizumab</i>	Preferred Brands	 
INTERLEUKIN-MEDIATED AGENTS		
INTERLEUKIN-MEDIATED AGENTS, MISC		
COSENTYX 150 MG/ML SYRINGE <i>secukinumab</i>	Preferred Brands	   0.036 per day
COSENTYX 300 MG DOSE-2 SYRINGE <i>secukinumab</i>	Preferred Brands	 max 56 days / fill    0.072 per day
COSENTYX 75 MG/0.5 ML SYRINGE <i>secukinumab</i>	Preferred Brands	   0.018 per day

****ATTENTION FHK PROVIDERS AND ENROLLEES****

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COSENTYX SENSOREADY 150 MG PEN <i>secukinumab</i>	Preferred Brands	S PA QPD 0.036 per day
COSENTYX SNRDY 300MG DOSE-2PEN <i>secukinumab</i>	Preferred Brands	QL max 56 days / fill S PA QPD 0.072 per day
COSENTYX UNOREADY 300 MG PEN <i>secukinumab</i>	Preferred Brands	S PA QPD 0.072 per day
SELARSDI 45 MG/0.5 ML SYRINGE <i>ustekinumab-aekn</i>	Preferred Brands	QL max 0.5 / 84 days S PA
SELARSDI 90 MG/ML SYRINGE <i>ustekinumab-aekn</i>	Preferred Brands	QL max 1 / 56 days S PA
STELARA 45 MG/0.5 ML SYRINGE <i>ustekinumab</i>	Preferred Brands	QL MAX 0.5 / 84 DAYS S PA
STELARA 45 MG/0.5 ML VIAL <i>ustekinumab</i>	Preferred Brands	QL MAX 0.5 / 84 DAYS S PA
STELARA 90 MG/ML SYRINGE <i>ustekinumab</i>	Preferred Brands	QL MAX 1 / 56 DAYS S PA
STEQEYMA 45 MG/0.5 ML SYRINGE <i>ustekinumab-stba</i>	Preferred Brands	QL max 0.5 / 84 days S PA
STEQEYMA 90 MG/ML SYRINGE <i>ustekinumab-stba</i>	Preferred Brands	QL max 1 / 56 days S PA

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
TYENNE 162 MG/0.9 ML AUTOINJCT <i>tocilizumab-aazg</i>	Preferred Brands		S PA QPD 0.129 per day
TYENNE 162 MG/0.9 ML SYRINGE <i>tocilizumab-aazg</i>	Preferred Brands		S PA QPD 0.129 per day
YESINTEK 45 MG/0.5 ML SYRINGE <i>ustekinumab-kfce</i>	Preferred Brands		QL max 0.5 / 84 days S PA
YESINTEK 45 MG/0.5 ML VIAL <i>ustekinumab-kfce</i>	Preferred Brands		QL max 0.5 / 84 days S PA
YESINTEK 90 MG/ML SYRINGE <i>ustekinumab-kfce</i>	Preferred Brands		QL max 1 / 56 days S PA
ION-REMOVING AGENTS			
PHOSPHATE-REMOVING AGENTS			
<i>calcium acetate 667 mg capsule</i>	Generics		
<i>calcium acetate 667 mg gelcap</i>	Generics		
<i>calcium acetate 667 mg tablet</i>	Generics		
<i>lanthanum carb 1,000 mg tb chw</i>	Generics		QL max 360 / 365 days
<i>lanthanum carb 500 mg tab chew</i>	Generics		QL max 810 / 365 days
<i>lanthanum carb 750 mg tab chew</i>	Generics		QL max 540 / 365 days
<i>sevelamer 0.8 gm powder packet</i>	Generics		QL max 1530 / 365 days
<i>sevelamer 2.4 gm powder packet</i>	Generics		QL max 450 / 365 days
<i>sevelamer carbonate 800 mg tab</i>	Generics		QL max 1530 / 365 days
<i>sevelamer hcl 400 mg tablet</i>	Generics		QL max 2880 / 365 days
<i>sevelamer hcl 800 mg tablet</i>	Generics		QL max 1440 / 365 days

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM-REMOVING AGENTS		
KIONEX 15 GM/60 ML SUSPENSION <i>sodium polystyrene sulfonate/sorbitol solution</i>	Generics	
LOKELMA 10 GRAM POWDER PACKET <i>sodium zirconium cyclosilicate</i>	Preferred Brands	
LOKELMA 5 GRAM POWDER PACKET <i>sodium zirconium cyclosilicate</i>	Preferred Brands	
<i>sodium polystyrene sulf powder</i>	Generics	
SPS 15 GM/60 ML SUSPENSION <i>sodium polystyrene sulfonate/sorbitol solution</i>	Generics	
VELTASSA 1 GM POWDER PACKET <i>patiromer calcium sorbitex</i>	Preferred Brands	
VELTASSA 16.8 GM POWDER PACKET <i>patiromer calcium sorbitex</i>	Preferred Brands	
VELTASSA 25.2 GM POWDER PACKET <i>patiromer calcium sorbitex</i>	Preferred Brands	
VELTASSA 8.4 GM POWDER PACKET <i>patiromer calcium sorbitex</i>	Preferred Brands	
JANUS KINASE INHIBITORS (90:24)		
JANUS KINASE INHIBITORS, MISCELLANEOUS		
RINVOQ ER 15 MG TABLET <i>upadacitinib</i>	Preferred Brands	S PA QPD 1 per day
RINVOQ ER 30 MG TABLET <i>upadacitinib</i>	Preferred Brands	S PA QPD 1 per day
RINVOQ ER 45 MG TABLET <i>upadacitinib</i>	Preferred Brands	QL max 84 / 365 days S PA
RINVOQ LQ 1 MG/ML SOLUTION <i>upadacitinib</i>	Preferred Brands	S PA QPD 12.0 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS	
XELJANZ 1 MG/ML SOLUTION <i>tofacitinib citrate</i>	Preferred Brands		QL	max 48 days / fill
			S	
			PA	
			QPD	8 per day
XELJANZ 10 MG TABLET <i>tofacitinib citrate</i>	Preferred Brands		QL	MAX 240 / 365 DAYS
			S	
			PA	
XELJANZ 5 MG TABLET <i>tofacitinib citrate</i>	Preferred Brands		QL	max 60 days / fill
			S	
			PA	
			QPD	2 per day
XELJANZ XR 11 MG TABLET <i>tofacitinib citrate</i>	Preferred Brands		S	
			PA	
			QPD	1 per day
XELJANZ XR 22 MG TABLET <i>tofacitinib citrate</i>	Preferred Brands		QL	MAX 120 / 365 DAYS
			S	
			PA	
KALLIKREIN-KININ SYSTEM INHIBITORS				
KALLIKREIN INHIBITORS (24:48:08)				
TAKHZYRO 150 MG/ML SYRINGE <i>lanadelumab-flyo</i>	Preferred Brands		S	
			PA	
			QPD	0.072 per day
TAKHZYRO 300 MG/2 ML SYRINGE <i>lanadelumab-flyo</i>	Preferred Brands		S	
			PA	
			QPD	0.143 per day
TAKHZYRO 300 MG/2 ML VIAL <i>lanadelumab-flyo</i>	Preferred Brands		S	
			PA	
			QPD	0.143 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MACROLIDE ANTIBIOTICS		
ERYTHROMYCIN ANTIBIOTICS		
E.E.S. 400 MG TABLET <i>erythromycin ethylsuccinate</i>	Generics	
ERY-TAB DR 250 MG TABLET <i>erythromycin base</i>	Generics	
ERY-TAB DR 333 MG TABLET <i>erythromycin base</i>	Generics	
ERY-TAB DR 500 MG TABLET <i>erythromycin base</i>	Generics	
ERYTHROCIN 250 MG TABLET <i>erythromycin stearate</i>	Preferred Brands	
<i>erythromycin 200 mg/5 ml susp</i>	Generics	
<i>erythromycin 250 mg tablet</i>	Generics	
<i>erythromycin 400 mg/5 ml susp</i>	Generics	
<i>erythromycin 500 mg tablet</i>	Generics	
<i>erythromycin dr 250 mg tablet</i>	Generics	
<i>erythromycin dr 333 mg tablet</i>	Generics	
<i>erythromycin dr 500 mg tablet</i>	Generics	
<i>erythromycin es 400 mg tab</i>	Generics	
OTHER MACROLIDE ANTIBIOTICS		
<i>azithromycin 1 gm pwd packet</i>	Preferred Brands	
<i>azithromycin 100 mg/5 ml susp</i>	Generics	
<i>azithromycin 200 mg/5 ml susp</i>	Preferred Generics	
<i>azithromycin 250 mg tablet</i>	Preferred Generics	
<i>azithromycin 500 mg tablet</i>	Preferred Generics	
<i>azithromycin 600 mg tablet</i>	Generics	
<i>clarithromycin 250 mg tablet</i>	Generics	
<i>clarithromycin 500 mg tablet</i>	Generics	
<i>clarithromycin er 500 mg tab</i>	Generics	
DIFICID 200 MG TABLET <i>fidaxomicin</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIFICID 40 MG/ML SUSPENSION <i>fidaxomicin</i>	Preferred Brands	
<i>fidaxomicin 200 mg tablet</i>	Generics	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
STEROIDAL MINERALOCORTICOID RECEPTOR ANT		
<i>eplerenone 25 mg tablet</i>	Generics	
<i>eplerenone 50 mg tablet</i>	Generics	
<i>spironolactone 100 mg tablet</i>	Preferred Generics	
<i>spironolactone 25 mg tablet</i>	Preferred Generics	
<i>spironolactone 50 mg tablet</i>	Preferred Generics	
<i>spironolactone-hctz 25-25 tab</i>	Generics	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS (92:04)		
<i>dutasteride 0.5 mg capsule</i>	Preferred Generics	
<i>finasteride 5 mg tablet</i>	Preferred Generics	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	Preferred Generics	
<i>allopurinol 300 mg tablet</i>	Preferred Generics	
BONE RESORPTION INHIBITORS		
<i>alendronate sod 70 mg/75 ml</i>	Generics	
<i>alendronate sodium 10 mg tab</i>	Preferred Generics	
<i>alendronate sodium 35 mg tab</i>	Preferred Generics	
<i>alendronate sodium 70 mg tab</i>	Preferred Generics	
<i>ibandronate sodium 150 mg tab</i>	Preferred Generics	
<i>risedronate sodium 150 mg tab</i>	Generics	
<i>risedronate sodium 30 mg tab</i>	Generics	
<i>risedronate sodium 35 mg tab</i>	Generics	
<i>risedronate sodium 5 mg tablet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORY AGENTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL <i>interferon gamma-1b, recomb.</i>	Preferred Brands	
REDITREX 10 MG/0.4 ML SYRINGE <i>methotrexate/pf</i>	Preferred Brands	
REDITREX 12.5 MG/0.5 ML SYRING <i>methotrexate/pf</i>	Preferred Brands	
REDITREX 15 MG/0.6 ML SYRINGE <i>methotrexate/pf</i>	Preferred Brands	
REDITREX 17.5 MG/0.7 ML SYRING <i>methotrexate/pf</i>	Preferred Brands	
REDITREX 20 MG/0.8 ML SYRINGE <i>methotrexate/pf</i>	Preferred Brands	
REDITREX 22.5 MG/0.9 ML SYRING <i>methotrexate/pf</i>	Preferred Brands	
REDITREX 25 MG/ML SYRINGE <i>methotrexate/pf</i>	Preferred Brands	
REDITREX 7.5 MG/0.3 ML SYRINGE <i>methotrexate/pf</i>	Preferred Brands	
THALOMID 100 MG CAPSULE <i>thalidomide</i>	Preferred Brands	   4.0 per day
THALOMID 150 MG CAPSULE <i>thalidomide</i>	Preferred Brands	   2 per day
THALOMID 200 MG CAPSULE <i>thalidomide</i>	Preferred Brands	   2 per day
THALOMID 50 MG CAPSULE <i>thalidomide</i>	Preferred Brands	   3.0 per day
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>betaine 1 gram/scoop powder</i>	Generics	
CYSTAGON 150 MG CAPSULE <i>cysteamine bitartrate</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTAGON 50 MG CAPSULE <i>cysteamine bitartrate</i>	Preferred Brands	S
I-glutamine 5 gram powder pkt	Generics	S PA
<i>levocarnitine 1 g/10 ml soln</i>	Generics	
<i>levocarnitine 330 mg tablet</i>	Generics	
<i>levocarnitine sf 1 g/10 ml sol</i>	Generics	
<i>tiopronin 100 mg tablet</i>	Generics	S
<i>tiopronin dr 100 mg tablet</i>	Generics	S
<i>tiopronin dr 300 mg tablet</i>	Generics	S
VENXXIVA DR 100 MG TABLET <i>tiopronin</i>	Generics	S
VENXXIVA DR 300 MG TABLET <i>tiopronin</i>	Generics	S
PROTECTIVE AGENTS		
<i>dalfampridine er 10 mg tablet</i>	Generics	S
MTOR INHIBITORS		
MTOR INHIBITORS, MISCELLANEOUS		
<i>sirolimus 0.5 mg tablet</i>	Generics	S
<i>sirolimus 1 mg tablet</i>	Generics	S
<i>sirolimus 1 mg/ml oral soln</i>	Generics	S
<i>sirolimus 1 mg/ml solution</i>	Generics	S
<i>sirolimus 2 mg tablet</i>	Generics	S
MULTIPLE SCLEROSIS AGENTS		
AMINO ACID POLYMERS		
<i>glatiramer 20 mg/ml syringe</i>	Generics	S QPD 1.0 per day
<i>glatiramer 40 mg/ml syringe</i>	Generics	S QPD 0.429 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
GLATOPA 20 MG/ML SYRINGE <i>glatiramer acetate</i>	Generics		S QPD 1 per day
GLATOPA 40 MG/ML SYRINGE <i>glatiramer acetate</i>	Generics		S QPD 0.429 per day
ANTIMETABOLITES			
<i>teriflunomide 14 mg tablet</i>	Generics		S QPD 1.0 per day
<i>teriflunomide 7 mg tablet</i>	Generics		S QPD 1.0 per day
FUMARATES			
<i>dimethyl fumarate 30d start pk</i>	Generics		QL MAX 60 / 180 DAYS S
<i>dimethyl fumarate dr 120 mg cp</i>	Generics		QL MAX 56 / 180 DAYS S
<i>dimethyl fumarate dr 240 mg cp</i>	Generics		S QPD 2.0 per day
VUMERITY DR 231 MG CAPSULE <i>diroximel fumarate</i>	Preferred Brands		S PA QPD 4 per day
INTERFERONS			
AVONEX 30 MCG/0.5 ML SYR (4PK) <i>interferon beta-1a</i>	Preferred Brands		S PA QPD 0.036 per day
AVONEX PEN 30 MCG/0.5 ML (4PK) <i>interferon beta-1a</i>	Preferred Brands		S PA QPD 0.036 per day
BETASERON 0.3 MG KIT <i>interferon beta-1b</i>	Preferred Brands		S PA QPD 0.5 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEGRIDY 125 MCG/0.5 ML PEN <i>peginterferon beta-1a</i>	Preferred Brands	S PA QPD 0.036 per day
PLEGRIDY 125 MCG/0.5 ML SYRINGE <i>peginterferon beta-1a</i>	Preferred Brands	S PA QPD 0.036 per day
PLEGRIDY PEN INJ STARTER PACK <i>peginterferon beta-1a</i>	Preferred Brands	QL MAX 1 / 180 DAYS S PA
PLEGRIDY SYRINGE STARTER PACK <i>peginterferon beta-1a</i>	Preferred Brands	QL MAX 1 / 180 DAYS S PA
REBIF 22 MCG/0.5 ML SYRINGE <i>interferon beta-1a/albumin human</i>	Preferred Brands	S PA QPD 0.215 per day
REBIF 44 MCG/0.5 ML SYRINGE <i>interferon beta-1a/albumin human</i>	Preferred Brands	S PA QPD 0.215 per day
REBIF REBIDOSE 22 MCG/0.5 ML <i>interferon beta-1a/albumin human</i>	Preferred Brands	S PA QPD 0.215 per day
REBIF REBIDOSE 44 MCG/0.5 ML <i>interferon beta-1a/albumin human</i>	Preferred Brands	S PA QPD 0.215 per day
REBIF REBIDOSE TITRATION PACK <i>interferon beta-1a/albumin human</i>	Preferred Brands	QL MAX 4.2 / 180 DAYS S PA
REBIF TITRATION PACK <i>interferon beta-1a/albumin human</i>	Preferred Brands	QL MAX 4.2 / 180 DAYS S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOCLONAL ANTIBODIES (90:04)		
KESIMPTA 20 MG/0.4 ML PEN <i>ofatumumab</i>	Preferred Brands	S PA QPD 0.015 per day
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>fingolimod 0.5 mg capsule</i>	Generics	S QPD 1.0 per day
MAYZENT 0.25 MG TABLET <i>siponimod</i>	Preferred Brands	S PA QPD 4 per day
MAYZENT 0.25MG START-1MG MAINT <i>siponimod</i>	Preferred Brands	QL MAX 7 / 180 DAYS S PA
MAYZENT 0.25MG START-2MG MAINT <i>siponimod</i>	Preferred Brands	QL MAX 12 / 180 DAYS S PA
MAYZENT 1 MG TABLET <i>siponimod</i>	Preferred Brands	S PA QPD 1 per day
MAYZENT 2 MG TABLET <i>siponimod</i>	Preferred Brands	S PA QPD 1 per day
NONHORMONAL CONTRACEPTIVES		
<i>aimsco latex condom</i>	Preferred Brands	
<i>caya contoured diaphragm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>durex avanti real feel condom</i>	Preferred Brands	
<i>durex extra sensitive condom</i>	Preferred Brands	
<i>durex tropical condom</i>	Preferred Brands	
<i>fantasy condom</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fc2 female condom</i>	Preferred Brands	
<i>femcap 22 mm cervical cap</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>femcap 26 mm cervical cap</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>femcap 30 mm cervical cap</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>kimono maxx condom</i>	Preferred Brands	
<i>kimono microthin aqua lube</i>	Preferred Brands	
<i>kimono microthin condom</i>	Preferred Brands	
<i>kimono microthin large condom</i>	Preferred Brands	
<i>kimono textured condom</i>	Preferred Brands	
<i>kimono thin lubricated condoms</i>	Preferred Brands	
<i>omniflex diaphragm 65mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>trojan enz condom</i>	Preferred Brands	
<i>trojan enz condom</i>	Preferred Brands	
<i>trojan enz spermicide condom</i>	Preferred Brands	
<i>trojan magnum condom</i>	Preferred Brands	
<i>trojan ultra ribbed condom</i>	Preferred Brands	
<i>trojan ultra thin condom</i>	Preferred Brands	
<i>trojan ultra thin-spermicidal</i>	Preferred Brands	
<i>true cover condom</i>	Preferred Brands	
<i>trustex condom</i>	Preferred Brands	
<i>trustex condom</i>	Preferred Brands	
<i>trustex latex condom</i>	Preferred Brands	
<i>trustex-ria condom</i>	Preferred Brands	
<i>trustex-ria condom</i>	Preferred Brands	
VCF CONTRACEPTIVE FILM <i>nonoxynol 9</i>	Preferred Brands	
<i>wide seal diaphragm 60mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>wide seal diaphragm 65mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>wide seal diaphragm 70mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>wide seal diaphragm 75mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>wide seal diaphragm 80mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>wide seal diaphragm 85mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>wide seal diaphragm 90mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
<i>wide seal diaphragm 95mm</i>	Preferred Brands	C [ACA] Quantity Limits May Apply
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib 100 mg capsule</i>	Preferred Generics	
<i>celecoxib 200 mg capsule</i>	Preferred Generics	
<i>celecoxib 400 mg capsule</i>	Generics	
<i>celecoxib 50 mg capsule</i>	Preferred Generics	
REVERSIBLE COX-1/COX-2 INHIBITORS		
<i>diclofenac 1.5% topical soln</i>	Generics	QPD 10.0 per day
<i>diclofenac pot 50 mg tablet</i>	Generics	
<i>diclofenac sod dr 25 mg tab</i>	Generics	
<i>diclofenac sod dr 50 mg tab</i>	Preferred Generics	
<i>diclofenac sod dr 75 mg tab</i>	Preferred Generics	
<i>diclofenac sod ec 25 mg tab</i>	Generics	
<i>diclofenac sod ec 50 mg tab</i>	Preferred Generics	
<i>diclofenac sod ec 75 mg tab</i>	Preferred Generics	
<i>diclofenac sodium 1% gel</i>	Generics	QPD 33.334 per day
<i>diclofenac-misoprost 50-0.2 mg</i>	Generics	
<i>diclofenac-misoprost 75-0.2 mg</i>	Generics	
<i>diflunisal 500 mg tablet</i>	Generics	
<i>etodolac 200 mg capsule</i>	Generics	
<i>etodolac 300 mg capsule</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etodolac 400 mg tablet</i>	Generics	
<i>etodolac 500 mg tablet</i>	Generics	
<i>etodolac er 400 mg tablet</i>	Generics	
<i>etodolac er 500 mg tablet</i>	Generics	
<i>etodolac er 600 mg tablet</i>	Generics	
<i>flurbiprofen 100 mg tablet</i>	Generics	
IBU 400 MG TABLET <i>ibuprofen</i>	Preferred Generics	
IBU 600 MG TABLET <i>ibuprofen</i>	Preferred Generics	
IBU 800 MG TABLET <i>ibuprofen</i>	Preferred Generics	
<i>ibuprofen 100 mg/5 ml susp</i>	Generics	
<i>ibuprofen 400 mg tablet</i>	Preferred Generics	
<i>ibuprofen 600 mg tablet</i>	Preferred Generics	
<i>ibuprofen 800 mg tablet</i>	Preferred Generics	
<i>indomethacin 25 mg capsule</i>	Preferred Generics	
<i>indomethacin 50 mg capsule</i>	Preferred Generics	
<i>indomethacin er 75 mg capsule</i>	Preferred Generics	
<i>ketorolac 10 mg tablet</i>	Preferred Generics	 4.0 per day
<i>meloxicam 15 mg tablet</i>	Preferred Generics	
<i>meloxicam 7.5 mg tablet</i>	Preferred Generics	
<i>nabumetone 500 mg tablet</i>	Preferred Generics	
<i>nabumetone 750 mg tablet</i>	Preferred Generics	
<i>naproxen 250 mg tablet</i>	Preferred Generics	
<i>naproxen 375 mg tablet</i>	Preferred Generics	
<i>naproxen 500 mg kit</i>	Preferred Generics	
<i>naproxen 500 mg tablet</i>	Preferred Generics	
<i>naproxen sodium 275 mg tab</i>	Generics	
<i>naproxen sodium 550 mg tab</i>	Generics	
<i>oxaprozin 600 mg caplet</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxaprozin 600 mg tablet</i>	Generics	
<i>piroxicam 10 mg capsule</i>	Preferred Generics	
<i>piroxicam 20 mg capsule</i>	Generics	
<i>sulindac 150 mg tablet</i>	Preferred Generics	
<i>sulindac 200 mg tablet</i>	Preferred Generics	
SALICYLATES		
ADULT ASPIRIN REGIMEN EC 81 MG <i>aspirin</i>	Preferred Generics	
<i>aspirin 81 mg chewable tablet</i>	Preferred Generics	
<i>aspirin 81 mg tablet</i>	Preferred Generics	
<i>aspirin ec 81 mg tablet</i>	Preferred Generics	
ASPIRIN REGIMEN 81 MG EC TAB <i>aspirin</i>	Preferred Generics	
<i>aspirin-dipyridam er 25-200 mg</i>	Generics	
BAYER ASPIRIN 81 MG CHEW TAB <i>aspirin</i>	Preferred Generics	
BAYER LOW DOSE EC 81 MG TAB <i>aspirin</i>	Preferred Generics	
<i>butalbital-aspirin-caffeine cp</i>	Generics	 6.0 per day
<i>child aspirin 81 mg chew tab</i>	Preferred Generics	
<i>child aspirin 81 mg tab chew</i>	Preferred Generics	
<i>cvs aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>cvs aspirin ec 81 mg tablet</i>	Preferred Generics	
ECOTRIN EC 81 MG TABLET <i>aspirin</i>	Preferred Generics	
<i>eq aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>eq aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>eql aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>eql aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>ft aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>ft aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>gnp aspirin 81 mg chewable tab</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>gs aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>gs aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>heb aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>hm aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>hm aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>kro aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>kro aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>pub aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>qc aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>qc aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>ra aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>ra aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>sm aspirin 81 mg chewable tab</i>	Preferred Generics	
<i>sm aspirin ec 81 mg tablet</i>	Preferred Generics	
<i>sm child aspirin 81 mg chw tab</i>	Preferred Generics	
ST. JOSEPH ASPIRIN 81 MG CHEW <i>aspirin</i>	Preferred Generics	
ST. JOSEPH ASPIRIN EC 81 MG TB <i>aspirin</i>	Preferred Generics	
OXYTOCICS		
<i>methylergonovine 0.2 mg tablet</i>	Generics	
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin-salmon 200 unit spr</i>	Generics	
<i>calcitonin-salmon 400 unit/2ml</i>	Generics	S
<i>cinacalcet hcl 30 mg tablet</i>	Generics	S PA
<i>cinacalcet hcl 60 mg tablet</i>	Generics	S PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cinacalcet hcl 90 mg tablet</i>	Generics	 
PARATHYROID AGENTS		
<i>teriparatide 560mcg/2.24ml pen</i>	Generics	   0.08 per day
TYMLOS 80 MCG DOSE PEN INJECTR <i>abaloparatide</i>	Preferred Brands	   0.052 per day
PENICILLIN ANTIBIOTICS		
AMINOPENICILLIN ANTIBIOTICS		
<i>amox-clav 200-28.5 mg/5 ml sus</i>	Preferred Generics	
<i>amox-clav 250-125 mg tablet</i>	Generics	
<i>amox-clav 250-62.5 mg/5 ml sus</i>	Generics	
<i>amox-clav 400-57 mg/5 ml susp</i>	Preferred Generics	
<i>amox-clav 500-125 mg tablet</i>	Preferred Generics	
<i>amox-clav 600-42.9 mg/5 ml sus</i>	Generics	
<i>amox-clav 875-125 mg tablet</i>	Preferred Generics	
<i>amoxicillin 125 mg/5 ml susp</i>	Preferred Generics	
<i>amoxicillin 200 mg/5 ml susp</i>	Preferred Generics	
<i>amoxicillin 250 mg capsule</i>	Preferred Generics	
<i>amoxicillin 250 mg/5 ml susp</i>	Preferred Generics	
<i>amoxicillin 400 mg/5 ml susp</i>	Preferred Generics	
<i>amoxicillin 500 mg capsule</i>	Preferred Generics	
<i>amoxicillin 500 mg tablet</i>	Preferred Generics	
<i>amoxicillin 875 mg tablet</i>	Preferred Generics	
<i>ampicillin 500 mg capsule</i>	Preferred Generics	
NATURAL PENICILLIN ANTIBIOTICS		
<i>penicillin vk 250 mg tablet</i>	Preferred Generics	
<i>penicillin vk 500 mg tablet</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250 mg capsule</i>	Generics	
<i>dicloxacillin 500 mg capsule</i>	Generics	
PHOSPHODIESTERASE-4 INHIBITORS (90:24)		
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA 10-20 MG STARTER 28 DAY <i>apremilast</i>	Preferred Brands	QL S PA max 55 / 180 days
OTEZLA 10-20-30MG START 28 DAY <i>apremilast</i>	Preferred Brands	QL S PA MAX 55 / 180 DAYS
OTEZLA 20 MG TABLET <i>apremilast</i>	Preferred Brands	S PA QPD 2.0 per day
OTEZLA 30 MG TABLET <i>apremilast</i>	Preferred Brands	S PA QPD 2 per day
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ANGIOTENSIN II RECEP ANTAGONIST/NEPROLYS		
ENTRESTO 24 MG-26 MG TABLET <i>sacubitril/valsartan</i>	Preferred Brands	
ENTRESTO 49 MG-51 MG TABLET <i>sacubitril/valsartan</i>	Preferred Brands	
ENTRESTO 97 MG-103 MG TABLET <i>sacubitril/valsartan</i>	Preferred Brands	
ENTRESTO SPRINKLE 15-16 MG PLT <i>sacubitril/valsartan</i>	Preferred Brands	PA QPD 8.0 per day
ENTRESTO SPRINKLE 6-6MG PELLET <i>sacubitril/valsartan</i>	Preferred Brands	PA QPD 8.0 per day
<i>sacubitril-valsartan 24-26 mg</i>	Generics	
<i>sacubitril-valsartan 49-51 mg</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sacubitril-valsartan 97-103 mg</i>	Generics	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16 mg tb</i>	Generics	
<i>candesartan cilexetil 32 mg tb</i>	Generics	
<i>candesartan cilexetil 4 mg tab</i>	Generics	
<i>candesartan cilexetil 8 mg tab</i>	Generics	
<i>candesartan-hctz 16-12.5 mg tb</i>	Generics	
<i>candesartan-hctz 32-12.5 mg tb</i>	Generics	
<i>candesartan-hctz 32-25 mg tab</i>	Generics	
<i>irbesartan 150 mg tablet</i>	Preferred Generics	
<i>irbesartan 300 mg tablet</i>	Preferred Generics	
<i>irbesartan 75 mg tablet</i>	Preferred Generics	
<i>irbesartan-hctz 150-12.5 mg tb</i>	Preferred Generics	
<i>irbesartan-hctz 300-12.5 mg tb</i>	Preferred Generics	
<i>losartan potassium 100 mg tab</i>	Preferred Generics	
<i>losartan potassium 25 mg tab</i>	Preferred Generics	
<i>losartan potassium 50 mg tab</i>	Preferred Generics	
<i>losartan-hctz 100-12.5 mg tab</i>	Preferred Generics	
<i>losartan-hctz 100-25 mg tab</i>	Preferred Generics	
<i>losartan-hctz 50-12.5 mg tab</i>	Preferred Generics	
<i>olmesartan medoxomil 20 mg tab</i>	Preferred Generics	
<i>olmesartan medoxomil 40 mg tab</i>	Preferred Generics	
<i>olmesartan medoxomil 5 mg tab</i>	Preferred Generics	
<i>olmesartan-hctz 20-12.5 mg tab</i>	Preferred Generics	
<i>olmesartan-hctz 40-12.5 mg tab</i>	Preferred Generics	
<i>olmesartan-hctz 40-25 mg tab</i>	Preferred Generics	
<i>olmsrtn-amldpn-hctz 20-5-12.5</i>	Generics	
<i>olmsrtn-amldpn-hctz 40-10-12.5</i>	Generics	
<i>olmsrtn-amldpn-hctz 40-10-25mg</i>	Generics	
<i>olmsrtn-amldpn-hctz 40-5-12.5</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olmsrtn-amldpn-hctz 40-5-25 mg</i>	Generics	
<i>telmisartan 20 mg tablet</i>	Preferred Generics	
<i>telmisartan 40 mg tablet</i>	Generics	
<i>telmisartan 80 mg tablet</i>	Generics	
<i>valsartan 160 mg tablet</i>	Preferred Generics	
<i>valsartan 320 mg tablet</i>	Preferred Generics	
<i>valsartan 40 mg tablet</i>	Preferred Generics	
<i>valsartan 80 mg tablet</i>	Preferred Generics	
<i>valsartan-hctz 160-12.5 mg tab</i>	Preferred Generics	
<i>valsartan-hctz 160-25 mg tab</i>	Generics	
<i>valsartan-hctz 320-12.5 mg tab</i>	Generics	
<i>valsartan-hctz 320-25 mg tab</i>	Generics	
<i>valsartan-hctz 80-12.5 mg tab</i>	Preferred Generics	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
<i>benazepril hcl 10 mg tablet</i>	Preferred Generics	
<i>benazepril hcl 20 mg tablet</i>	Preferred Generics	
<i>benazepril hcl 40 mg tablet</i>	Preferred Generics	
<i>benazepril hcl 5 mg tablet</i>	Preferred Generics	
<i>benazepril-hctz 10-12.5 mg tab</i>	Generics	
<i>benazepril-hctz 10-12.5 mg tab</i>	Generics	
<i>benazepril-hctz 20-12.5 mg tab</i>	Generics	
<i>benazepril-hctz 20-25 mg tab</i>	Generics	
<i>benazepril-hctz 5-6.25 mg tab</i>	Generics	
<i>captopril 100 mg tablet</i>	Generics	
<i>captopril 12.5 mg tablet</i>	Generics	
<i>captopril 25 mg tablet</i>	Generics	
<i>captopril 50 mg tablet</i>	Generics	
<i>enalapril 1 mg/ml oral soln</i>	Generics	PA QPD 40.0 per day
<i>enalapril maleate 10 mg tab</i>	Preferred Generics	

****ATTENTION FHK PROVIDERS AND ENROLLEES****

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate 2.5 mg tab</i>	Preferred Generics	
<i>enalapril maleate 20 mg tab</i>	Preferred Generics	
<i>enalapril maleate 5 mg tablet</i>	Preferred Generics	
<i>enalapril-hctz 10-25 mg tablet</i>	Preferred Generics	
<i>enalapril-hctz 5-12.5 mg tab</i>	Preferred Generics	
<i>fosinopril sodium 10 mg tab</i>	Preferred Generics	
<i>fosinopril sodium 20 mg tab</i>	Preferred Generics	
<i>fosinopril sodium 40 mg tab</i>	Preferred Generics	
<i>fosinopril-hctz 10-12.5 mg tab</i>	Generics	
<i>fosinopril-hctz 20-12.5 mg tab</i>	Generics	
<i>lisinopril 10 mg tablet</i>	Preferred Generics	
<i>lisinopril 2.5 mg tablet</i>	Preferred Generics	
<i>lisinopril 20 mg tablet</i>	Preferred Generics	
<i>lisinopril 30 mg tablet</i>	Preferred Generics	
<i>lisinopril 40 mg tablet</i>	Preferred Generics	
<i>lisinopril 5 mg tablet</i>	Preferred Generics	
<i>lisinopril-hctz 10-12.5 mg tab</i>	Preferred Generics	
<i>lisinopril-hctz 10-12.5 mg tab</i>	Preferred Generics	
<i>lisinopril-hctz 20-12.5 mg tab</i>	Preferred Generics	
<i>lisinopril-hctz 20-25 mg tab</i>	Preferred Generics	
<i>moexipril hcl 15 mg tablet</i>	Generics	
<i>moexipril hcl 7.5 mg tablet</i>	Generics	
<i>perindopril erbumine 2 mg tab</i>	Generics	
<i>perindopril erbumine 4 mg tab</i>	Generics	
<i>quinapril 10 mg tablet</i>	Preferred Generics	
<i>quinapril 20 mg tablet</i>	Preferred Generics	
<i>quinapril 40 mg tablet</i>	Preferred Generics	
<i>quinapril 5 mg tablet</i>	Preferred Generics	
<i>quinapril-hctz 10-12.5 mg tab</i>	Generics	
<i>quinapril-hctz 10-12.5 mg tab</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinapril-hctz 20-12.5 mg tab</i>	Generics	
<i>quinapril-hctz 20-12.5 mg tab (greenstone)</i>	Generics	
<i>quinapril-hctz 20-25 mg tab</i>	Generics	
<i>quinapril-hctz 20-25 mg tab (greenstone)</i>	Generics	
<i>ramipril 1.25 mg capsule</i>	Preferred Generics	
<i>ramipril 10 mg capsule</i>	Preferred Generics	
<i>ramipril 2.5 mg capsule</i>	Preferred Generics	
<i>ramipril 5 mg capsule</i>	Preferred Generics	
<i>trandolapril 1 mg tablet</i>	Preferred Generics	
<i>trandolapril 2 mg tablet</i>	Preferred Generics	
<i>trandolapril 4 mg tablet</i>	Preferred Generics	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
KERENDIA 10 MG TABLET <i>finerenone</i>	Preferred Brands	ST QPD 1 per day
KERENDIA 20 MG TABLET <i>finerenone</i>	Preferred Brands	ST QPD 1 per day
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
<i>pirfenidone 267 mg capsule</i>	Generics	S PA QPD 6.0 per day
<i>pirfenidone 267 mg tablet</i>	Generics	S PA QPD 6.0 per day
<i>pirfenidone 801 mg tablet</i>	Generics	S PA QPD 3.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITUSSIVES		
<i>benzonatate 100 mg capsule</i>	Preferred Generics	
<i>benzonatate 200 mg capsule</i>	Preferred Generics	
<i>benzonatate perle 100 mg cap</i>	Preferred Generics	
BROMFED DM 2-30-10 MG/5 ML SYR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	Generics	
<i>bromphen-pse-dm 2-30-10 mg/5ml</i>	Generics	
<i>hydrocodone-chlorphen er susp</i>	Generics	
<i>hydrocodone-homatrop 5 ml cup</i>	Preferred Generics	
<i>hydrocodone-homatropine 5-1.5</i>	Generics	
<i>hydrocodone-homatropine soln</i>	Preferred Generics	
HYDROMET 5 MG-1.5 MG/5 ML SOLN <i>hydrocodone bitartrate/homatropine methylbromide</i>	Preferred Generics	
<i>promethazine-codeine solution</i>	Preferred Generics	
<i>promethazine-codeine syrup</i>	Preferred Generics	
<i>promethazine-dm 6.25-15 mg/5ml</i>	Preferred Generics	
MUCOLYTIC AGENTS		
PULMOZYME 1 MG/ML AMPUL <i>dornase alfa</i>	Preferred Brands	
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
<i>roflumilast 250 mcg tablet</i>	Generics	
<i>roflumilast 500 mcg tablet</i>	Generics	
VASODILATING AGENTS (RESPIRATORY TRACT)		
<i>ambrisentan 10 mg tablet</i>	Generics	   1.0 per day
<i>ambrisentan 5 mg tablet</i>	Generics	   1.0 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
<i>bosentan 125 mg tablet</i>	Generics		S PA QPD 2 per day
<i>bosentan 32 mg tablet for susp</i>	Generics		S PA QPD 4.0 per day
<i>bosentan 62.5 mg tablet</i>	Generics		S PA QPD 2 per day
OPSUMIT 10 MG TABLET <i>macitentan</i>	Preferred Brands		S PA QPD 1 per day
TRACLEER 32 MG TABLET FOR SUSP <i>bosentan</i>	Preferred Brands		S PA QPD 4 per day
SKELETAL MUSCLE RELAXANTS			
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT			
<i>chlorzoxazone 500 mg tablet</i>	Generics		
<i>cyclobenzaprine 10 mg tablet</i>	Preferred Generics		
<i>cyclobenzaprine 5 mg tablet</i>	Preferred Generics		
<i>methocarbamol 500 mg tablet</i>	Preferred Generics		
<i>methocarbamol 750 mg tablet</i>	Preferred Generics		
<i>tizanidine hcl 2 mg tablet</i>	Preferred Generics		
<i>tizanidine hcl 4 mg tablet</i>	Preferred Generics		
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT			
<i>baclofen 10 mg tablet</i>	Preferred Generics		
<i>baclofen 20 mg tablet</i>	Preferred Generics		
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT			
<i>orphenadrine er 100 mg tablet</i>	Generics		

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
SKIN AND MUCOUS MEMBRANE AGENTS			
ANTIPROLIFERANTS			
CARAC 0.5% CREAM <i>fluorouracil</i>	Preferred Brands		
<i>fluorouracil 5% cream</i>	Generics		
<i>fluorouracil 5% topical soln</i>	Generics		
<i>imiquimod 5% cream packet</i>	Generics		
VALCHLOR 0.016% GEL <i>mechlorethamine hcl</i>	Preferred Brands		S
ANTIPRURITICS AND LOCAL ANESTHETICS			
DERMACINRX LIDOCAN 5% PATCH <i>lidocaine</i>	Generics		PA QPD 3.0 per day
<i>lidocaine 5% ointment</i>	Preferred Generics		PA QPD 3.334 per day
<i>lidocaine 5% patch</i>	Generics		PA QPD 3.0 per day
<i>lidocaine-prilocaine cream</i>	Preferred Generics		QPD 2.0 per day
LIDOCAN II 5% PATCH <i>lidocaine</i>	Generics		PA QPD 3.0 per day
LIDOCAN III 5% PATCH <i>lidocaine</i>	Generics		PA QPD 3.0 per day
LIDOCAN IV 5% PATCH <i>lidocaine</i>	Generics		PA QPD 3.0 per day
LIDOCAN V 5% PATCH <i>lidocaine</i>	Generics		PA QPD 3.0 per day
CELL STIMULANTS AND PROLIFERANTS			
AVITA 0.025% CREAM <i>tretinoin</i>	Generics		PA
<i>tretinoin 0.01% gel</i>	Generics		PA
<i>tretinoin 0.025% cream</i>	Generics		PA

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin 0.05% cream</i>	Generics	PA
<i>tretinoin 0.1% cream</i>	Generics	PA
KERATOLYTIC AGENTS		
ABSORICA LD 16 MG CAPSULE <i>isotretinoin, micronized</i>	Preferred Brands	
ABSORICA LD 24 MG CAPSULE <i>isotretinoin, micronized</i>	Preferred Brands	
ABSORICA LD 32 MG CAPSULE <i>isotretinoin, micronized</i>	Preferred Brands	
ABSORICA LD 8 MG CAPSULE <i>isotretinoin, micronized</i>	Preferred Brands	
ACUTANE 10 MG CAPSULE <i>isotretinoin</i>	Generics	
ACUTANE 20 MG CAPSULE <i>isotretinoin</i>	Generics	
ACUTANE 30 MG CAPSULE <i>isotretinoin</i>	Generics	
ACUTANE 40 MG CAPSULE <i>isotretinoin</i>	Generics	
<i>acitretin 10 mg capsule</i>	Generics	
<i>acitretin 17.5 mg capsule</i>	Generics	
<i>acitretin 25 mg capsule</i>	Generics	
<i>adapalene 0.1% cream</i>	Generics	PA
<i>adapalene 0.3% gel</i>	Generics	PA
<i>adapalene 0.3% gel pump</i>	Generics	PA
AMNESTEEM 10 MG CAPSULE <i>isotretinoin</i>	Generics	
AMNESTEEM 20 MG CAPSULE <i>isotretinoin</i>	Generics	
AMNESTEEM 30 MG CAPSULE <i>isotretinoin</i>	Generics	
AMNESTEEM 40 MG CAPSULE <i>isotretinoin</i>	Generics	
CLARAVIS 10 MG CAPSULE <i>isotretinoin</i>	Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLARAVIS 20 MG CAPSULE <i>isotretinoin</i>	Generics	
CLARAVIS 30 MG CAPSULE <i>isotretinoin</i>	Generics	
CLARAVIS 40 MG CAPSULE <i>isotretinoin</i>	Generics	
<i>isotretinoin 10 mg capsule</i>	Generics	
<i>isotretinoin 20 mg capsule</i>	Generics	
<i>isotretinoin 30 mg capsule</i>	Generics	
<i>isotretinoin 40 mg capsule</i>	Generics	
<i>tazarotene 0.05% cream</i>	Generics	
<i>tazarotene 0.05% gel</i>	Generics	PA
<i>tazarotene 0.1% cream</i>	Generics	PA
<i>tazarotene 0.1% gel</i>	Generics	PA
ZENATANE 10 MG CAPSULE <i>isotretinoin</i>	Generics	
ZENATANE 20 MG CAPSULE <i>isotretinoin</i>	Generics	
ZENATANE 30 MG CAPSULE <i>isotretinoin</i>	Generics	
ZENATANE 40 MG CAPSULE <i>isotretinoin</i>	Generics	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
<i>adapalene-bnzy l perox 0.1-2.5%</i>	Generics	PA
<i>adapalene-bnzy l perox 0.3-2.5%</i>	Generics	PA
DUIXENT 100 MG/0.67 ML SYRING <i>dupilumab</i>	Preferred Brands	S
		PA
		QPD 0.048 per day
DUIXENT 100 MG/0.67 ML SYRINGE (NDC:00024591100) <i>dupilumab</i>	Preferred Brands	S
		PA
		QPD 0.048 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
DUPIXENT 200 MG/1.14 ML SYRING <i>dupilumab</i>	Preferred Brands		 max 56 days / fill
			
			
			 0.082 per day
DUPIXENT 300 MG/2 ML PEN <i>dupilumab</i>	Preferred Brands		 max 56 days / fill
			
			
			 0.286 per day
DUPIXENT 300 MG/2 ML SYRING <i>dupilumab</i>	Preferred Brands		 max 56 days / fill
			
			
			 0.286 per day
<i>ivermectin 1% cream</i>	Generics		
SMOOTH MUSCLE RELAXANTS			
RESPIRATORY SMOOTH MUSCLE RELAXANTS			
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	Generics		
<i>theophylline 80 mg/15 ml cup</i>	Generics		
<i>theophylline 80 mg/15 ml soln</i>	Generics		
<i>theophylline 80 mg/15 ml soln</i>	Generics		
<i>theophylline er 300 mg tablet</i>	Generics		
<i>theophylline er 400 mg tablet</i>	Generics		
<i>theophylline er 450 mg tablet</i>	Generics		
<i>theophylline er 600 mg tablet</i>	Generics		
SOMATOSTATIN AGONISTS AND ANTAGONISTS			
SOMATOSTATIN AGONISTS			
<i>octreotide 1,000 mcg/5 ml vial</i>	Generics		
<i>octreotide 5,000 mcg/5 ml vial</i>	Generics		
<i>octreotide acet 100 mcg/ml amp</i>	Generics		
<i>octreotide acet 100 mcg/ml vial</i>	Generics		

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acet 50 mcg/ml amp</i>	Generics	S
<i>octreotide acet 50 mcg/ml vial</i>	Generics	S
<i>octreotide acet 500 mcg/ml amp</i>	Generics	S
<i>octreotide acet 500 mcg/ml vial</i>	Generics	S
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
INCRELEX 40 MG/4 ML VIAL <i>mecasermin</i>	Preferred Brands	S
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
AUVI-Q 0.1 MG AUTO-INJECTOR <i>epinephrine</i>	Preferred Brands	
AUVI-Q 0.15 MG AUTO-INJECTOR <i>epinephrine</i>	Preferred Brands	
AUVI-Q 0.3 MG AUTO-INJECTOR <i>epinephrine</i>	Preferred Brands	
<i>epinephrine 0.15 mg auto-inject</i>	Generics	
<i>epinephrine 0.3 mg auto-inject</i>	Generics	
ALPHA-ADRENERGIC AGONISTS		
<i>lofexidine 0.18 mg tablet</i>	Generics	
<i>midodrine hcl 10 mg tablet</i>	Generics	
<i>midodrine hcl 2.5 mg tablet</i>	Generics	
<i>midodrine hcl 5 mg tablet</i>	Generics	
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 10 mg tablet</i>	Preferred Generics	
<i>methimazole 5 mg tablet</i>	Preferred Generics	
<i>propylthiouracil 50 mg tablet</i>	Generics	
THYROID AGENTS		
EUTHYROX 100 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EUTHYROX 112 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 125 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 137 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 150 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 175 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 200 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 25 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 50 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 75 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
EUTHYROX 88 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 100 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 112 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 125 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 137 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 150 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 175 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 200 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 25 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 300 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVO-T 50 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 75 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVO-T 88 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
<i>levothyroxine 100 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 112 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 125 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 137 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 150 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 175 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 200 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 25 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 300 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 50 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 75 mcg tablet</i>	Preferred Generics	
<i>levothyroxine 88 mcg tablet</i>	Preferred Generics	
LEVOXYL 100 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 112 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 125 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 137 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 150 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 175 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 200 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 25 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 50 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVOXYL 75 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LEVOXYL 88 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
LIOMNY 25 MCG TABLET <i>lithyronine sodium</i>	Preferred Generics	
LIOMNY 5 MCG TABLET <i>lithyronine sodium</i>	Preferred Generics	
LIOMNY 50 MCG TABLET <i>lithyronine sodium</i>	Generics	
<i>lithyronine sod 25 mcg tab</i>	Preferred Generics	
<i>lithyronine sod 5 mcg tab</i>	Preferred Generics	
<i>lithyronine sod 50 mcg tab</i>	Generics	
SYNTHROID 100 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 112 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 125 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 137 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 150 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 175 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 200 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 25 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 300 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 50 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 75 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	
SYNTHROID 88 MCG TABLET <i>levothyroxine sodium</i>	Preferred Brands	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNITHROID 100 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 112 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 125 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 137 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 150 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 175 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 200 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 25 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 300 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 50 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 75 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
UNITHROID 88 MCG TABLET <i>levothyroxine sodium</i>	Preferred Generics	
TUMOR NECROSIS FACTOR INHIBITORS		
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
<i>adalimumab-aaty(cf) 20mg/0.2ml</i>	Preferred Brands	S PA QPD 0.036 per day
<i>adalimumab-aaty(cf) 40mg/0.4ml</i>	Preferred Brands	S PA QPD 0.036 per day
<i>adalimumab-aaty(cf) 40mg/0.4ml</i>	Preferred Brands	S PA QPD 0.036 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adalimumab-aaty(cf) 40mg/0.4ml</i>	Preferred Brands	S PA QPD 0.072 per day
<i>adalimumab-aaty(cf) 80mg/0.8ml</i>	Preferred Brands	S PA QPD 0.072 per day
<i>adalimumab-aaty(cf) crohn 80mg</i>	Preferred Brands	QL max 3 / 180 days S PA
<i>adalimumab-adaz(cf) 10mg/0.1ml</i>	Preferred Brands	S PA QPD 0.008 per day
<i>adalimumab-adaz(cf) 20mg/0.2ml</i>	Preferred Brands	S PA QPD 0.015 per day
<i>adalimumab-adaz(cf) 40 mg syrg</i>	Preferred Brands	S PA QPD 0.029 per day
<i>adalimumab-adaz(cf) pen 40 mg</i>	Preferred Brands	S PA QPD 0.029 per day
<i>adalimumab-adaz(cf) pen 80 mg</i>	Preferred Brands	S PA QPD 0.058 per day
ENBREL 25 MG/0.5 ML SYRINGE <i>etanercept</i>	Preferred Brands	S PA QPD 0.073 per day
ENBREL 25 MG/0.5 ML VIAL <i>etanercept</i>	Preferred Brands	S PA QPD 0.143 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
ENBREL 50 MG/ML MINI CARTRIDGE <i>etanercept</i>	Preferred Brands	  	0.143 per day
ENBREL 50 MG/ML SURECLICK <i>etanercept</i>	Preferred Brands	  	0.143 per day
ENBREL 50 MG/ML SYRINGE <i>etanercept</i>	Preferred Brands	  	0.143 per day
HADLIMA 40 MG/0.8 ML SYRINGE <i>adalimumab-bwwd</i>	Preferred Brands	  	0.058 per day
HADLIMA PUSHTOUCH 40 MG/0.8 ML <i>adalimumab-bwwd</i>	Preferred Brands	  	0.058 per day
HADLIMA(CF) 40 MG/0.4 ML SYRNG <i>adalimumab-bwwd</i>	Preferred Brands	  	0.029 per day
HADLIMA(CF) PUSHTOUCH 40MG/0.4 <i>adalimumab-bwwd</i>	Preferred Brands	  	0.029 per day
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	Preferred Brands	  	0.072 per day
HUMIRA PEN 40 MG/0.8 ML <i>adalimumab</i>	Preferred Brands	  	0.072 per day
HUMIRA(CF) 10 MG/0.1 ML SYRING <i>adalimumab</i>	Preferred Brands	  	0.072 per day

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PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
HUMIRA(CF) 20 MG/0.2 ML SYRING <i>adalimumab</i>	Preferred Brands		S PA QPD 0.072 per day
HUMIRA(CF) 40 MG/0.4 ML SYRING <i>adalimumab</i>	Preferred Brands		S PA QPD 0.072 per day
HUMIRA(CF) PEDI CROHN 80-40 MG <i>adalimumab</i>	Preferred Brands		QL MAX 2 / 180 DAYS S PA
HUMIRA(CF) PEDI CROHN 80MG/0.8 <i>adalimumab</i>	Preferred Brands		QL MAX 3 / 180 DAYS S PA
HUMIRA(CF) PEN 40 MG/0.4 ML <i>adalimumab</i>	Preferred Brands		S PA QPD 0.072 per day
HUMIRA(CF) PEN 80 MG/0.8 ML <i>adalimumab</i>	Preferred Brands		S PA QPD 0.072 per day
HUMIRA(CF) PEN CRHN-UC-HS 80MG <i>adalimumab</i>	Preferred Brands		QL MAX 3 / 180 DAYS S PA
HUMIRA(CF) PEN PEDI UC 80 MG <i>adalimumab</i>	Preferred Brands		QL MAX 4 / 180 DAYS S PA
HUMIRA(CF) PEN PS-UV-AHS 80-40 <i>adalimumab</i>	Preferred Brands		QL MAX 3 / 180 DAYS S PA
SIMLANDI(CF) 20 MG/0.2 ML SYRG <i>adalimumab-ryvk</i>	Preferred Brands		S PA QPD 0.072 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMLANDI(CF) 40 MG/0.4 ML SYRG <i>adalimumab-ryvk</i>	Preferred Brands	S PA QPD 0.072 per day
SIMLANDI(CF) 80 MG/0.8 ML SYRG <i>adalimumab-ryvk</i>	Preferred Brands	S PA QPD 0.072 per day
SIMLANDI(CF) AI 40 MG/0.4 ML <i>adalimumab-ryvk</i>	Preferred Brands	S PA QPD 0.072 per day
SIMLANDI(CF) AI 80 MG/0.8 ML <i>adalimumab-ryvk</i>	Preferred Brands	S PA QPD 0.072 per day
SIMPONI 100 MG/ML PEN INJECTOR <i>golimumab</i>	Preferred Brands	S PA QPD 0.036 per day
SIMPONI 100 MG/ML SYRINGE <i>golimumab</i>	Preferred Brands	S PA QPD 0.036 per day
VASODILATING AGENTS (RESPIRATORY TRACT) PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)		
ALYQ 20 MG TABLET <i>tadalafil</i>	Generics	S PA QPD 2.0 per day
<i>sildenafil 10 mg/ml oral susp</i>	Generics	S PA QPD 7.467 per day
<i>sildenafil 20 mg tablet (pah)</i>	Generics	S PA QPD 3.0 per day

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATING AGENTS		
CGMP SYNTHESIS AGENT		
VERQUVO 10 MG TABLET <i>vericiguat</i>	Preferred Brands	PA QPD 1 per day
VERQUVO 2.5 MG TABLET <i>vericiguat</i>	Preferred Brands	PA QPD 1 per day
VERQUVO 5 MG TABLET <i>vericiguat</i>	Preferred Brands	PA QPD 1 per day
DIRECT VASODILATORS		
<i>hydralazine 10 mg tablet</i>	Preferred Generics	
<i>hydralazine 100 mg tablet</i>	Preferred Generics	
<i>hydralazine 25 mg tablet</i>	Preferred Generics	
<i>hydralazine 50 mg tablet</i>	Preferred Generics	
<i>isosorbide-hydralazine 20-37.5</i>	Generics	
<i>minoxidil 10 mg tablet</i>	Preferred Generics	
<i>minoxidil 2.5 mg tablet</i>	Preferred Generics	
NITRATES AND NITRITES		
<i>isosorbide dinitrate 10 mg tab</i>	Generics	
<i>isosorbide dinitrate 20 mg tab</i>	Generics	
<i>isosorbide dinitrate 30 mg tab</i>	Generics	
<i>isosorbide dinitrate 5 mg tab</i>	Generics	
<i>isosorbide mononit 10 mg tab</i>	Generics	
<i>isosorbide mononit 20 mg tab</i>	Preferred Generics	
<i>isosorbide mononit er 120 mg</i>	Preferred Generics	
<i>isosorbide mononit er 30 mg tb</i>	Preferred Generics	
<i>isosorbide mononit er 60 mg tb</i>	Preferred Generics	
<i>nitroglycerin 0.1 mg/hr patch</i>	Generics	
<i>nitroglycerin 0.2 mg/hr patch</i>	Generics	
<i>nitroglycerin 0.3 mg tablet sl</i>	Preferred Generics	
<i>nitroglycerin 0.4 mg tablet sl</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin 0.4 mg/hr patch</i>	Generics	
<i>nitroglycerin 0.6 mg tablet sl</i>	Generics	
<i>nitroglycerin 0.6 mg/hr patch</i>	Generics	
<i>nitroglycerin 400 mcg spray</i>	Generics	
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>tadalafil 2.5 mg tablet</i>	Preferred Generics	 1.0 per day
<i>tadalafil 5 mg tablet</i>	Preferred Generics	 1.0 per day
VITAMINS		
MULTIVITAMIN PREPARATIONS		
PRENATABS RX TABLET		
<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	Preferred Brands	
<i>prenatal 19 chewable tablet</i>	Preferred Brands	
<i>prenatal 19 chewable tablet</i>	Preferred Brands	
<i>prenatal plus iron tablet</i>	Preferred Brands	
<i>prenatal vitamin plus low iron</i>	Preferred Brands	
<i>prenatal-u capsule</i>	Preferred Brands	
SE-NATAL 19 CHEWABLE TABLET		
<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>	Preferred Brands	
SE-NATAL 19 TABLET		
<i>prenatal vitamins no.119/iron fumarate/folic acid</i>	Preferred Brands	
TRINATE TABLET		
<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	Preferred Brands	
VITAMIN B COMPLEX		
<i>cvs folic acid 800 mcg tablet</i>	Preferred Generics	
<i>cyanocobalamin 1,000 mcg/ml v/</i>	Preferred Generics	
<i>cyanocobalamin 10,000 mcg/10ml</i>	Preferred Generics	
<i>cyanocobalamin 30,000 mcg/30ml</i>	Preferred Generics	
DODEX 1,000 MCG/ML VIAL		
<i>cyanocobalamin (vitamin b-12)</i>	Preferred Generics	

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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DODEX 10,000 MCG/10 ML VIAL <i>cyanocobalamin (vitamin b-12)</i>	Preferred Generics	
DODEX 30,000 MCG/30 ML VIAL <i>cyanocobalamin (vitamin b-12)</i>	Preferred Generics	
FA-8 CAPSULES <i>folic acid</i>	Preferred Generics	
<i>folic acid 0.4 mg tablet</i>	Preferred Generics	
<i>folic acid 0.8 mg tablet</i>	Preferred Generics	
<i>folic acid 1 mg tablet</i>	Preferred Generics	
<i>folic acid 400 mcg tablet</i>	Preferred Generics	
<i>folic acid 800 mcg capsule</i>	Preferred Generics	
<i>folic acid 800 mcg tablet</i>	Preferred Generics	
<i>ft folic acid 400 mcg tablet</i>	Preferred Generics	
<i>ft folic acid 800 mcg tablet</i>	Preferred Generics	
<i>gnp folic acid 400 mcg tablet</i>	Preferred Generics	
PUREVITA FOLIC ACID 400 MCG TB <i>folic acid</i>	Preferred Generics	
<i>ra folic acid 0.4 mg tablet</i>	Preferred Generics	
<i>ra folic acid 800 mcg tablet</i>	Preferred Generics	
<i>sm folic acid 400 mcg tablet</i>	Preferred Generics	
<i>sv folic acid 800 mcg tablet</i>	Preferred Generics	
<i>true folic acid 667 mcg dfe tb</i>	Preferred Generics	
<i>well folic acid 400 mcg tablet</i>	Preferred Generics	
VITAMIN D		
<i>calcitriol 0.25 mcg capsule</i>	Preferred Generics	
<i>calcitriol 0.5 mcg capsule</i>	Generics	
<i>vitamin d2 1.25mg(50,000 unit)</i>	Preferred Generics	
VITAMIN K ACTIVITY		
<i>phytonadione 5 mg tablet</i>	Generics	

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CALCITONIN,SALMON,SYNTHETIC	CHENODIOL	209
CALCITRIOL	CHLORAMBUCIL	78
CALCIUM ACETATE	CHLORDIAZEPOXIDE HCL	115
CALQUENCE	CHLORHEXIDINE GLUCONATE	14
CAMILA	CHLOROQUINE PHOSPHATE	90
CAMRESE	CHLORPROMAZINE HCL	95
CAMRESE LO	CHLORTHALIDONE	198
CANDESARTAN CILEXETIL	CHLORZOXAZONE	260
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	CHOLESTYRAMINE	62
CANNABIDIOL (CBD)	CHOLESTYRAMINE (WITH SUGAR)	62
CAPECITABINE	CIBINQO	21
CAPRELSA	CICLODAN	50
CAPTOPRIL	CICLOPIROX	50,51
CAPVAXIVE	CICLOPIROX OLAMINE	50

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CILOSTAZOL	101	COMBIVENT RESPIMAT	28
CIMDUO	97	COMETRIQ	70
CIMETIDINE	111	COMIRNATY 2023-2024	104
CIMETIDINE HCL	111	COMIRNATY 2024-2025	104
CINACALCET HCL	252,253	COMIRNATY 2025-2026 (12Y UP)	104
CIPROFLOXACIN	26	COMIRNATY 2025-2026(5-11Y)	104
CIPROFLOXACIN HCL	13,26	COMPRO	48
CIPROFLOXACIN HCL/DEXAMETHASONE	13	CONDOMS, FEMALE	248
CITALOPRAM HYDROBROMIDE	40	CONDOMS, LATEX, LUBRICATED	247,248
CITRIC ACID/SODIUM CITRATE	200	CONDOMS, LATEX, NON-LUBRICATED	248
CLARAVIS	262,263	CONDOMS, NON-LATEX, LUBRICATED	247
CLARITHROMYCIN	241	CONSTULOSE	200
CLIMARA PRO	204	CORIFACT	53
CLINDACIN ETZ	27	CORLANOR	129
CLINDACIN P	28	CORTIFOAM	18
CLINDAMYCIN HCL	28	COSENTYX (2 SYRINGES)	236
CLINDAMYCIN PALMITATE HCL	28	COSENTYX SENSOREADY (2 PENS)	237
CLINDAMYCIN PHOSPHATE	27,28	COSENTYX SENSOREADY PEN	237
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	14,15	COSENTYX SYRINGE	236
CLINPRO 5000	137	COSENTYX UNOREADY PEN	237
CLOBAZAM	35	COTELIC	70
CLOBETASOL PROPIONATE	17	COVID VAC 2023-2024 (5-11 YEARS) XBB.1.5 (RAXTOZINAMERAN)/PF	108
CLOBETASOL PROPIONATE/EMOLLIENT BASE	18	COVID VAC 2023-24 (12 YR AND UP) XBB.1.5 (RAXTOZINAMERAN)/PF	104
CLOMIPRAMINE HCL	42	COVID VAC 2023-24 (6 MOS-4 YRS) XBB.1.5 (RAXTOZINAMERAN)/PF	109
CLONAZEPAM	35,36	COVID VACC 2023-24 (12 YRS AND UP) XBB.1.5 (ANDUSOMERAN)/PF	110
CLONIDINE	132	COVID VACC 2023-24 XBB.1.5, RECOMB/ADJUVANT- MATRIX/PF	108
CLONIDINE HCL	132	COVID VACC 2024-2025 (5-11 YEARS) (PFIZER)/PF	109
CLOPIDOGREL BISULFATE	101	COVID VACC 2024-2025 (6 MONTHS-4 YEARS OLD) (PFIZER)/PF	109
CLORAZEPATE DIPOTASSIUM	115	COVID VACC 2025-2026 (5-11 YEARS) (PFIZER)/PF	104
CLOTIRMAZOLE	50	COVID VACCINE 2023-24 (6 MO-11 YRS) XBB.1.5 (ANDUSOMERAN)/PF	108
CLOTIRMAZOLE/BETAMETHASONE DIPROPIONATE	50	COVID VACCINE 2024-2025 (12 YRS UP) (MODERNA)/PF	110
CLOZAPINE	91,92	COVID VACCINE 2024-2025 (12 YRS UP) (PFIZER)/PF	104
COAGADEX	53	COVID VACCINE 2024-2025 (12 YRS UP)/ADJUVANT- MATRIX/PF	108
COAGULATION FACTOR VIIA (RECOMBINANT)	57		
COAGULATION FACTOR X	53		
COBIMETINIB FUMARATE	70		
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE	2		
CODEINE SULFATE	2		
COLCHICINE	132		
COLESEVELAM HCL	62		
COLESTIPOL HCL	62		

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COVID VACCINE 2024-2025 (6 MONTHS-11 YEARS)(MODERNA)/PF	108	DARUNAVIR ETHANOLATE	100,101
COVID VACCINE 2025-2026 (12 YEARS UP) (MODERNA)/PF	108,110	DARUNAVIR ETHANOLATE/COBICISTAT	101
COVID VACCINE 2025-2026 (12 YRS UP) (PFIZER)/PF	104	DASATINIB	70,71
COVID VACCINE 2025-2026 (6 MONTHS-11 YEARS)(MODERNA)/PF	110	DASETTA	220
CREON	209	DASIGLUCAGON HCL	62
CRISABOROLE	22	DAYSEE	220
CRIZOTINIB	86,87	DEBLITANE	220
CROMOLYN SODIUM	17	DEFERASIROX	215
CRYSELLE	220	DEFERIPRONE	215
CTEXLI	209	DELSTRIGO	97
CURAE	220	DEMECLOCYCLINE HCL	27
CYANOCOBALAMIN (VITAMIN B-12)	275,276	DENTA 5000 PLUS	137
CYCLOBENZAPRINE HCL	260	DENTA 5000 PLUS SENSITIVE	137
CYCLOPENTOLATE HCL	207	DENTAGEL	137
CYCLOPHOSPHAMIDE	70	DEPO-TESTOSTERONE	217
CYCLOSERINE	67	DERMACINRX LIDOCAN	261
CYCLOSPORINE	127,207	DESCOVY	98
CYCLOSPORINE, MODIFIED	127	DESIPRAMINE HCL	42
CYPROHEPTADINE HCL	208	DESLOTATADINE	60
CYRED	220	DESMOPRESSIN ACETATE	230
CYRED EQ	220	DESMOPRESSIN ACETATE (NON-REFRIGERATED)	230
CYSTAGON	243,244	DESOGESTREL-ETHINYL	219,220,221,222,223,227
CYSTEAMINE BITARTRATE	243,244	DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL	219,220,223,227,228,229
D		DESONIDE	18
DABIGATRAN ETEXILATE MESYLATE	31	DESOXIMETASONE	18
DABRAFENIB MESYLATE	83	DESVENLAFAXINE SUCCINATE	40
DALFAMPRIDINE	244	DEUCRAVACITINIB	21
DANAZOL	217	DEXAMETHASONE	216
DAPAGLIFLOZIN PROPANEDIOL	45	DEXAMETHASONE SODIUM PHOSPHATE	216
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HCL	46,47	DEXLANSOPRAZOLE	112
DAPSONE	67	DEXMETHYLPHENIDATE HCL	9,10
DAPTACEL DTAP	102	DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE	7,8
DARBEPOETIN ALFA IN POLYSORBATE 80	123	DEXTROAMPHETAMINE SULFATE	8,9
DAROLUTAMIDE	79	DEXTROMETHORPHAN HBR/QUINIDINE SULFATE	133
DARUNAVIR	100,101	DIAPHRAGMS, CONTOURED	247
DARUNAVIR ETH/COBICISTAT/EMTRICITABINE/TENOFOVIR		DIAPHRAGMS, WIDE SEAL	248,249
ALAFENAMIDE	101	DIASTAT	115
		DIAZEPAM	115,116

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DIAZOXIDE	61	DONEPEZIL HCL	117,118
DICLOFENAC POTASSIUM	249	DOPTELET	124
DICLOFENAC SODIUM	16,22,249	DORAVIRINE/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	97
DICLOFENAC SODIUM/MISOPROSTOL	249	DORNASE ALFA	259
DICLOXACILLIN SODIUM	254	DORZOLAMIDE HCL	51
DICYCLOMINE HCL	28	DORZOLAMIDE HCL/TIMOLOL MALEATE	51
DIFICID	241,242	DOTTI	204
DIFLUNISAL	249	DOVATO	96
DIGITEK	129	DOXAZOSIN MESYLATE	129
DIGOXIN	129	DOXEPIN HCL	42,43
DIHYDROERGOTAMINE MESYLATE	2	DOXYCYCLINE HYCLATE	13,27
DILANTIN	37	DOXYCYCLINE MONOHYDRATE	27
DILT-XR	24	DOXYLAMINE SUCCINATE/PYRIDOXINE HCL (VITAMIN B6) .48	
DILTIAZEM HCL	23,24,25	DRONABINOL	210
DIMETHYL FUMARATE	245	DRONEDARONE HCL	23
DIPHEN	207,208	DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	221,229
DIPHENHYDRAMINE HCL	207,208	DUAVEE	204
DIPHENOXYLATE HCL/ATROPINE SULFATE	208	DULAGLUTIDE	45
DIPHThERIA, PERTUSSIS (ACELL), TETANUS PEDIATRIC VACCINE/PF	102	DULERA	121
DIPHThERIA, PERTUSSIS(ACELL),TETANUS,POLIO VACCINE/PF	107,109	DULOXETINE HCL	40
DIPHThERIA,PERTUS(ACELL),TETANUS/HEPB/POLIO/HIB CONJ-MENG/PF	102	DUPILUMAB	263,264
DIPHThERIA,PERTUSSIS(ACELL),TETANUS,POLIO/HAEMOPHIL US B/PF	108	DUPIXENT PEN	263,264
DIPHThERIA,PERTUSSIS(ACELLULAR),TETANUS VACCINE . 102		DUPIXENT SYRINGE	263,264
DIPHThERIA,PERTUSSIS(ACELLULAR),TETANUS VACCINE/PF	102	DUTASTERIDE	242
DIPYRIDAMOLE	101	E	
DIROXIMEL FUMARATE	245	E.E.S. 400	241
DISKETS	2	EBGLYSS PEN	20
DISOPYRAMIDE PHOSPHATE	22	EBGLYSS SYRINGE	20
DIVALPROEX SODIUM	36	ECONAZOLE NITRATE	50
DIVIGEL	204	ECONTRA EZ	221
DODEX	275,276	ECONTRA ONE-STEP	221
DOFETILIDE	23	ECOTRIN	251
DOLISHALE	221	EFAVIRENZ	97
DOLUTEGRAVIR SODIUM	96	EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	98
DOLUTEGRAVIR SODIUM/LAMIVUDINE	96	EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	97
DOLUTEGRAVIR SODIUM/RILPIVIRINE HCL	96	EFINACONAZOLE	50

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ELAGOLIX SODIUM	212	ENPRESSE	221
ELAGOLIX SODIUM/ESTRADIOL/NORETHINDRONE ACETATE	212	ENSKYCE	221
ELAPEGADEMASE-LVLR	203	ENSTILAR	202
ELETRIPTAN HYDROBROMIDE	66	ENTACAPONE	89
ELEXACAFTOR/TEZACAFTOR/IVACAFTOR	136	ENTECAVIR	113,114
ELINEST	221	ENTRECTINIB	81
ELIQUIS	30	ENTRESTO	254
ELIXOPHYLLIN	264	ENTRESTO SPRINKLE	254
ELLA	221	ENTYVIO PEN	197
ELOCTATE	53,54	ENULOSE	200
ELTROMBOPAG OLAMINE	124	ENZALUTAMIDE	87
ELUXADOLINE	209	EPCLUSA	213
ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE	98	EPIDIOLEX	33
EMCYT	71	EPINASTINE HCL	207
EMEND	49	EPINEPHRINE	265
EMGALITY PEN	65	EPITOL	33
EMGALITY SYRINGE	65	EPLERENONE	242
EMPAGLIFLOZIN	46	EPOETIN ALFA	124,125,126
EMPAGLIFLOZIN/LINAGLIPTIN	46	EPOETIN ALFA-EPBX	126
EMPAGLIFLOZIN/LINAGLIPTIN/METFORMIN HCL	46	EPOGEN	124,125
EMPAGLIFLOZIN/METFORMIN HCL	46	ERENUMAB-AOOE	65
EMPAVELI	232	ERGOCALCIFEROL (VITAMIN D2)	276
EMTRICITABINE	98	ERIVEDGE	71
EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR ALAFENAMIDE FUMARATE	99	ERLEADA	71
EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR DISOPROXIL FUMARATE	98	ERLOTINIB HCL	71
EMTRICITABINE/TENOFOVIR ALAFENAMIDE FUMARATE	98	ERRIN	221
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	98	ERY-TAB	241
EMZAHH	221	ERYTHROCIN STEARATE	241
ENALAPRIL MALEATE	256,257	ERYTHROMYCIN BASE	13,241
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	257	ERYTHROMYCIN BASE IN ETHANOL	13
ENBREL	270,271	ERYTHROMYCIN ETHYLSUCCINATE	241
ENBREL MINI	271	ERYTHROMYCIN STEARATE	241
ENBREL SURECLICK	271	ESCITALOPRAM OXALATE	40
ENDOCET	2,3	ESLICARBAZEPINE ACETATE	38
ENGERIX-B ADULT	104	ESOMEPRAZOLE MAGNESIUM	112
ENGERIX-B PEDIATRIC-ADOLESCENT	104	ESPEROCT	54
ENOXAPARIN SODIUM	31	ESTARYLLA	221
		ESTAZOLAM	116
		ESTRADIOL	204,205,206,207
		ESTRADIOL VALERATE	205
		ESTRADIOL/LEVONORGESTREL	204

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ESTRADIOL/NORETHINDRONE ACETATE . . . 203,204,205,206	FACTOR XIII A-SUBUNIT, RECOMBINANT60
ESTRAMUSTINE PHOSPHATE SODIUM71	FALMINA221
ESTRING205	FAMCICLOVIR114
ESTROGENS, CONJUGATED206	FAMOTIDINE111
ESTROGENS, CONJUGATED/BAZEDOXIFENE ACETATE . . . 204	FARXIGA45
ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE	FASENRA PEN16
ACETATE206	FEIBA54
ESZOPICLONE117	FEIRZA221
ETANERCEPT270,271	FELBAMATE33
ETHAMBUTOL HCL67	FELODIPINE128
ETHINYL	FENOFIBRATE63
ESTRADIOL/DROSPIRENONE . 221,222,224,225,226,227,228,	FENOFIBRATE NANOCRYSTALLIZED63
229,230	FENOFIBRATE,MICRONIZED63
ETHOSUXIMIDE39	FENTANYL3
ETHYNODIOL DIACETATE-ETHINYL	FENTANYL CITRATE3
ESTRADIOL221,223,229,230	FERROUS SULFATE22
ETODOLAC249,250	FIASP234
ETONOGESTREL/ETHINYL ESTRADIOL227	FIASP FLEXTOUCH234
ETOPOSIDE72	FIASP PENFILL234
ETRAVIRINE97	FIBRINOGEN54,60
EUCRISA22	FIBRYGA54
EUTHYROX265,266	FIDAXOMICIN241,242
EVEROLIMUS72,85	FILGRASTIM-AAFI125
EVOLOCUMAB64	FILGRASTIM-SNDZ126
EVOTAZ100	FINASTERIDE242
EXEMESTANE72	FINERENONE258
EYSUVIS15	FINGOLIMOD HCL247
EZETIMIBE62	FINZALA221
EZETIMIBE/SIMVASTATIN62	FLAC OTIC OIL15
F	FLECAINIDE ACETATE23
FA-8276	FLU VACCINE QUAD 2023-2024(6 MONTH AND OLDER)CELL
FABHALTA232	DERIVED/PF105
FACTOR IX53	FLU VACCINE QUADRIV 2023-2024(6 MONTH AND
FACTOR IX (HUMAN) RECOMBINANT, PEGYLATED59	OLDER)CELL DERIVED105
FACTOR IX COMPLEX, PROTHROMBIN CPLX CONC(PCC) NO.4,	FLU VACCINE TRI 2024-2025(6 MONTH AND OLDER)CELL
3-FACTOR59	DERIVED/PF105
FACTOR IX HUMAN RECOMBINANT60	FLU VACCINE TRI 2025-2026(6 MONTH AND OLDER)CELL
FACTOR IX HUMAN RECOMBINANT, THREONINE 14855	DERIVED/PF105
FACTOR IX RECOMBINANT,ALBUMIN FUSION PROTEIN55	FLU VACCINE TRIV 2024-2025(6 MONTH AND OLDER)CELL
FACTOR XIII53	DERIVED105

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FLU VACCINE TRIV 2025-2026(6 MONTH AND OLDER)CELL DERIVED	105	FLUTICASONE FUROATE/UMECLIDINIUM BROMIDE/VILANTEROL TRIFENAT	29
FLUAD 2025-2026	104	FLUTICASONE FUROATE/VILANTEROL TRIFENATATE	120
FLUAD QUAD 2023-2024	104	FLUTICASONE PROPIONATE	16,18
FLUAD TRIVALENT 2024-2025	104	FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	120,121,122
FLUARIX 2025-2026	104	FLUVOXAMINE MALEATE	41
FLUARIX QUAD 2023-2024	104	FLUZONE 2025-2026	106
FLUARIX TRIVALENT 2024-2025	105	FLUZONE HIGH-DOSE 2025-2026	106
FLUBLOK 2025-2026	105	FLUZONE HIGH-DOSE QUAD 2023-24	106
FLUBLOK QUAD 2023-2024	105	FLUZONE HIGH-DOSE TRIV 2024-25	106
FLUBLOK TRIVALENT 2024-2025	105	FLUZONE QUAD 2023-2024	106
FLUCELVAX 2025-2026	105	FLUZONE QUAD SOUTHERN HEM 2024	106
FLUCELVAX QUAD 2023-2024	105	FLUZONE TRIVALENT 2024-2025	106
FLUCELVAX TRIVALENT 2024-2025	105	FOLIC ACID	275,276
FLUCONAZOLE	49	FONDAPARINUX SODIUM	32
FLUCYTOSINE	50	FOSAMPRENAVIR CALCIUM	100
FLUDROCORTISONE ACETATE	216	FOSFOMYCIN TROMETHAMINE	12
FLULAVAL 2025-2026	105	FOSINOPRIL SODIUM	257
FLULAVAL QUAD 2023-2024	105	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	257
FLULAVAL TRIVALENT 2024-2025	105	FRAICHE 5000	138
FLUMIST 2025-2026	105	FREMANEZUMAB-VFRM	65
FLUMIST HOME 2025-2026	106	FULPHILA	125
FLUMIST QUAD 2023-2024	106	FUROSEMIDE	197
FLUMIST TRIVALENT 2024-2025	106	FYAVOLV	205
FLUNISOLIDE	15		
FLUOCINOLONE ACETONIDE	18	G	
FLUOCINOLONE ACETONIDE OIL	15	GABAPENTIN	36
FLUOCINOLONE ACETONIDE/SHOWER CAP	18	GALANTAMINE HBR	118
FLUOCINONIDE	18	GALBRIELA	222
FLUOCINONIDE/EMOLLIENT BASE	18	GALCANEZUMAB-GNLM	65
FLUORIDE (SODIUM)	137,138,139	GALLIFREY	231
FLUORIDEX	137	GARDASIL 9	107
FLUORIDEX SENSITIVITY RELIEF	137	GATIFLOXACIN	13
FLUORIMAX 5000	138	GAVILYTE-G	209
FLUORIMAX 5000 SENSITIVE	138	GAVILYTE-N	209
FLUOROMETHOLONE	16	GEFITINIB	72
FLUOROURACIL	261	GEMFIBROZIL	63
FLUOXETINE HCL	40,41	GENERLAC	200
FLUPHENAZINE HCL	95	GENGRAF	127
FLURBIPROFEN	250	GENOTROPIN	230,231
FLUTICASONE FUROATE	215		

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GENTAMICIN SULFATE	13,14	HAILEY FE	222
GENVOYA	98	HALOBETASOL PROPIONATE	18
GILOTRIF	73	HALOPERIDOL	94
GLATIRAMER ACETATE	244,245	HALOPERIDOL LACTATE	94
GLATOPA	245	HARVONI	213,214
GLECAPREVIR/PIBRENTASVIR	214	HAVRIX	107
GLEOSTINE	73	HEATHER	222
GLIMEPIRIDE	47	HEMANGEOL	130
GLIPIZIDE	47	HEMMOREX-HC	18
GLIPIZIDE/METFORMIN HCL	47	HEP B VIRUS,RCMB/DIPHTH,PERTUS(ACELL),TET,POLIO VACCINE/PF	108
GLUCAGON	61	HEPARIN SODIUM,PORCINE	31,32
GLUCAGON EMERGENCY KIT	61	HEPARIN SODIUM,PORCINE/PF	31,32
GLUCAGON HCL	61	HEPATITIS A VIRUS AND HEPATITIS B VIRUS VACCINE/PF	110
GLUTAMINE	244	HEPATITIS A VIRUS VACCINE/PF	107,110,111
GLYBURIDE	47	HEPATITIS B VACCINE RECOMBINANT/VACCINE ADJUVANT CPG 1018/PF	107
GLYBURIDE/METFORMIN HCL	47	HEPATITIS B VIRUS VACCINE RECOMBINANT,ISOFORM S,M,L/PF	109
GLYCOPYRROLATE	28	HEPATITIS B VIRUS VACCINE RECOMBINANT/PF	104,109,110
GLYXAMBI	46	HEPLISAV-B	107
GOLIMUMAB	273	HER STYLE	222
GRANISETRON HCL	48	HIBERIX	107
GRISEOFULVIN ULTRAMICROSIZE	49	HUMALOG	234
GRISEOFULVIN, MICROSIZE	49	HUMALOG JUNIOR KWIKPEN	234
GUANFACINE HCL	132	HUMALOG KWIKPEN U-100	234
GUSELKUMAB	21	HUMALOG KWIKPEN U-200	234
GVOKE	61	HUMALOG MIX 50-50	234
GVOKE HYOPEN 1-PACK	61	HUMALOG MIX 50-50 KWIKPEN	234
GVOKE HYOPEN 2-PACK	61	HUMALOG MIX 75-25	234
GVOKE PFS 1-PACK SYRINGE	61	HUMALOG MIX 75-25 KWIKPEN	234
GVOKE PFS 2-PACK SYRINGE	61	HUMALOG TEMPO PEN U-100	234
H		HUMAN PAPILLOMAVIRUS VACCINE, 9-VALENT/PF	107
HADLIMA	271	HUMATE-P	55
HADLIMA PUSH TOUCH	271	HUMATIN	89
HADLIMA(CF)	271	HUMIRA	271
HADLIMA(CF) PUSH TOUCH	271	HUMIRA PEN	271
HAEMOPHILUS B CONJUGATE VACCINE (MENINGOCOCCAL PROT.CONJ)/PF	108	HUMIRA(CF)	271,272
HAEMOPHILUS B CONJUGATE VACCINE(TETANUS TOXOID CONJUGATE)/PF	103,107	HUMIRA(CF) PEDIATRIC CROHN'S	272
HAILEY	222	HUMIRA(CF) PEN	272
HAILEY 24 FE	222	HUMIRA(CF) PEN CROHN'S-UC-HS	272

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HUMIRA(CF) PEN PEDIATRIC UC	272	IMBRUVICA	74
HUMIRA(CF) PEN PSOR-UV-ADOL HS	272	IMIPRAMINE HCL	43
HUMULIN 70-30	232	IMIQUIMOD	261
HUMULIN 70/30 KWIKPEN	232	IMOVAX RABIES VACCINE	107
HUMULIN N	232	IMPAVIDO	90
HUMULIN N KWIKPEN	232	INAVOLISIB	75
HUMULIN R	235	INBRIJA	89
HUMULIN R U-500	235	INCASSIA	222
HUMULIN R U-500 KWIKPEN	235	INCRELEX	265
HYCANTIN	73	INCRUSE ELLIPTA	28
HYDRALAZINE HCL	274	INDAPAMIDE	198
HYDROCHLOROTHIAZIDE	198	INDOMETHACIN	250
HYDROCODONE BITARTRATE/ACETAMINOPHEN	3,4	INFANRIX DTAP	102
HYDROCODONE BITARTRATE/HOMATROPINE		INFLUENZA VACCINE QUADRIVALENT 2023-24 (65 YR	
METHYLBROMIDE	259	UP)/MF59C.1/PF	104
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE		INFLUENZA VACCINE QUADRIVALENT LIVE 2023-2024 (2	
POLISTIREX	259	YRS-49 YRS)	106
HYDROCODONE/IBUPROFEN	4	INFLUENZA VACCINE TRIVALENT LIVE 2024-2025 (2 YRS-49	
HYDROCORTISONE	17,18,19,216	YRS)	106
HYDROCORTISONE ACETATE	17,18,19	INFLUENZA VACCINE TRIVALENT LIVE 2025-2026 (2 YRS-49	
HYDROCORTISONE VALERATE	19	YRS)	105,106
HYDROCORTISONE/ACETIC ACID	13	INFLUENZA VACCINE TVS 2024-25 (65 YR UP)/ADJUVANT	
HYDROMET	259	MF59C.1/PF	104
HYDROMORPHONE HCL	4	INFLUENZA VACCINE TVS 2025-26 (65 YR UP)/ADJUVANT	
HYDROXYCHLOROQUINE SULFATE	90	MF59C.1/PF	104
HYDROXYUREA	73	INFLUENZA VIRUS VACC QUAD 2024 SOUTH HEM (6	
HYDROXYZINE HCL	114	MONTHS AND UP)	106
HYDROXYZINE PAMOATE	114	INFLUENZA VIRUS VACC QUAD 2024 SOUTH HEM (6 MOS	
		AND UP)/PF	106
I		INFLUENZA VIRUS VACCINE QUADRIVAL 2023-2024(6 MOS	
IBANDRONATE SODIUM	242	AND UP)/PF	104,105,106
IBRANCE	73,74	INFLUENZA VIRUS VACCINE QUADRIVAL SPLIT 2023-24(65	
IBRUTINIB	74	YR UP)/PF	106
IBU	250	INFLUENZA VIRUS VACCINE QUADRIVALENT 2023-24 (36	
IBUPROFEN	250	MOS UP)/PF	103
ICATIBANT ACETATE	135	INFLUENZA VIRUS VACCINE QUADRIVALENT 2023-24 (6 MOS	
ICLEVIA	222	AND UP)	103,106
ICOSAPENT ETHYL	64	INFLUENZA VIRUS VACCINE QV 2023-24(18 YRS AND	
IDELALISIB	88	OLDER)RCMB/PF	105
IDELVION	55	INFLUENZA VIRUS VACCINE TRIVAL SPLIT 2024-2025(65 YR	
IMATINIB MESYLATE	74	UP)/PF	106

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INFLUENZA VIRUS VACCINE TRIVAL SPLIT 2024-25 (36 MOS UP)/PF	103	INSULIN PUMP CART,AUTOMATED DOSING,BT,G6/G7 WITH CONTROLLER	173
INFLUENZA VIRUS VACCINE TRIVAL SPLIT 2025-2026(65 YR UP)/PF	106	INSULIN PUMP CART,AUTOMATED DOSING,BT,G6/L2 WITH CONTROLLER	173
INFLUENZA VIRUS VACCINE TRIVAL SPLIT 2025-26 (36 MOS UP)/PF	103	INSULIN PUMP CARTRIDGE,CONTINUOUS INFUSION,BT AND CONTROLLER	173
INFLUENZA VIRUS VACCINE TRIVALENT 2024-25 (6 MOS AND OLDER)	103,106	INSULIN PUMP CARTRIDGE,CONTINUOUS SUBCUT INFUSION,BLUETOOTH	173
INFLUENZA VIRUS VACCINE TRIVALENT 2025-26 (6 MOS AND OLDER)	103,106	INSULIN PUMP CARTRIDGE,SUBCUT AUTOMATED DOSING,BT,G6/G7	173
INFLUENZA VIRUS VACCINE TV 2024-25(18 YRS AND OLDER)RCMB/PF	105	INSULIN PUMP CARTRIDGE,SUBCUT AUTOMATED DOSING,BT,G6/L2	173
INFLUENZA VIRUS VACCINE TV 2025-26(18 YRS AND OLDER)RCMB/PF	105	INSULIN PUMP CARTRIDGE/INSULIN INFUSION SET/SYRINGE/NEEDLE	187
INFLUENZA VIRUS VACCINE TVS 2024-2025(6 MONTHS AND OLDER)/PF	105,106	INSULIN PUMP CARTRIDGE/INSULIN PUMP SYRINGE/INSULIN NEEDLES	187
INFLUENZA VIRUS VACCINE TVS 2025-2026(6 MONTHS AND OLDER)/PF	104,105,106	INSULIN PUMP/INSULIN CARTRIDGE/INFUSION SET/SYRINGE/NEEDLE	165,187
INFUSION SET FOR INSULIN PUMP/INSULIN PUMP CARTRIDGE	164,165	INSULIN REGULAR, HUMAN	235,236
INHALER, ASSIST DEVICES	140,195	INTELENCE	97
INHALER, ASSIST DEVICES, ACCESSORIES	174,195	INTERFERON BETA-1A	245
INHALER,ASSIST DEVICE WITH MEDIUM MASK	140,195	INTERFERON BETA-1A/ALBUMIN HUMAN	246
INLYTA	75	INTERFERON BETA-1B	245
INSULIN ADMIN. SUPPLIES	173	INTERFERON GAMMA-1B,RECOMB.	243
INSULIN ASPART	235	INTROVALE	222
INSULIN ASPART (NIACINAMIDE)	234	IPOL	107
INSULIN ASPART PROTAMINE HUMAN/INSULIN ASPART	235	IPRATROPIUM BROMIDE	29,207
INSULIN DEGLUDEC	233,234	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	28,29
INSULIN DEGLUDEC/LIRAGLUTIDE	234	IPTACOPAN HCL	232
INSULIN DETEMIR	233	IRBESARTAN	255
INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG	233	IRBESARTAN/HYDROCHLOROTHIAZIDE	255
INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG/LIXISENATIDE	233	IRON POLYSACCHARIDE COMPLEX	22
INSULIN GLARGINE-YFGN	233	IRON,CARBONYL	22
INSULIN LISPRO	234	IRONUP	22
INSULIN LISPRO PROTAMINE AND INSULIN LISPRO	234	ISENTRESS	96
INSULIN LISPRO-AABC	234,235	ISENTRESS HD	96
INSULIN NPH HUMAN ISOPHANE	232,233	ISIBLOOM	222
INSULIN NPH HUMAN ISOPHANE/INSULIN REGULAR, HUMAN	232,233	ISONIAZID	67
		ISOSORBIDE DINITRATE	274
		ISOSORBIDE DINITRATE/HYDRALAZINE HCL	274
		ISOSORBIDE MONONITRATE	274

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ISOTRETINOIN	262,263	KELNOR 1-35	223
ISOTRETINOIN, MICRONIZED	262	KELNOR 1-50	223
ITOVEBI	75	KERENDIA	258
ITRACONAZOLE	49	KESIMPTA PEN	247
IVABRADINE HCL	129	KETOCONAZOLE	50
IVACAFTOR	136,137	KETOROLAC TROMETHAMINE	16,250
IVERMECTIN	12,264	KINRIX	107
IXAZOMIB CITRATE	79	KIONEX	239
IXINITY	55	KISQALI	75,76
		KISQALI FEMARA CO-PACK	76
J		KLAYESTA	51
JAIMIESS	222	KLOR-CON	201
JAKAFI	75	KLOR-CON 10	201
JANTOVEN	29,30	KLOR-CON 8	201
JANUMET	44	KLOR-CON M10	201
JANUMET XR	44	KLOR-CON M15	201
JANUVIA	44	KLOR-CON M20	201
JARDIANCE	46	KLOXXADO	133
JASMIEL	222	KOATE	56
JENCYCLA	222	KOGENATE FS	56
JINTELI	205	KOURZEQ	19
JOLESSA	222	KOVALTRY	56,57
JORNAY PM	10	KURVELO	223
JUBLIA	50		
JULEBER	222	L	
JULUCA	96	LABETALOL HCL	130,131
JUNEL	222,223	LACOSAMIDE	38
JUNEL FE	223	LACTULOSE	200
JUNEL FE 24	223	LAGEVRIO (EUA)	114
JUST RIGHT 5000	138	LAMIVUDINE	98,99
JYNARQUE	198,199	LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	97
JYNNEOS	107	LAMIVUDINE/ZIDOVUDINE	99
JYNNEOS (NATIONAL STOCKPILE)	107	LAMOTRIGINE	33,34
		LANADELUMAB-FLYO	240
K		LANCETS . 139,140,141,143,145,146,147,148,149,150,151,1	
K-PHOS NO.2	200	52,153,158,159,160,161,162,163,164,165,167,168,169,17	
KAITLIB FE	223	0,171,172,173,174,175,176,177,178,179,180,181,182,183,	
KALETRA	100	184,185,186,187,189,190,191,193,194,195	
KALLIGA	223		
KALYDECO	136,137		
KARIVA	223		

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LANCING	LEVONORGESTREL/ETHINYL
DEVICE . 139,140,141,146,147,148,151,152,153,154,158,160,162,163,164,165,167,168,169,171,174,177,178,179,180,181,183,186,187,194,195	ESTRADIOL 218,219,220,221,222,223,224,225,227,228,229
LANCING DEVICE, VACUUM/LANCETS162	LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL
LANCING	ESTRADIOL 218,219,220,222,224,225,227,228
DEVICE/LANCETS 139,141,150,164,168,169,171,173,174,177,178,179,180,181,187,194	LEVORA-28224
LANSOPRAZOLE112	LEVOTHYROXINE SODIUM 265,266,267,268,269
LANTHANUM CARBONATE 238	LEVOXYL 267,268
LAPATINIB DITOSYLATE76	LIDOCAINE 261
LARIN223	LIDOCAINE HCL207
LARIN 24 FE223	LIDOCAINE/PRILOCAINE261
LARIN FE223	LIDOCAN II261
LAROTRECTINIB SULFATE86	LIDOCAN III261
LATANOPROST52	LIDOCAN IV261
LAYOLIS FE223	LIDOCAN V261
LEBRIKIZUMAB-LBKZ20	LINACLOTIDE135
LEDIPASVIR/SOFOSBUVIR213,214	LINEZOLID28
LEENA224	LINZESS135
LEFLUNOMIDE197	LIOMNY268
LENALIDOMIDE76,77,80,81	LIOTHYRONINE SODIUM268
LENAVATINIB MESYLATE77	LIPASE/PROTEASE/AMYLASE209,210
LENVIMA77	LISDEXAMFETAMINE DIMESYLATE8,9
LESSINA224	LISINOPRIL257
LETROZOLE78	LISINOPRIL/HYDROCHLOROTHIAZIDE257
LEUCOVORIN CALCIUM48	LITHIUM CARBONATE133
LEUKERAN78	LITHIUM CITRATE133
LEUPROLIDE ACETATE212,213	LO LOESTRIN FE224
LEVALBUTEROL HCL121	LO-ZUMANDIMINE224
LEVEMIR233	LOESTRIN224
LEVEMIR FLEXPEN233	LOESTRIN FE224
LEVETIRACETAM33,34	LOFEXIDINE HCL265
LEVO-T266,267	LOJAIMIESS225
LEVOCARNITINE244	LOKELMA239
LEVOCARNITINE (WITH SUGAR)244	LOMUSTINE73
LEVOCETIRIZINE DIHYDROCHLORIDE60	LONAFARNIB203
LEVODOPA89	LONSURF78
LEVOFLOXACIN26	LOPERAMIDE HCL209
LEVONEST224	LOPINAVIR/RITONAVIR100,101
LEVONORGESTREL . 218,220,221,222,224,225,226,227,228	LORAZEPAM116
	LORAZEPAM INTENSOL116
	LORYNA225
	LOSARTAN POTASSIUM255

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LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	255	MEFLOQUINE HCL	90
LOTEMAX	16	MEGESTROL ACETATE	232
LOTEMAX SM	16	MEKINIST	78
LOTEPREDNOL ETABONATE	15,16	MELEYA	225
LOVASTATIN	63	MELOXICAM	250
LOW DOSE ASPIRIN EC	251	MELPHALAN	78
LOW-OGESTREL	225	MEMANTINE HCL	133
LOXAPINE SUCCINATE	94	MENINGOC A,C,Y,W-135,DT CMP/N.MENING B	
LUMIGAN	52	NHBA,NADA,FHBP,OMV/PF	108
LUPRON DEPOT	212,213	MENINGOCOC A,C,Y,W-135,TT COMP/N. MENING B,FHBP REC	
LUPRON DEPOT-PED	213	COMP/PF	108
LURASIDONE HCL	92	MENINGOCOCCAL GROUP B VACCINE, 4-COMPONENT . . .	104
LUSUTROMBOPAG	125	MENINGOCOCCAL VACCINE A,C,Y AND W-135,CONJ	
LUTERA	225	TETANUS TOXOID/PF	107
LYLEQ	225	MENINGOCOCCAL VACCINE A,C,Y,W-135,DIPHThERIA	
LYLLANA	205,206	TOXOID CONJ/PF	108
LYMEPAK	27	MENQUADFI	107
LYNPARZA	78	MENVEO A-C-Y-W-135-DIP	108
LYSODREN	78	MERCAPTOPYRINE	78,79
LYUMJEV	234	MESALAMINE	208
LYUMJEV KWIKPEN U-100	234	MESNA	48
LYUMJEV KWIKPEN U-200	235	METFORMIN HCL	43,44
LYUMJEV TEMPO PEN U-100	235	METHADONE HCL	2,4
LYZA	225	METHADONE INTENSOL	4
		METHADOSE	4
M		METHAZOLAMIDE	51
M-M-R II VACCINE	107	METHENAMINE HIPPURATE	12
MACITENTAN	260	METHIMAZOLE	265
MALATHION	15	METHOCARBAMOL	260
MARAVIROC	95	METHOTREXATE SODIUM	79
MARLISSA	225	METHOTREXATE SODIUM/PF	79
MATULANE	78	METHOTREXATE/PF	80,243
MAVYRET	214	METHSCOPOLAMINE BROMIDE	29
MAYZENT	247	METHSUXIMIDE	39
MEASLES, MUMPS, AND RUBELLA VACCINE LIVE/PF . .	107,109	METHYLDOPA	132,133
MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE		METHYLERGONOVINE MALEATE	252
LIVE/PF	109	METHYLPHENIDATE HCL	10,11,12
MECASERMIN	265	METHYLPREDNISOLONE	216
MECHLORETHAMINE HCL	261	METHYLTESTOSTERONE	217
MECLIZINE HCL	48	METOCLOPRAMIDE HCL	211
MEDROXYPROGESTERONE ACETATE	231	METOLAZONE	198

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METOPROLOL SUCCINATE	131	MULTAQ	23
METOPROLOL TARTRATE	131	MULTIVITAMIN COMBINATION NO.51/FERROUS	
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE	131	FUMARATE/FOLIC ACID	275
METRONIDAZOLE	14,15,91	MUPIROCIN	14
MEXILETINE HCL	23	MY CHOICE	225
MIBELAS 24 FE	225	MY WAY	225
MICROGESTIN	225	MYCOPHENOLATE MOFETIL	65
MICROGESTIN FE	225	MYCOPHENOLATE SODIUM	65
MIDODRINE HCL	265	MYFEMBREE	212
MIDOSTAURIN	82	MYHIBBIN	65
MIFEPRISTONE	43	MYLERAN	79
MIGLITOL	43	MYRBETRIQ	119,120
MIGLUSTAT	203		
MILI	225	N	
MILTEFOSINE	90	NABUMETONE	250
MIMVEY	206	NADOLOL	131
MINOCYCLINE HCL	15,27	NALDEMEDINE TOSYLATE	135
MINOXIDIL	274	NALMEFENE HCL	134
MIRABEGRON	119,120	NALOXEGOL OXALATE	135
MIRIKIZUMAB-MRKZ	210,211	NALOXONE HCL	133,134
MIRTAZAPINE	41,42	NALTREXONE HCL	134
MISOPROSTOL	111	NAPROXEN	250
MITAPIVAT SULFATE	122	NAPROXEN SODIUM	250
MITOTANE	78	NARATRIPTAN HCL	66
MNEXSPIKE 2025-2026 (12Y UP)	108	NATACYN	14
MODAFINIL	12	NATAMYCIN	14
MODERNA COVID 23-24(6M-11Y)EUA	108	NATEGLINIDE	45
MODERNA COVID 24-25(6M-11Y)EUA	108	NEBIVOLOL HCL	131
MOEXIPRIL HCL	257	NEBUSAL	201
MOLNUPIRAVIR	114	NECON	225
MOMETASONE FUROATE	16,19,215,216	NEEDLES,	
MOMETASONE FUROATE/FORMOTEROL FUMARATE	121	DISPOSABLE 142,143,144,146,147,156,157,161,162,176,19	
MONDOXYNE NL	27	6	
MONO-LINYAH	225	NEEDLES, FILTER	142,162,172
MONTELUKAST SODIUM	16	NEEDLES, HUBER DISPOSABLE	161
MORPHINE SULFATE	4,5	NEEDLES, PHARMACY COMPOUND	170
MOUNJARO	44	NEEDLES, SAFETY	142,144,152,154,155,156,160,170,175
MOVANTIK	135	NEEDLES, SAFETY HUBER, DISPOSABLE	161
MOXIFLOXACIN HCL	13	NEISSERIA MENINGITIDIS GROUP B, LIPIDATED FHBP	
MRESVIA	108	RECOMBINANT	110
MULPLETA	125	NEMLUVIO	20

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NEMOLIZUMAB-ILTO	20	NORETHINDRONE ACETATE-ETHINYL	
NEO-POLYCIN	13	ESTRADIOL	205,206,219,222,223,224,226
NEO-POLYCIN HC	13	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS	
NEOMYCIN SULFATE	26	FUMARATE	219,220,221,222,223,224,225,226,228,230
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	225
B/HYDROCORTISONE	13	NORETHINDRONE-ETHINYL	
NEOMYCIN SULFATE/BACITRACIN/POLYMYXIN B	13	ESTRADIOL	218,219,220,224,225,226,227,229
NEOMYCIN SULFATE/POLYMYXIN B		NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS	
SULFATE/HYDROCORTISONE	14	FUMARATE	222,223,226,229,230
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE	13	NORGESTIMATE-ETHINYL	
NEUAC	15	ESTRADIOL	221,225,226,227,228,229
NEVIRAPINE	97	NORGESTREL-ETHINYL ESTRADIOL	220,221,225,229
NEW DAY	226	NORTREL	226,227
NEXLETOL	62	NORTRIPTYLINE HCL	43
NEXLIZET	62	NOVAFERRUM YUMMY PEDIATRIC	22
NIACIN	62	NOVAVAX COVID 2023-2024 (EUA)	108
NICOTINE	118,119	NOVAVAX COVID 2024-2025 (EUA)	108
NICOTINE POLACRILEX	118,119	NOVOEIGHT	57
NIFEDIPINE	128	NOVOLIN 70-30	232,233
NIKKI	226	NOVOLIN 70-30 FLEXPEN	232,233
NILOTINIB HCL	79,84	NOVOLIN N	233
NILUTAMIDE	79	NOVOLIN N FLEXPEN	233
NIMODIPINE	128	NOVOLIN R	235,236
NINLARO	79	NOVOLIN R FLEXPEN	235,236
NIRAPARIB TOSYLATE	87,88	NOVOLOG	235
NIRMATREL VIR/RITONAVIR	113	NOVOLOG FLEXPEN	235
NITAZOXANIDE	90	NOVOLOG MIX 70-30	235
NITISINONE	202	NOVOLOG MIX 70-30 FLEXPEN	235
NITROFURANTOIN	12	NOVOLOG PENFILL	235
NITROFURANTOIN MACROCRYSTAL	12	NOVOSEVEN RT	57
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	12	NOXAFIL	49
NITROGLYCERIN	202,274,275	NUBEQA	79
NITYR	202	NUCYNTA ER	5
NIVESTYM	125	NUEDEXTA	133
NIZATIDINE	111	NURTEC ODT	65
NONOXYNOL 9	248	NUVARING	227
NORA-BE	226	NUWIQ	58,59
NORELGESTROMIN/ETHINYL ESTRADIOL	226,230	NYAMYC	51
NORETHINDRONE	220,221,222,225,226,227,229	NYLIA	227
NORETHINDRONE ACETATE	231,232	NYMYO	227
		NYSTATIN	51

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NYSTOP	51	OTEZLA	254
NYVEPRIA	125	OTREXUP	80
O		OXAPROZIN	250,251
OCELLA	227	OXAZEPAM	116
OCTREOTIDE ACETATE	264,265	OXCARBAZEPINE	38
ODEFSEY	99	OXYBUTYNIN CHLORIDE	211
ODOMZO	80	OXYCODONE HCL	5
OFATUMUMAB	247	OXYCODONE HCL/ACETAMINOPHEN	2,3,5,6
OFLOXACIN	14,26	OXYCODONE MYRISTATE	6
OLANZAPINE	92	OXYMORPHONE HCL	6
OLAPARIB	78	OZEMPIC	45
OLMESARTAN MEDOXOMIL	255	P	
OLMESARTAN MEDOXOMIL/AMLODIPINE		PACERONE	23
BESYLATE/HYDROCHLOROTHIAZIDE	255,256	PALBOCICLIB	73,74
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	255	PALIPERIDONE	92
OLODATEROL HCL	121	PANTOPRAZOLE SODIUM	112
OLOPATADINE HCL	207	PAROMOMYCIN SULFATE	89
OMACETAXINE MEPESUCCINATE	83	PAROXETINE HCL	41
OMALIZUMAB	236	PATIROMER CALCIUM SORBITEX	239
OMEPRAZOLE	112	PAXLOVID	113
OMEPRAZOLE MAGNESIUM/AMOXICILLIN		PAZOPANIB HCL	80
TRIHYDRATE/RIFABUTIN	111	PEDIA IRON	22
OMEPRAZOLE/SODIUM BICARBONATE	112	PEDIARIX	108
OMNITROPE	231	PEDIATRIC FE-VITE	22
OMVOH	210,211	PEDVAXHIB	108
OMVOH PEN	210,211	PEG 3350/SOD SULF/SOD BICARB/SOD	
ONDANSETRON	48	CHLORIDE/POTASSIUM CHLORIDE	209
ONDANSETRON HCL	48	PEGASYS	113
OPCICON ONE-STEP	227	PEGCETACOPLAN	232
OPSUMIT	260	PEGFILGRASTIM-APGF	125
OPTION 2	227	PEGFILGRASTIM-JMDB	125
OPVEE	134	PEGINTERFERON ALFA-2A	113
ORALONE	19	PEGINTERFERON BETA-1A	246
ORFADIN	202	PEN NEEDLE,	
ORIAHNN	212	DIABETIC .139,140,143,145,146,147,148,149,150,152,153,1	
ORILISSA	212	54,158,160,162,163,164,165,167,168,169,170,171,173,17	
ORPHENADRINE CITRATE	260	4,175,176,177,178,179,180,182,183,184,185,186,188,189,	
ORQUIDEA	227	190,191,192,193,194,195,196	
ORTHO-NOVUM	227	PEN NEEDLE, DIABETIC, REMOVER AND DISPOSAL	
OSELTAMIVIR PHOSPHATE	113	UNIT	163,189,195

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PEN NEEDLE, DIABETIC, SAFETY .141,142,149,152,153,158,160,170,173,176,178,18 0,181,182,185,188,193		PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE (DIPHTHERIA CRM)/PF	111
PENBRAYA	108	PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE (DIPHTHERIA CRM)/PF	109
PENCICLOVIR	15	PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE (DIPHTHERIA CRM)/PF	104
PENICILLAMINE	215	PNEUMOCOCCAL 23-VALENT POLYSACCHARIDE VACCINE	109
PENICILLIN V POTASSIUM	253	PNEUMOVAX 23	109
PENMENVY MEN A-B-C-W-Y	108	POLIOMYELITIS VACCINE, KILLED	107
PENTACEL	108	POLYCIN	14
PENTAMIDINE ISETHIONATE	90	POLYMYXIN B SULFATE/TRIMETHOPRIM	14
PENTOXIFYLLINE	126	PORTIA	227
PERAMPANEL	34	POSACONAZOLE	49
PERINDOPRIL ERBUMINE	257	POTASSIUM CHLORIDE	201,202
PERIOGARD	14	POTASSIUM CITRATE	200
PERIOMED	138	POTASSIUM PHOSPHATE, MONOBASIC	200
PERMETHRIN	15	PRAMIPEXOLE DI-HCL	199
PERPHENAZINE	95	PRASUGREL HCL	101
PFIZER COVID 2023-24(5-11Y)EUA	108	PRAVASTATIN SODIUM	63
PFIZER COVID 2023-24(6M-4Y)EUA	109	PRAZIQUANTEL	12
PFIZER COVID 2024-25(5-11Y)EUA	109	PRAZOSIN HCL	130
PFIZER COVID 2024-25(6M-4Y)EUA	109	PREDNISOLONE	217
PHENOBARBITAL	114,115	PREDNISOLONE ACETATE	16
PHENOXYBENZAMINE HCL	2	PREDNISOLONE SODIUM PHOSPHATE	217
PHENYTEK	37	PREDNISONE	217
PHENYTOIN	37	PREGABALIN	36,37
PHENYTOIN SODIUM EXTENDED	37,38	PREHEVBRIO	109
PHILITH	227	PREMARIN	206
PHOSPHO-TRIN K500	200	PREMPHASE	206
PHOSPHOROUS	200	PREMPRO	206
PHYTONADIONE (VIT K1)	276	PRENATABS RX	275
PILOCARPINE HCL	52,118	PRENATAL VITAMIN WITH CALCIUM NO.76/IRON,CARBONYL/FOLIC ACID	275
PIMTREA	227	PRENATAL VITAMINS NO.119/IRON FUMARATE/FOLIC ACID	275
PINDOLOL	131	PRENATAL VITS WITH CALCIUM 118/FERROUS FUMARATE/FOLIC ACID	275
PIOGLITAZONE HCL	47	PRENATAL VITS WITH CALCIUM NO.115/IRON FUMARATE/FOLIC ACID	275
PIOGLITAZONE HCL/METFORMIN HCL	47		
PIRFENIDONE	258		
PIROXICAM	251		
PLECANATIDE	135		
PLEGRIDY	246		
PLEGRIDY PEN	246		

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PRENATAL VITS WITH CALCIUM NO.72/FERROUS FUMARATE/FOLIC ACID	275	PUREVITA FOLIC ACID	276
PRENATAL VITS WITH CALCIUM NO.72/IRON,CARBONYL/FOLIC ACID	275	PYRAZINAMIDE	67
PRENATAL VITS WITH CALCIUM NO.73/FERROUS FUMARATE/FOLIC ACID	275	PYRIDOSTIGMINE BROMIDE	118
PRETOMANID	67	PYRIMETHAMINE	90
PREVALITE	62	PYRUKYND	122
PREVIDENT 5000 ENAMEL PROTECT	138		
PREVIDENT 5000 SENSITIVE	138	Q	
PREVNAR 20	109	QUADRACEL DTAP-IPV	109
PREZCOBIX	101	QUETIAPINE FUMARATE	92,93
PREZISTA	101	QUILLICHEW ER	11
PRIFTIN	67	QUILLIVANT XR	12
PRIMAQUINE PHOSPHATE	90	QUINAPRIL HCL	257
PRIMIDONE	35	QUINAPRIL HCL/HYDROCHLOROTHIAZIDE	257,258
PRIORIX	109	QUINIDINE GLUCONATE	22
PROBENECID	202	QUININE SULFATE	90
PROBENECID/COLCHICINE	202	QULIPTA	65,66
PROCARBAZINE HCL	78	QVAR REDIHALER	217
PROCENTRA	9		
PROCHLORPERAZINE	48	R	
PROCHLORPERAZINE MALEATE	48	RABAVERT	109
PROCRT	125,126	RABEPRAZOLE SODIUM	113
PROCTO-MED HC	19	RABIES VACCINE, HUMAN DIPLOID CELL/PF	107
PROCTOSOL-HC	19	RABIES VACCINE, PURIFIED CHICKEN EMBRYO CELL (PCEC)/PF	109
PROCTOZONE-HC	19	RALOXIFENE HCL	203
PROFILNINE	59	RALTEGRAVIR POTASSIUM	96
PROGESTERONE	232	RAMIPRIL	258
PROGESTERONE, MICRONIZED	232	RANOLAZINE	128,129
PROMETHAZINE HCL	208	RASAGILINE MESYLATE	89
PROMETHAZINE HCL/CODEINE	259	REBIF	246
PROMETHAZINE HCL/DEXTROMETHORPHAN HBR	259	REBIF REBIDOSE	246
PROMETHEGAN	208	REBINYN	59
PROPAFENONE HCL	23	RECLIPSEN	227
PROPRANOLOL HCL	130,131,132	RECOMBINATE	59
PROPYLTHIOURACIL	265	RECOMBIVAX HB	109,110
PROQUAD	109	REDITREX	243
PROTRIPTYLINE HCL	43	REGORAFENIB	82
PULMOSAL	201	RELUGOLIX/ESTRADIOL/NORETHINDRONE ACETATE	212
PULMOZYME	259	REPAGLINIDE	45
		REPATHA PUSHTRONEX	64
		REPATHA SURECLICK	64

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REPATHA SYRINGE	64	ROPINIROLE HCL	199
RESPIRATORY SYNCYTIAL VIRUS VACC. ANTIGEN/AS01E ADJUVANT/PF	103	ROSADAN	15
RESPIRATORY SYNCYTIAL VIRUS VACCINE, ANTIGEN 2 OF 2	103	ROSUVASTATIN CALCIUM	63,64
RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF A AND B/PF	103	ROSYRAH	227
RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF PROTEIN, MRNA/PF	108	ROTARIX	110
RESTASIS	207	ROTATEQ	110
RETACRIT	126	ROTAVIRUS VACCINE, LIVE ORAL ATTENUATED,89-12 STRAIN, G1P(8)	110
REVCovi	203	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT	110
REVLIMID	80,81	ROWEEPRA	34
REXTOVY	134	ROZLYTREK	81
REXULTI	93	RUBRACA	81
RIASTAP	60	RUCAPARIB CAMSYLATE	81
RIBAVIRIN	114	RUFINAMIDE	39
RIBOCICLIB SUCCINATE	75,76	RUXOLITINIB PHOSPHATE	75
RIBOCICLIB SUCCINATE/LETROZOLE	76	RYBELSUS	45
RIFABUTIN	67	RYDAPT	82
RIFAMPIN	67		
RIFAPENTINE	67	S	
RIFAXIMIN	28	SACUBITRIL/VALSARTAN	254,255
RILUZOLE	133	SALMETEROL XINAFOATE	121
RIMEGEPANT SULFATE	65	SAPROPTERIN DIHYDROCHLORIDE	202,203
RINVOQ	239	SCEMBLIX	82
RINVOQ LQ	239	SCOPOLAMINE	29
RISANKIZUMAB-RZAA	20	SE-NATAL 19	275
RISEDRONATE SODIUM	242	SECNIDAZOLE	90
RISPERIDONE	93,94	SECUKINUMAB	236,237
RITONAVIR	101	SELARSDI	237
RIVAROXABAN	30	SELEGILINE HCL	89
RIVASTIGMINE	118	SELENIUM SULFIDE	15
RIVASTIGMINE TARTRATE	118	SEMAGLUTIDE	45
RIVELSA	227	SEMGLEE (YFGN)	233
RIXUBIS	60	SEMGLEE (YFGN) PEN	233
RIZATRIPTAN BENZOATE	66	SERDEXMETHYLPHENIDATE CHLORIDE/DEXMETHYLPHENIDATE HCL	9
ROFLUMILAST	259	SEREVENT DISKUS	121
ROLAPITANT HCL	49	SERTRALINE HCL	41
ROMVIMZA	81	SETLAKIN	227
ROPEGINTERFERON ALFA-2B-NJFT	68	SEVELAMER CARBONATE	238
		SEVELAMER HCL	238
		SF	138

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SF 5000 PLUS	138	SODIUM ZIRCONIUM CYCLOSILICATE	239
SHAROBEL	227	SOFOSBUVIR	214
SHINGRIX	110	SOFOSBUVIR/VELPATASVIR	213
SILDENAFIL CITRATE	273	SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR	214
SILODOSIN	2	SOLIFENACIN SUCCINATE	211
SILVER SULFADIAZINE	15	SOLQUA 100-33	233
SIMBRINZA	51	SOLOSEC	90
SIMLANDI(CF)	272,273	SOLRIAMFETOL HCL	12
SIMLANDI(CF) AUTOINJECTOR	273	SOLTAMOX	203
SIMLIYA	228	SOMATROPIN	230,231
SIMPESSE	228	SONIDEGIB PHOSPHATE	80
SIMPONI	273	SORAFENIB TOSYLATE	82
SIMVASTATIN	64	SOTALOL AF	132
SIPONIMOD	247	SOTALOL HCL	132
SIROLIMUS	244	SOTYKTU	21
SIRTURO	67	SOVALDI	214
SITAGLIPTIN PHOSPHATE	44	SPIKEVAX 2023-2024	110
SITAGLIPTIN PHOSPHATE/METFORMIN HCL	44	SPIKEVAX 2024-2025	110
SKYRIZI	20	SPIKEVAX 2025-2026 (12Y UP)	110
SKYRIZI ON-BODY	20	SPIKEVAX 2025-2026 (6M-11Y)	110
SKYRIZI PEN	20	SPIRIVA HANDIHALER	29
SMALLPOX AND MONKEYPOX VACCINE, LIVE, NONREPLICATING/PF	107	SPIRIVA RESPIMAT	29
SMALLPOX AND MPOX VACCINE, LIVE, NONREPLICATING/PF	107	SPIRONOLACTONE	242
SODIUM CHLORIDE FOR INHALATION	201	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	242
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG	209	SPRINTEC	228
SODIUM FLUORIDE 5000 DRY MOUTH	138	SPS	239
SODIUM FLUORIDE 5000 PLUS	138	SRONYX	228
SODIUM FLUORIDE/POTASSIUM NITRATE	137,138,139	SSD	15
SODIUM PHENYL BUTYRATE	200	ST. JOSEPH ASPIRIN	252
SODIUM PHOSPHATE, DIBASIC/POT PHOS, MONOB/SOD PHOSPHATE MONO	200	ST. JOSEPH ASPIRIN EC	252
SODIUM PHOSPHATE, MONOBASIC/POTASSIUM PHOSPHATE, MONOBASIC	200	STANNOUS FLUORIDE	138
SODIUM POLYSTYRENE SULFONATE	239	STAVUDINE	99
SODIUM POLYSTYRENE SULFONATE/SORBITOL SOLUTION	239	STELARA	237
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	209	STEQEYMA	237
		STIOLTO RESPIMAT	29
		STIVARGA	82
		STRIVERDI RESPIMAT	121
		SUBCUTANEOUS INSULIN PUMP	165
		SUBVENITE	34
		SUBVENITE (BLUE)	34
		SUBVENITE (GREEN)	34

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SUBVENITE (ORANGE)	34	SYRINGE WITH NEEDLE, DISPOSABLE, INSULIN 1	
SUCCIMER	215	ML . 140,142,144,145,146,148,149,151,152,153,154,157,15	
SUCRALFATE	112	9,160,161,162,163,164,165,166,167,168,169,170,171,172,	
SULFACETAMIDE SODIUM	14,15	173,176,177,179,180,181,182,183,184,185,186,187,188,1	
SULFADIAZINE	26	89,190,191,194,195	
SULFAMETHOXAZOLE/TRIMETHOPRIM	26	SYRINGE WITH NEEDLE, INSULIN 0.3 ML (HALF UNIT	
SULFASALAZINE	26	MARK)	142,145,151,163,166,184,187,190
SULFATRIM	26	SYRINGE WITH NEEDLE, INSULIN 0.5 ML (HALF UNIT	
SULINDAC	251	MARK)	151,184
SUMATRIPTAN	66	SYRINGE WITH NEEDLE, INSULIN DISPOSABLE, 0.3 ML/EMPTY	
SUMATRIPTAN SUCCINATE	66	CONTAINER	189
SUNITINIB MALATE	82	SYRINGE WITH NEEDLE, INSULIN, 0.3	
SUNOSI	12	ML . 140,142,145,146,147,148,149,151,153,154,157,160,16	
SUVOREXANT	117	1,162,163,164,165,166,167,168,169,170,172,173,176,177,	
SYEDA	228	179,180,181,182,183,184,185,186,187,188,189,190,191,1	
SYMDEKO	136	94,195	
SYMPROIC	135	SYRINGE WITH NEEDLE, INSULIN, 0.5	
SYMTUZA	101	ML . 140,142,144,145,146,147,148,149,151,153,154,157,15	
SYNJARDY	46	9,160,161,162,163,164,165,166,167,168,169,170,171,172,	
SYNJARDY XR	46	176,177,179,180,181,182,183,185,186,187,188,189,190,1	
SYNRIBO	83	91,194,195	
SYNTHROID	268	SYRINGE WITHOUT NEEDLE, INSULIN DISPOSABLE, 1 ML . .	158
SYRINGE DISPOSABLE IRRIGATION	150	SYRINGE, DISPOSABLE	183
SYRINGE WITH CANNULA, DISPOSABLE, 10 ML	143	SYRINGE, DISPOSABLE, 1 ML	143,158
SYRINGE WITH NEEDLE AND CANNULA, DISPOSABLE, 10		SYRINGE, DISPOSABLE, 10	
ML	145	ML	141,145,147,154,158,159,160,183
SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.3		SYRINGE, DISPOSABLE, 12 ML	172
ML	144,152,170	SYRINGE, DISPOSABLE, 140 ML	172
SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.5		SYRINGE, DISPOSABLE, 20 ML	141,143,145,158,171,172
ML	141,144,145,152,154,170,181,185	SYRINGE, DISPOSABLE, 3	
SYRINGE WITH NEEDLE, INSULIN, SAFETY, 1		ML	141,143,146,154,158,159,160,171
ML	141,144,152,154,157,158,170,172,181,186,194	SYRINGE, DISPOSABLE, 30 ML	143,145
SYRINGE WITH NEEDLE, INSULIN, 1 ML AND SHARPS		SYRINGE, DISPOSABLE, 5 ML	143,147,158,160
CONTAINER	189	SYRINGE, DISPOSABLE, 50 ML	145
SYRINGE WITH NEEDLE, DISPOSABLE, 1		SYRINGE, DISPOSABLE, 60 ML	154,158,172
ML	140,141,143,144,145,146,188	SYRINGE, INSULIN U-500 WITH NEEDLE, DISPOSABLE, 0.5	
SYRINGE WITH NEEDLE, DISPOSABLE, 10 ML	141,183	ML	142,165
SYRINGE WITH NEEDLE, DISPOSABLE, 12 ML	171	SYRINGE, SAFETY 3 ML	188
SYRINGE WITH NEEDLE, DISPOSABLE, 3		SYRINGE, SAFETY WITH NEEDLE, 1 ML . .	147,155,156,159,160
ML	141,142,143,145,146,147,184	SYRINGE, SAFETY WITH NEEDLE, 10 ML	154,155,159
SYRINGE WITH NEEDLE, DISPOSABLE, 5 ML	142	SYRINGE, SAFETY WITH NEEDLE, 3 ML	143,144,155,159

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SYRINGE,SAFETY WITH NEEDLE,5 ML	154,155,159	TETANUS AND DIPHTHERIA TOXOIDS, ADULT	102
SYRINGE-NEEDLE,INSULIN,0.5 ML/CONTAINER,EMPTY . . .	189	TETRABENAZINE	134
T		TETRACYCLINE HCL	15
TABLOID	83	TEZACAFITOR/IVACAFITOR	136
TACROLIMUS	20,127	TEZEPELUMAB-EKKO	16
TADALAFIL	273,275	TEZSPIRE	16
TAFAMIDIS	129	THALIDOMIDE	243
TAFAMIDIS MEGLUMINE	129	THALOMID	243
TAFINLAR	83	THEOPHYLLINE ANHYDROUS	264
TAKE ACTION	228	THIOGUANINE	83
TAKHZYRO	240	THIOTHIXENE	95
TALAZOPARIB TOSYLATE	83,84	TIADYLT ER	25
TALICIA	111	TIAGABINE HCL	37
TALZENNA	83,84	TICAGRELOR	101
TAMOXIFEN CITRATE	203	TILIA FE	228
TAMSULOSIN HCL	2	TIMOLOL MALEATE	51
TAPENTADOL HCL	5	TINIDAZOLE	90
TARINA 24 FE	228	TIOPRONIN	244
TARINA FE	228	TIOTROPIUM BROMIDE	29
TARINA FE 1-20 EQ	228	TIOTROPIUM BROMIDE/OLODATEROL HCL	29
TASIGNA	84	TIRZEPATIDE	44
TASIMELTEON	116	TIVICAY	96
TAZAROTENE	263	TIVICAY PD	96
TAZTIA XT	24,25	TIZANIDINE HCL	260
TELMISARTAN	256	TOBRAMYCIN	14,26
TEMAZEPAM	116	TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE	26
TEMOZOLOMIDE	84,85	TOBRAMYCIN/DEXAMETHASONE	14
TENIVAC	102	TOCILIZUMAB-AAZG	238
TENOFOVIR ALAFENAMIDE	114	TOFACITINIB CITRATE	240
TENOFOVIR DISOPROXIL FUMARATE	99	TOLCAPONE	89
TERAZOSIN HCL	130	TOLTERODINE TARTRATE	211,212
TERBINAFINE HCL	50	TOLVAPTAN	198,199
TERBUTALINE SULFATE	121	TOPIRAMATE	34,35
TERCONAZOLE	50	TOPOTECAN HCL	73
TERIFLUNOMIDE	245	TOREMIFENE CITRATE	203
TERIPARATIDE	253	TORPENZ	85
TESTOSTERONE	218	TORSEMIDE	197
TESTOSTERONE CYPIONATE	217,218	TOUJEO MAX SOLOSTAR	233
TETANUS AND DIPHTHERIA TOXOIDS, ADSORBED, ADULT/PF	102	TOUJEO SOLOSTAR	233
		TRACLEER	260
		TRALOKINUMAB-LDRM	20

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TRAMADOL HCL	6	TRIMETHOPRIM	12
TRAMADOL HCL/ACETAMINOPHEN	6	TRIMIPRAMINE MALEATE	43
TRAMETINIB DIMETHYL SULFOXIDE	78	TRINATE	275
TRANDOLAPRIL	258	TRIUMEQ	99
TRANEXAMIC ACID	60	TRIUMEQ PD	99
TRANLYCYPROMINE SULFATE	39	TRIVORA-28	229
TRAZODONE HCL	42	TROSPIUM CHLORIDE	212
TRELEGY ELLIPTA	29	TRULANCE	135
TREMFYA	21	TRULICITY	45
TREMFYA ONE-PRESS	21	TRUMENBA	110
TREMFYA PEN	21	TULANA	229
TREMFYA PEN INDUCTION PK-CROHN	21	TURQOZ	229
TRESIBA	233	TWINRIX	110
TRESIBA FLEXTOUCH U-100	233	TYDEMY	229
TRESIBA FLEXTOUCH U-200	234	TYENNE	238
TRETINOIN	85,261,262	TYENNE AUTOINJECTOR	238
TRETEN	60	TYMLOS	253
TRI-ESTARYLLA	228		
TRI-LEGEST FE	228	U	
TRI-LINYAH	228	UBRELVY	66
TRI-LO-ESTARYLLA	228	UBROGEPANT	66
TRI-LO-MARZIA	228	ULIPRISTAL ACETATE	221
TRI-LO-MILI	228	UMECLIDINIUM BROMIDE	28
TRI-LO-SPRINTEC	228	UMECLIDINIUM BROMIDE/VILANTEROL TRIFENATATE	28
TRI-MILI	229	UNITHROID	269
TRI-NYMYO	229	UPADACITINIB	239
TRI-SPRINTEC	229	URSODIOL	209
TRI-VYLIBRA	229	USTEKINUMAB	237
TRI-VYLIBRA LO	229	USTEKINUMAB-AEKN	237
TRIAMCINOLONE ACETONIDE	19	USTEKINUMAB-KFCE	238
TRIAMTERENE	197	USTEKINUMAB-STBA	237
TRIAMTERENE/HYDROCHLOROTHIAZIDE	197		
TRIDERM	19	V	
TRIENTINE HCL	215	VACCINE ADJUVANT SYSTEM, AS01E/PF, COMPONENT VIAL 1	
TRIFLUOPERAZINE HCL	95	OF 2	103
TRIFLURIDINE	14	VALACYCLOVIR HCL	114
TRIFLURIDINE/TIPIRACIL HCL	78	VALCHLOR	261
TRIHEXYPHENIDYL HCL	88	VALGANCICLOVIR HCL	114
TRIJARDY XR	46	VALPROIC ACID	37
TRIKAFTA	136	VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM)	37
TRIMETHOBENZAMIDE HCL	48	VALSARTAN	256

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VALSARTAN/HYDROCHLOROTHIAZIDE	256	VITRAKVI	86
VALTYA	229	VOLNEA	229
VANCOMYCIN HCL	27	VORICONAZOLE	49,50
VANDETANIB	70	VORINOSTAT	88
VANZACAFOR CALCIUM/TEZACAFOR/DEUTIVACAFOR	136	VOSEVI	214
VAQTA	110,111	VRAYLAR	94
VARENICLINE TARTRATE	119	VUMERITY	245
VARICELLA VIRUS VACCINE LIVE/PF	111	VYFEMLA	229
VARICELLA-ZOSTER VIRUS GLYCOPROTEIN E,REC/AS01B		VYLIBRA	229
ADJUVANT/PF	110	VYNDAMAX	129
VARIVAX VACCINE	111	VYNDAQEL	129
VARUBI	49		
VASCEPA	64	W	
VAXELIS	102	WARFARIN SODIUM	29,30
VAXNEUVANCE	111	WEE CARE	22
VCF	248	WERA	229
VEDOLIZUMAB	197	WILATE	60
VELTASSA	239	WIXELA INHUB	121,122
VEMLIDY	114	WYMZYA FE	229
VEMURAFENIB	88		
VENCLEXTA	85,86	X	
VENCLEXTA STARTING PACK	86	XALKORI	86,87
VENETOCLAX	85,86	XARAH FE	230
VENLAFAXINE HCL	40	XARELTO	30
VENTOLIN HFA	121	XELJANZ	240
VENXXIVA	244	XELJANZ XR	240
VERAPAMIL HCL	25	XELRIA FE	230
VERICIGUAT	274	XIFAXAN	28
VERQUVO	274	XIGDUO XR	46,47
VERZENIO	86	XOLAIR	236
VESTURA	229	XTAMPZA ER	6
VIBERZI	209	XTANDI	87
VIENVA	229	XULANE	230
VIGABATRIN	37	XULTOPHY 100-3.6	234
VIGADRONE	37		
VIGPODER	37	Y	
VILAZODONE HCL	42	YARGESA	203
VIMSELTINIB	81	YESINTEK	238
VIORELE	229	YONSA	87
VIREAD	99	YUVAFEM	207
VISMODEGIB	71		

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Z

ZAFEMY	230
ZAFIRLUKAST	16
ZALEPLON	117
ZANUBRUTINIB	69
ZARAH	230
ZARXIO	126
ZEGALOGUE AUTOINJECTOR	62
ZEGALOGUE SYRINGE	62
ZEJULA	87,88
ZELBORAF	88
ZENATANE	263
ZENPEP	210
ZENZEDI	9
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ZIPRASIDONE HCL	94
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