

Community Care Plan Florida Healthy Kids

Preferred Drug List






2026

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.
 Specialty Drug	These Specialty medications are available at Prime Therapeutics 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.

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT (12:16)	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>dihydroergotamine 1 mg/ml amp</i>	
<i>phenoxybenzamine hcl 10 mg cap</i>	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT	
<i>alfuzosin hcl er</i>	
<i>silodosin</i>	
<i>tamsulosin hcl</i>	
ANALGESICS AND ANTIPYRETICS	
NON-OPIOID ANALGESICS	
<i>butalbital-acetaminophn 50-325</i>	QPD 6.0 per day
OPIOID AGONISTS (28:08)	
<i>acetaminophen-cod #4 tablet</i>	QPD 6.0 per day
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	QPD 12.0 per day
<i>asa-butalb-caffeine-codeine</i>	QPD 6.0 per day
ASCOMP WITH CODEINE	QPD 6.0 per day
<i>butalb-acetamin-caf-cod 50-325</i>	QPD 6.0 per day
<i>codeine sulfate 30 mg tablet</i>	QPD 6.0 per day
DISKETS	QPD 3.0 per day
ENDOCET 10-325 MG TABLET	QPD 6.0 per day
ENDOCET 2.5-325 MG TABLET	QPD 12.0 per day
ENDOCET 5-325 MG TABLET	QPD 12.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ENDOCET 7.5-325 MG TABLET	QPD 8.0 per day
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	PA QPD 0.5 per day
<i>fentanyl citrate otc 600 mcg</i>	PA QPD 4.0 per day
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	QPD 90.0 per day
<i>hydrocodone-acetamin 2.5-325</i>	QPD 8.0 per day
<i>hydrocodone-acetamin 5-325 mg</i>	QPD 8.0 per day
<i>hydrocodone-acetaminophen (7.5-325, 10-325 mg)</i>	QPD 6.0 per day
<i>hydrocodone-ibuprofen 7.5-200</i>	QPD 5.0 per day
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	QPD 48.0 per day
<i>hydromorphone 8 mg tablet</i>	QPD 6.0 per day
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet)</i>	QPD 6.0 per day
<i>methadone 10 mg/5 ml solution</i>	QPD 15.0 per day
<i>methadone 5 mg/5 ml solution</i>	QPD 30.0 per day
<i>methadone hcl (10 mg/ml oral conc, hcl 10 mg tablet, 40 mg tablet dispr)</i>	QPD 3.0 per day
<i>methadone hcl 5 mg tablet</i>	QPD 3.0 per day
METHADONE INTENSOL	QPD 3.0 per day
METHADOSE 40 MG TABLET DISPR	QPD 3.0 per day
<i>morphine sulf 100 mg/5 ml conc</i>	QPD 9.0 per day
<i>morphine sulf 20 mg/5 ml soln</i>	QPD 45.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	QPD 90.0 per day
<i>morphine sulfate ir 15 mg tab</i>	QPD 12.0 per day
<i>morphine sulfate ir 30 mg tab</i>	QPD 6.0 per day
<i>morphine sulf er 15 mg tablet</i>	PA QPD 3.0 per day
<i>morphine sulfate er (er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	PA QPD 3.0 per day
NUCYNTA ER	PA QPD 2.0 per day
<i>oxycodone hcl 100 mg/5 ml conc</i>	QPD 9.0 per day
<i>oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)</i>	QPD 180.0 per day
<i>oxycodone hcl (15 mg tab, 20 mg tab, 30 mg tab)</i>	QPD 6.0 per day
<i>oxycodone hcl (ir) 10 mg tab</i>	QPD 6.0 per day
<i>oxycodone hcl (ir) 5 mg tablet</i>	QPD 12.0 per day
<i>oxycodone-acetaminophen 10-325</i>	QPD 6.0 per day
<i>oxycodone-acetaminophen 5-325</i>	QPD 12.0 per day
<i>oxycodone-acetaminophn 2.5-325</i>	QPD 12.0 per day
<i>oxycodone-acetaminophn 7.5-325</i>	QPD 8.0 per day
<i>oxymorphone hcl</i>	QPD 6.0 per day
<i>tramadol hcl 50 mg tablet</i>	QPD 8.0 per day
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet)</i>	PA QPD 1.0 per day
<i>tramadol hcl-acetaminophen</i>	QPD 8.0 per day
XTAMPZA ER (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE)	PA QPD 2.0 per day

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
XTAMPZA ER 36 MG CAPSULE	<div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 8.0 per day
OPIOID PARTIAL AGONISTS	
BELBUCA	<div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	<div style="background-color: #800080; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QL</div> max 6 / 90 days
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg flm)</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
<i>buprenorphine-nalox 8-2 mg tab</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 3.0 per day
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 4.0 per day
<i>butorphanol 10 mg/ml spray</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 0.25 per day
ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS	
AMPHETAMINES	
<i>dextroamphetamine 5 mg/5 ml</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 60.0 per day
<i>dextroamphetamine 10 mg tab</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 6.0 per day
<i>dextroamphetamine 5 mg tab</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 3.0 per day
<i>dextroamphetamine er 5 mg cap</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 3.0 per day
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 4.0 per day
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
<i>dextroamp-amphetamin 20 mg tab</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 3.0 per day
<i>dextroamp-amphetamine 5 mg tab</i>	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab)</i>	QPD 2.0 per day
<i>lisdexamfetamine dimesylate (10 mg capsule, 10 mg tb chew, 20 mg capsule, 20 mg tb chew, 30 mg capsule, 30 mg tb chew, 40 mg capsule, 40 mg tb chew, 50 mg capsule, 50 mg tb chew, 60 mg capsule, 60 mg tb chew, 70 mg capsule)</i>	QPD 1.0 per day
PROCENTRA	QPD 60.0 per day
ZENZEDI 10 MG TABLET	QPD 6.0 per day
ZENZEDI 5 MG TABLET	QPD 3.0 per day
RESPIRATORY AND CNS STIMULANTS	
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	QPD 2.0 per day
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	QPD 1.0 per day
AZSTARYS	QPD 1.0 per day
<i>caffeine cit 60 mg/3 ml oral</i>	
<i>dexmethylphenidate 10 mg tab</i>	QPD 2.0 per day
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)</i>	QPD 2.0 per day
<i>dexmethylphenidate hcl er</i>	QPD 1.0 per day
JORNAY PM	QPD 1.0 per day
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab)</i>	QPD 1.0 per day
<i>methylphenidate er 36 mg tab</i>	QPD 2.0 per day
<i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>	QPD 3.0 per day
<i>methylphenidate er (la) (10mg cp, 20mg cp, 30mg cp, 40mg cp)</i>	QPD 1.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>methylphenidate er 27 mg tab (mallinckrodt and kremers/lannett)</i>	QPD 1.0 per day
<i>methylphenidate er 36 mg tab (mallinckrodt and kremers/lannett)</i>	QPD 2.0 per day
<i>methylphenidate er 54 mg tab (mallinckrodt and kremers/lannett)</i>	QPD 1.0 per day
<i>methylphenidate 10 mg/5 ml sol</i>	QPD 30.0 per day
<i>methylphenidate 5 mg/5 ml soln</i>	QPD 15.0 per day
<i>methylphenidate 10 mg chew tab</i>	QPD 6.0 per day
<i>methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 20 mg tablet)</i>	QPD 3.0 per day
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet)</i>	QPD 3.0 per day
<i>methylphenidate hcl cd</i>	QPD 1.0 per day
<i>methylphenidate hcl er (cd)</i>	QPD 1.0 per day
QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)	QPD 1.0 per day
QUILLICHEW ER 30 MG CHEW TAB	QPD 2.0 per day
QUILLIVANT XR	QPD 12.0 per day
WAKEFULNESS-PROMOTING AGENTS	
<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	
<i>armodafinil 50 mg tablet</i>	
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	
<i>sodium oxybate</i>	S PA QPD 18.0 per day
SUNOSI	PA QPD 1.0 per day

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTI-INFECTIVE AGENTS	
ANTHELMINTICS	
<i>albendazole 200 mg tablet</i>	
<i>ivermectin 3 mg tablet</i>	
<i>praziquantel 600 mg tablet</i>	
URINARY ANTI-INFECTIVES	
<i>fosfomycin tromethamine</i>	
<i>methenamine hippurate</i>	
<i>nitrofurantoin (25 mg cap, 100 mg cap)</i>	
<i>nitrofurantoin mcr 50 mg cap</i>	
<i>nitrofurantoin 25 mg/5 ml susp</i>	PA
<i>nitrofurantoin mono-macro</i>	
<i>trimethoprim 100 mg tablet</i>	
ANTI-INFECTIVES (EENT)	
ANTI-INFECTIVES, MISCELLANEOUS (52:04)	
<i>acetic acid 2% ear solution</i>	
<i>hydrocortisone-acetic acid</i>	
ANTIBACTERIALS (52:04)	
AK-POLY-BAC	
<i>bacitracin 500 unit/gm ophth</i>	
<i>bacitracin-polymyxin</i>	
BESIVANCE	
<i>ciprofloxacin 0.2% otic soln</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>ciprofloxacin 0.3% eye drop</i>	
<i>ciprofloxacin-dexamethasone</i>	
<i>doxycycline hyclate 20 mg tab</i>	
<i>erythromycin 0.5% eye ointment</i>	
<i>erythromycin (gel, solution)</i>	
<i>gatifloxacin</i>	
<i>gentamicin 0.3% eye drop</i>	
<i>moxifloxacin 0.5% eye drops</i>	
<i>moxifloxacin hcl 400 mg tablet</i>	
NEO-POLYCIN	
NEO-POLYCIN HC	
<i>neomycin-bacitracin-poly-hc</i>	
<i>neomycin-bacitracin-polymyxin</i>	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	
<i>neomycin-polymyxin-hc ear susp</i>	
<i>neomycin-polymyxin-hydrocort</i>	
<i>ofloxacin 0.3% ear drops</i>	
<i>ofloxacin 0.3% eye drops</i>	
POLYCIN	
<i>polymyxin b sul-trimethoprim</i>	
<i>sulfacetamide 10% eye drops</i>	
<i>tobramycin 0.3% eye drop</i>	
<i>tobramycin-dexamethasone</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIFUNGALS (EENT)	
NATACYN	
ANTIVIRALS (EENT)	
<i>trifluridine 1% eye drops</i>	
ASTRINGENTS (52:04)	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	
PERIOGARD	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)	
ANTIBACTERIALS (84:04)	
<i>azelaic acid 15% gel</i>	
<i>clind ph-benzoyl perox 1.2-5%</i>	
<i>gentamicin sulfate (cream, ointment)</i>	
<i>metronidazole (0.75% cream, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	
<i>mupirocin 2% ointment</i>	
NEUAC GEL	
ROSADAN (CREAM, GEL)	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	
ZILXI	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)	
<i>acyclovir 5% ointment</i>	
<i>penciclovir 1% cream</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ASTRINGENTS, ANTI-INFECTIVE	
<i>selenium sulfide 2.5% lotion</i>	
<i>silver sulfadiazine 1% cream</i>	
SSD	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	
SCABICIDES AND PEDICULICIDES	
<i>malathion</i>	
<i>permethrin 5% cream</i>	
ANTI-INFLAMMATORY AGENTS (EENT)	
CORTICOSTEROIDS (EENT)	
EYSUVIS	
FLAC OTIC OIL	
<i>flunisolide 0.025% spray</i>	
<i>fluocinolone acetonide oil</i>	
<i>fluorometholone</i>	
<i>fluticasone prop 50 mcg spray</i>	
LOTEMAX 0.5% EYE OINTMENT	
LOTEMAX SM	
<i>loteprednol etabonate (etabonate 0.2% drp, 0.5% ophthalmc gel, etabonate 0.5% drp)</i>	
<i>mometasone furoate 50 mcg spry</i>	
<i>prednisolone ac 1% eye drop</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS	
<i>diclofenac 0.1% eye drops</i>	
<i>ketorolac 0.4% ophth solution</i>	
<i>ketorolac 0.5% ophth solution</i>	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)	
INTERLEUKIN ANTAGONISTS	
FASENRA PEN	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>max 1 / 28 days</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #6b5a2d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	<div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #6b5a2d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.108 per day</div> </div>
NUCALA 40 MG/0.4 ML SYRINGE	<div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #6b5a2d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.015 per day</div> </div>
TEZSPIRE 210 MG/1.91 ML PEN	<div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #6b5a2d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.069 per day</div> </div>
LEUKOTRIENE MODIFIERS	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	
<i>zafirlukast</i>	
MAST-CELL STABILIZERS	
<i>cromolyn 20 mg/2 ml neb soln</i>	
<i>cromolyn 100 mg/5 ml oral conc</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)	
ADRENERGIC AGONISTS	
<i>brimonidine 0.33% gel pump</i>	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)	
ALA-CORT	QPD 15.134 per day
<i>alclometasone dipro 0.05% crm</i>	QPD 4.0 per day
ANUCORT-HC	
ANUSOL-HC 25 MG SUPPOSITORY	
<i>betamethasone dp aug 0.05% crm</i>	QPD 7.143 per day
<i>betamethasone dp aug 0.05% lot</i>	QPD 7.0 per day
<i>betamethasone dp aug 0.05% oin</i>	QPD 7.143 per day
<i>betamethasone dipropionate (dp crm, dp oint)</i>	QPD 4.5 per day
<i>betamethasone dp 0.05% lot</i>	QPD 4.0 per day
<i>betamethasone valerate (va cream, valer ointm)</i>	QPD 4.5 per day
<i>clobetasol emollient 0.05% crm</i>	QPD 7.5 per day
<i>clobetasol propionate (cream, gel, ointment)</i>	QPD 7.5 per day
<i>clobetasol propionate (prop foam, solution)</i>	QPD 7.143 per day
CORTIFOAM	
<i>desonide (cream, ointment)</i>	QPD 4.0 per day
<i>desoximetasone (cream, ointment)</i>	QPD 4.0 per day
<i>fluocinolone acetonide (body oil, scalp oil)</i>	QPD 3.943 per day
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% ointment)</i>	QPD 4.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>fluocinonide (cream, gel, ointment, solution)</i>	QPD 4.0 per day
<i>fluocinonide 0.1% cream</i>	QPD 8.572 per day
<i>fluocinonide-e</i>	QPD 4.0 per day
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	QPD 4.0 per day
<i>halobetasol prop 0.05% cream</i>	QPD 7.143 per day
HEMMOREX-HC 25 MG SUPPOSITORY	
<i>hydrocortisone 1% cream</i>	QPD 15.134 per day
<i>hydrocortisone 100 mg/60 ml</i>	
<i>hydrocortisone (cream, ointment)</i>	QPD 15.134 per day
<i>hydrocortisone 1% ointment</i>	QPD 15.12 per day
<i>hydrocortisone ac 25 mg supp</i>	
<i>hydrocortisone val 0.2% cream</i>	QPD 4.0 per day
KOURZEQ	
<i>mometasone furoate 0.1% cream</i>	QPD 4.5 per day
<i>mometasone furoate 0.1% oint</i>	QPD 4.5 per day
<i>mometasone furoate 0.1% soln</i>	QPD 4.0 per day
ORALONE	
PROCTO-MED HC	
PROCTOSOL-HC	
PROCTOZONE-HC	
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion)</i>	QPD 4.0 per day
<i>triamcinolone 0.5% ointment</i>	QPD 4.0 per day
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	QPD 15.134 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>triamcinolone 0.1% paste</i>	
TRIDERM	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 4px; margin-right: 5px;">QPD</div> 15.134 per day </div>
IMMUNOMODULATORY AGENTS (84:06)	
ADBRY	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">S</div> <div style="background-color: #6c5b4b; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 4px; margin-right: 5px;">QPD</div> 0.143 per day </div> </div>
ADBRY AUTOINJECTOR	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">S</div> <div style="background-color: #6c5b4b; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 4px; margin-right: 5px;">QPD</div> 0.143 per day </div> </div>
EBGLYSS PEN	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">S</div> <div style="background-color: #6c5b4b; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 4px; margin-right: 5px;">QPD</div> 0.072 per day </div> </div>
EBGLYSS SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">S</div> <div style="background-color: #6c5b4b; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 4px; margin-right: 5px;">QPD</div> 0.072 per day </div> </div>
NEMLUVIO	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">S</div> <div style="background-color: #6c5b4b; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 4px; margin-right: 5px;">QPD</div> 0.036 per day </div> </div>
SKYRIZI 150 MG/ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">QL</div> <div style="display: flex; align-items: center;"> max 1 / 84 days </div> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">S</div> <div style="background-color: #6c5b4b; color: white; padding: 2px 5px; border-radius: 4px;">PA</div> </div>
SKYRIZI 180 MG/1.2 ML ON-BODY	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">QL</div> <div style="display: flex; align-items: center;"> max 1.2 / 56 days </div> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">S</div> <div style="background-color: #6c5b4b; color: white; padding: 2px 5px; border-radius: 4px;">PA</div> </div>
SKYRIZI 360 MG/2.4 ML ON-BODY	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">QL</div> <div style="display: flex; align-items: center;"> max 2.4 / 56 days </div> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 4px; margin-bottom: 2px;">S</div> <div style="background-color: #6c5b4b; color: white; padding: 2px 5px; border-radius: 4px;">PA</div> </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SKYRIZI PEN	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">max 1 / 84 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	
TREMIFYA 100 MG/ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">max 1 / 56 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
TREMIFYA 200 MG/2 ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin: 2px 0;">0.072 per day</div> </div>
TREMIFYA ONE-PRESS	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">max 1 / 56 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
TREMIFYA 100 MG/ML PEN	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">max 1 / 56 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
TREMIFYA 200 MG/2 ML PEN	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin: 2px 0;">0.072 per day</div> </div>
TREMIFYA PEN INDUCTION (2 PEN)	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">max 12 / 180 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
JANUS KINASE INHIBITORS (84:06)	
CIBINQO	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin: 2px 0;">1.0 per day</div> </div>

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SOTYKTU	   1.0 per day
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)	
<i>diclofenac sodium 3% gel</i>	
PHOSPHODIESTERASE-4 INHIBITORS (84:06)	
EUCRISA	
ANTIANEMIA DRUGS	
IRON PREPARATIONS	
FER-IN-SOL	
<i>ferrous sulf 300 mg/5 ml cup</i>	
<i>ferrous sulfate (15 mg iron/ml drp, 44 mg iron/5ml lq, 220 mg/5 ml elix, 220 mg/5 ml liq)</i>	
ICAR	
<i>infant-toddler iron</i>	
IRONUP	
NOVAFERRUM YUMMY PEDIATRIC	
PEDIA IRON	
PEDIATRIC FE-VITE	
<i>pediatric iron</i>	
WEE CARE	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIARRHYTHMIC AGENTS	
CLASS IA ANTIARRHYTHMICS	
<i>disopyramide phosphate</i>	
<i>quinidine gluconate</i>	
CLASS IB ANTIARRHYTHMICS	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	
CLASS IC ANTIARRHYTHMICS	
<i>flecainide acetate (100 mg tab, 150 mg tab)</i>	
<i>flecainide acetate 50 mg tab</i>	
<i>propafenone hcl (225 mg tab, 300 mg tab)</i>	
<i>propafenone hcl 150 mg tablet</i>	
<i>propafenone hcl er</i>	
CLASS III ANTIARRHYTHMICS	
<i>amiodarone hcl 100 mg tablet</i>	
<i>amiodarone hcl 200 mg tablet</i>	
<i>dofetilide</i>	
MULTAQ	
PACERONE 100 MG TABLET	
PACERONE 200 MG TABLET	
CLASS IV ANTIARRHYTHMICS	
CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	
CARTIA XT 300 MG CAPSULE	
DILT XR 120 MG CAPSULE	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	
<i>diltiazem 12hr er</i>	
<i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap)</i>	
<i>diltiazem 24hr er (24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)</i>	
<i>diltiazem 24h er(cd) 300 mg cp</i>	
<i>diltiazem 24hr er (cd) (24h 120 mg cp, 24h 180 mg cp, 24h 240 mg cp)</i>	
<i>diltiazem 24h er(la) 120 mg tb</i>	
<i>diltiazem 24h er(xr) 120 mg cp</i>	
<i>diltiazem 24hr er (xr) (24h 180 mg cp, 24h 240 mg cp)</i>	
<i>diltiazem 90 mg tablet</i>	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)</i>	
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE)	
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	
TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE)	
TIADYLT ER (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	
<i>verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)</i>	
<i>verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)</i>	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	
<i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIBACTERIALS (08:12)	
AMINOGLYCOSIDE ANTIBIOTICS	
<i>neomycin 500 mg tablet</i>	
<i>tobramycin (300 mg/4 ml, 300 mg/5 ml)</i>	 max 56 days / fill 
QUINOLONE ANTIBIOTICS	
<i>ciprofloxacin</i>	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	
<i>levofloxacin 25 mg/ml solution</i>	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	
<i>ofloxacin 300 mg tablet</i>	
<i>ofloxacin 400 mg tablet</i>	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)	
<i>sulfadiazine 500 mg tablet</i>	
<i>sulfamethoxazole-trimethoprim (20 ml cup, susp)</i>	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>	
<i>sulfasalazine 500 mg tablet</i>	
<i>sulfasalazine dr</i>	
SULFATRIM	
TETRACYCLINE ANTIBIOTICS	
AVIDOXY	
<i>demeclocycline hcl</i>	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 100 mg cap, 100 mg tablet)</i>	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 75 mg tablet, mono 150 mg tablet)</i>	
<i>minocycline 50 mg capsule</i>	
<i>minocycline hcl (75 mg capsule, 100 mg capsule)</i>	
MONDOXYNE NL 100 MG CAPSULE	
ANTIBACTERIALS, MISCELLANEOUS	
GLYCOPEPTIDE ANTIBIOTICS	
<i>vancomycin hcl (25 mg/ml oral soln, 50 mg/ml oral soln, hcl 125 mg capsule, 250 mg/5ml oral sol, hcl 250 mg capsule)</i>	
LINCOMYCIN ANTIBIOTICS	
CLINDACIN ETZ 1% PLEDGET	
CLINDACIN P	
<i>clindamycin (pediatric)</i>	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	
<i>clindamycin phosphate (ph 1% gel, ph 1% solution, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i>	
OXAZOLIDINONE ANTIBIOTICS	
<i>linezolid 100 mg/5 ml susp</i>	PA
<i>linezolid 600 mg tablet</i>	
RIFAMYCIN ANTIBIOTICS	
XIFAXAN 550 MG TABLET	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTICHOLINERGIC AGENTS	
ANTIMUSCARINICS/ANTISPASMODICS	
ANORO ELLIPTA	QPD 2.0 per day
COMBIVENT RESPIMAT	QPD 0.267 per day
<i>dicyclomine 10 mg/5 ml soln</i>	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	
<i>glycopyrrolate 1 mg/5 ml soln</i>	PA QPD 45.0 per day
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	
INCRUSE ELLIPTA	QPD 1.0 per day
<i>ipratropium br 0.02% soln</i>	
<i>ipratropium-albuterol</i>	
<i>methscopolamine bromide (2.5 mg tb, 5 mg tab)</i>	
<i>scopolamine</i>	
SPIRIVA RESPIMAT	QPD 0.134 per day
STIOLTO RESPIMAT INHALER (60)	QPD 0.134 per day
TRELEGY ELLIPTA	QPD 2.0 per day
ANTICOAGULANTS	
COUMARIN DERIVATIVES	
JANTOVEN	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
DIRECT FACTOR XA INHIBITORS	
ELIQUIS DVT-PE TREAT START 5MG	QL max 74 / 180 days
ELIQUIS 2.5 MG TABLET	QPD 2.0 per day
ELIQUIS 5 MG TABLET	QPD 2.467 per day
ELIQUIS 0.5 MG PKT(1X0.5MG TB)	QPD 5.0 per day
ELIQUIS 1.5 MG PKT(3X0.5MG TB)	QPD 15.0 per day
ELIQUIS 2 MG PKT(4X 0.5 MG TB)	QPD 20.0 per day
ELIQUIS SPRINKLE	QPD 2.467 per day
<i>rivaroxaban 1 mg/ml suspension</i>	QPD 20.667 per day
<i>rivaroxaban 2.5 mg tablet</i>	QPD 2.0 per day
XARELTO 1 MG/ML SUSPENSION	QPD 20.667 per day
XARELTO DVT-PE TREAT START 30D	QPD 1.7 per day
XARELTO (2.5 MG TABLET, 15 MG TABLET)	QPD 2.0 per day
XARELTO 10 MG TABLET	QPD 1.0 per day
XARELTO 20 MG TABLET	QPD 1.0 per day
DIRECT THROMBIN INHIBITORS	
<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	QPD 2.0 per day
<i>dabigatran etexilate 110 mg cp</i>	QPD 4.0 per day
HEPARINS	
<i>enoxaparin 30 mg/0.3 ml syr</i>	QL max 9 / 90 days S
<i>enoxaparin 40 mg/0.4 ml syr</i>	QL max 12 / 90 days S

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>enoxaparin 60 mg/0.6 ml syr</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">max 18 / 90 days</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #d62728; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> </div>
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">max 24 / 90 days</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #d62728; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> </div>
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">max 30 / 90 days</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #d62728; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> </div>
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	
INDIRECT FACTOR XA INHIBITORS	
<i>fondaparinux 10 mg/0.8 ml syr</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #d62728; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #1f77b4; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.8 per day</div> </div>
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #d62728; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #1f77b4; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.5 per day</div> </div>
<i>fondaparinux 5 mg/0.4 ml syr</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #d62728; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #1f77b4; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.4 per day</div> </div>
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #d62728; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">S</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #1f77b4; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.6 per day</div> </div>
ANTICONVULSANTS	
ANTICONVULSANTS, MISCELLANEOUS	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	
EPIDIOLEX	
EPITOL	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	
<i>lamotrigine (blue)</i>	
<i>lamotrigine (green)</i>	
<i>lamotrigine (orange)</i>	
<i>lamotrigine er</i>	
<i>levetiracetam (100 mg/ml soln, 500 mg/5 ml cup, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	
<i>levetiracetam (250 mg tablet, 500 mg tablet)</i>	
<i>levetiracetam er</i>	
<i>perampanel (0.5 mg/ml oral susp, 2 mg tablet, 4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet)</i>	
ROWEEPRA	
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	
SUBVENITE (BLUE)	
SUBVENITE (GREEN)	
SUBVENITE (ORANGE)	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>topiramate (15 mg cap, 25 mg cap, 50 mg cap)</i>	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	
<i>topiramate er (er 25 mg capsule, er 50 mg capsule, er 100 mg capsule)</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 1.0 per day </div>
<i>topiramate er 200 mg capsule</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 2.0 per day </div>
<i>topiramate er 200mg sprink cap</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 2.0 per day </div>
<i>topiramate er sprinkle (er 25mg sprinkl cap, er 50mg sprinkl cap, er 100mg sprink cap, er 150mg sprink cap)</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 1.0 per day </div>
BARBITURATES (ANTICONVULSANTS)	
<i>primidone 250 mg tablet</i>	
<i>primidone 50 mg tablet</i>	
BENZODIAZEPINES (ANTICONVULSANTS)	
<i>clobazam 2.5 mg/ml suspension</i>	<div style="background-color: #D62728; color: white; padding: 2px 5px; display: inline-block;">S</div>
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	
<i>clonazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt, 2 mg odt)</i>	
GABA-MEDIATED ANTICONVULSANTS	
<i>divalproex dr 125 mg cap sprnk</i>	
<i>divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)</i>	
<i>divalproex sodium er</i>	
<i>gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6ml soln cup)</i>	
<i>gabapentin er (er 300 mg tablet, er 450 mg tablet, er 750 mg tablet)</i>	ST QPD 1.0 per day
<i>gabapentin er 600 mg tablet</i>	ST QPD 3.0 per day
<i>gabapentin er 900 mg tablet</i>	ST QPD 2.0 per day
<i>pregabalin (150 mg capsule, 200 mg capsule)</i>	QPD 3.0 per day
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	QPD 2.0 per day
<i>pregabalin (75 mg capsule, 100 mg capsule)</i>	QPD 6.0 per day
<i>pregabalin 25 mg capsule</i>	QPD 12.0 per day
<i>pregabalin 50 mg capsule</i>	QPD 9.0 per day
<i>pregabalin 20 mg/ml solution</i>	QPD 30.0 per day
<i>tiagabine hcl</i>	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup)</i>	
<i>vigabatrin (500 mg powder packt, 500 mg tablet)</i>	S
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	S
VIGPODER	S
HYDANTOINS	
DILANTIN 30 MG CAPSULE	
PHENYTEK	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>phenytoin sodium extended</i>	
ION CHANNEL INHIBITION AGENTS	
<i>eslicarbazepine acetate</i>	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	
<i>oxcarbazepine (300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	
<i>oxcarbazepine 150 mg tablet</i>	
<i>oxcarbazepine er</i>	
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	
<i>zonisamide (25 mg capsule, 50 mg capsule)</i>	
<i>zonisamide 100 mg capsule</i>	
SUCCINIMIDES	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	
<i>methsuximide</i>	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, MISCELLANEOUS	
<i>bupropion hcl 100 mg tablet</i>	QPD 4.0 per day
<i>bupropion hcl 75 mg tablet</i>	QPD 6.0 per day
<i>bupropion hcl sr 150 mg tablet</i>	QPD 2.0 per day
<i>bupropion hcl sr 100 mg tablet</i>	QPD 4.0 per day
<i>bupropion hcl sr 200 mg tablet</i>	QPD 2.0 per day
<i>bupropion hcl xl 150 mg tablet</i>	QPD 3.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>bupropion hcl xl 300 mg tablet</i>	QPD 1.0 per day
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	QL max 28 / 365 days S
ZURZUVAE 30 MG CAPSULE	QL max 14 / 365 days S
MONOAMINE OXIDASE INHIBITORS	
<i>tranylcypromine sulfate</i>	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR	
<i>desvenlafaxine succinate er (er 25 mg, er 50 mg)</i>	QPD 1.0 per day
<i>desvenlafaxine succnt er 100mg</i>	QPD 4.0 per day
<i>duloxetine hcl dr 20 mg cap</i>	QPD 6.0 per day
<i>duloxetine hcl dr 30 mg cap</i>	QPD 4.0 per day
<i>duloxetine hcl dr 60 mg cap</i>	QPD 2.0 per day
<i>venlafaxine hcl (75 mg tablet, 100 mg tablet)</i>	QPD 3.0 per day
<i>venlafaxine hcl 25 mg tablet</i>	QPD 15.0 per day
<i>venlafaxine hcl 37.5 mg tablet</i>	QPD 10.0 per day
<i>venlafaxine hcl 50 mg tablet</i>	QPD 7.0 per day
<i>venlafaxine hcl er 150 mg cap</i>	QPD 2.0 per day
<i>venlafaxine hcl er 37.5 mg cap</i>	QPD 6.0 per day
<i>venlafaxine hcl er 75 mg cap</i>	QPD 3.0 per day
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS	
<i>citalopram hbr 10 mg/5 ml soln</i>	QPD 20.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>citalopram hbr 10 mg tablet</i>	QPD 4.0 per day
<i>citalopram hbr 20 mg tablet</i>	QPD 2.0 per day
<i>citalopram hbr 40 mg tablet</i>	QPD 1.0 per day
<i>escitalopram oxalate (oxalate 5 mg/5 ml, 10 mg/10 ml cup)</i>	QPD 20.0 per day
<i>escitalopram 10 mg tablet</i>	QPD 2.0 per day
<i>escitalopram 20 mg tablet</i>	QPD 1.0 per day
<i>escitalopram 5 mg tablet</i>	QPD 4.0 per day
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet)</i>	QPD 8.0 per day
<i>fluoxetine hcl 20 mg capsule</i>	QPD 4.0 per day
<i>fluoxetine hcl 40 mg capsule</i>	QPD 2.0 per day
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	QPD 20.0 per day
<i>fluoxetine hcl 20 mg tablet</i>	QPD 4.0 per day
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	QPD 1.0 per day
<i>fluvoxamine maleate 100 mg tab</i>	QPD 3.0 per day
<i>paroxetine hcl 10 mg tablet</i>	QPD 6.0 per day
<i>paroxetine hcl 20 mg tablet</i>	QPD 3.0 per day
<i>paroxetine hcl 30 mg tablet</i>	QPD 2.0 per day
<i>paroxetine hcl 40 mg tablet</i>	QPD 1.0 per day
<i>sertraline 20 mg/ml oral conc</i>	QPD 10.0 per day
<i>sertraline hcl 100 mg tablet</i>	QPD 2.0 per day
<i>sertraline hcl 25 mg tablet</i>	QPD 8.0 per day
<i>sertraline hcl 50 mg tablet</i>	QPD 4.0 per day

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SEROTONIN MODULATORS	
<i>mirtazapine (30 mg tablet, 45 mg tablet)</i>	QPD 1.0 per day
<i>mirtazapine (15 mg odt, 15 mg tablet)</i>	QPD 3.0 per day
<i>mirtazapine (7.5 mg tablet, 30 mg odt, 45 mg odt)</i>	QPD 1.0 per day
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	
<i>vilazodone hcl</i>	QPD 1.0 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS	
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	
<i>amitriptyline hcl 150 mg tab</i>	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	
<i>desipramine 10 mg tablet</i>	
<i>desipramine hcl (25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule)</i>	
<i>doxepin hcl (75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	
<i>nortriptyline 10 mg/5 ml soln</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIDIABETIC AGENTS	
ALPHA-GLUCOSIDASE INHIBITORS	
<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	
ANTIDIABETIC AGENTS, MISCELLANEOUS	
<i>mifepristone 300 mg tablet</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 4.0 per day
BIGUANIDES	
<i>metformin hcl (500 mg tablet, 850 mg tablet, 1,000 mg tablet)</i>	
<i>metformin hcl er 500 mg tablet</i>	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 4.0 per day
<i>metformin hcl er 750 mg tablet</i>	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2.0 per day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	
JANUMET	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2.0 per day
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.0 per day
JANUMET XR 50-1,000 MG TABLET	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2.0 per day
JANUVIA	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.0 per day
INCRETIN MIMETICS	
MOUNJARO (5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	<div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 0.072 per day
MOUNJARO 2.5 MG/0.5 ML PEN	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> max 2 / 180 days <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
OZEMPIC	<div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 0.108 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
RYBELSUS (7 MG TABLET, 14 MG TABLET)	<div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
RYBELSUS 3 MG TABLET	<div style="background-color: #800080; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QL</div> max 30 / 180 days <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div>
TRULICITY	<div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 0.072 per day
MEGLITINIDES	
<i>nateglinide</i>	
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	
<i>repaglinide 2 mg tablet</i>	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB	
FARXIGA	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
GLYXAMBI	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
JARDIANCE	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
SYNJARDY	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
SYNJARDY XR 25-1,000 MG TABLET	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	<div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SULFONYLUREAS	
<i>glimepiride (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	
<i>glipizide (5 mg tablet, 10 mg tablet)</i>	
<i>glipizide er</i>	
<i>glipizide xl</i>	
<i>glipizide-metformin</i>	
<i>glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)</i>	
<i>glyburide-metformin hcl</i>	
THIAZOLIDINEDIONES	
<i>pioglitazone hcl</i>	
<i>pioglitazone-metformin</i>	
ANTIDOTES (91:04)	
ACETAMINOPHEN ANTIDOTE	
<i>acetylcysteine (10% vial, 20% vial)</i>	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS	
<i>leucovorin calcium (5 mg tab, 15 mg tab, 25 mg tab)</i>	
<i>mesna 400 mg tablet</i>	S
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
<i>granisetron hcl 1 mg tablet</i>	
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	
<i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIHISTAMINES (GI DRUGS)	
COMPRO	
<i>doxylamine succ-pyridoxine hcl</i>	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	
<i>trimethobenzamide 300 mg cap</i>	
NEUROKININ-1 RECEPTOR ANTAGONISTS	
<i>aprepitant (40 mg capsule, 125 mg capsule, 125-80-80 mg pack)</i>	
<i>aprepitant 80 mg capsule</i>	
EMEND 125 MG POWDER PACKET	
VARUBI	S
ANTIFUNGAL (SYSTEMIC)	
ALLYLAMINE ANTIFUNGALS	
<i>terbinafine hcl 250 mg tablet</i>	
ANTIFUNGALS, MISCELLANEOUS	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	
AZOLE ANTIFUNGALS	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>	
<i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	
<i>itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
NOXAFIL 300 MG POWDERMIX SUSP	PA
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	PA
<i>voriconazole 40 mg/ml susp</i>	S
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	PA
PYRIMIDINE ANTIFUNGALS	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)	
AZOLES (SKIN AND MUCOUS MEMBRANE)	
<i>clotrimazole (solution, topical cream)</i>	
<i>clotrimazole (10 mg lozenge, 10 mg troche)</i>	
<i>clotrimazole-betamethasone crm</i>	
<i>econazole nitrate 1% cream</i>	
JUBLIA	
<i>ketoconazole 2% shampoo</i>	
<i>ketoconazole (2% cream, 200 mg tablet)</i>	
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)	
CICLODAN 8% SOLUTION	
<i>ciclopirox 0.77% cream</i>	
<i>ciclopirox (0.77% gel, 0.77% topical susp, 1% shampoo, 8% solution)</i>	
POLYENES (SKIN AND MUCOUS MEMBRANE)	
KLAYESTA	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
NYAMYC	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit/5 ml cup)</i>	
<i>nystatin (100,000 unit/gm powd, 500,000 unit oral tab)</i>	
NYSTOP	
ANTIGLAUCOMA AGENTS	
ALPHA-ADRENERGIC AGONISTS (52:40)	
<i>brimonidine 0.2% eye drop</i>	
BETA-ADRENERGIC BLOCKING AGENTS (52:40)	
<i>dorzolamide-timolol eye drops</i>	
<i>timolol maleate (0.25% drop, 0.5% drops)</i>	
CARBONIC ANHYDRASE INHIBITORS (52:40)	
<i>acetazolamide 125 mg tablet</i>	
<i>acetazolamide 250 mg tablet</i>	
<i>acetazolamide er</i>	
<i>dorzolamide hcl</i>	
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	
SIMBRINZA	
MIOTICS	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	
<i>pilocarpine hcl 1.25% eye drop</i>	QPD 0.167 per day
PROSTAGLANDIN ANALOGS	
<i>latanoprost 0.005% eye drops</i>	QL max 2.5 per 30 days

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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
LUMIGAN	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; display: inline-block;">QL</div> max 2.5 per 30 days
ANTIHEMORRHAGIC AGENTS HEMOSTATICS	
AFSTYLA	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; display: inline-block;">PA</div>
ALPHANATE	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; display: inline-block;">PA</div>
ALPHANINE SD	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; display: inline-block;">PA</div>
<i>aminocaproic acid (0.25 gram/ml, 500 mg tab, 1,000 mg tab)</i>	
COAGADEX	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div>
CORIFACT	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div>
ELOCTATE	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; display: inline-block;">PA</div>
ESPEROCT	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; display: inline-block;">PA</div>
FEIBA	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div>
FIBRYGA	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div>
HUMATE-P	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; display: inline-block;">PA</div>
IDELVION	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; display: inline-block;">PA</div>
IXINITY	<div style="background-color: #d62728; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; display: inline-block;">PA</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
KOATE	S PA
KOGENATE FS	S PA
KOVALTRY	S PA
NOVOEIGHT	S PA
NOVOSEVEN RT	S PA
NUWIQ	S PA
PROFILNINE	S PA
REBINYN	S PA
RECOMBINATE	S PA
RIASTAP	S
RIXUBIS	S PA
<i>tranexamic acid 650 mg tablet</i>	
TRETEN	S
WILATE	S PA

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIHISTAMINE DRUGS	
FIRST GENERATION ANTIHISTAMINES	
<i>carbinoxamine maleate 4 mg tab</i>	
SECOND GENERATION ANTIHISTAMINES	
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	
<i>desloratadine 5 mg tablet</i>	
<i>levocetirizine dihydrochloride (2.5 mg/5 ml sol, 5 mg tablet)</i>	
ANTIHYPOGLYCEMIC AGENTS	
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS	
<i>diazoxide 50 mg/ml oral susp</i>	
GLYCOGENOLYTIC AGENTS	
BAQSIMI	
GLUCAGON 1 MG EMERGENCY KIT	
GVOKE	
GVOKE HYPOPEN 1-PACK	
GVOKE HYPOPEN 2-PACK	
GVOKE PFS 1-PACK SYRINGE	
GVOKE PFS 2-PACK SYRINGE	
ZEGALOGUE AUTOINJECTOR	
ZEGALOGUE SYRINGE	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTILIPEMIC AGENTS	
ACL INHIBITORS	
NEXLETOL	PA QPD 1.0 per day
NEXLIZET	PA QPD 1.0 per day
ANTILIPEMIC AGENTS, MISCELLANEOUS	
<i>niacin er</i>	
BILE ACID SEQUESTRANTS	
<i>cholestyramine powder</i>	
<i>cholestyramine light powder</i>	
<i>colesevelam 625 mg tablet</i>	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	
PREVALITE POWDER	
CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe</i>	
<i>ezetimibe-simvastatin</i>	
FIBRIC ACID DERIVATIVES	
<i>fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	
<i>gemfibrozil 600 mg tablet</i>	
HMG-COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	
<i>simvastatin 80 mg tablet</i>	
OMEGA-3-MEDIATED ANTILIPEMICS	
VASCEPA	
PCSK9 INHIBITORS	
REPATHA PUSHTRONEX	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 0.25 per day
REPATHA SURECLICK	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 0.215 per day
REPATHA SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 0.215 per day
ANTIMETABOLITES, IMMUNOSUPPRESS THERAPY	
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC	
AZASAN	
<i>azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	<div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div>
<i>mycophenolic acid</i>	<div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div>
MYHIBBIN	<div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIMIGRAINE AGENTS	
CALCITONIN GENE-RELATED PEPTIDE ANTAG.	
AIMOVIG AUTOINJECTOR	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: #4169E1; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 0.036 per day </div>
AJOVY AUTOINJECTOR	<div style="display: flex; align-items: center;"> <div style="background-color: #800080; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> max 4.5 / 84 days </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div>
AJOVY AUTOINJECTOR (3 PACK)	<div style="display: flex; align-items: center;"> <div style="background-color: #800080; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> max 4.5 / 84 days </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div>
AJOVY SYRINGE	<div style="display: flex; align-items: center;"> <div style="background-color: #800080; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> max 4.5 / 84 days </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div>
EMGALITY PEN	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #4169E1; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 0.036 per day </div>
EMGALITY 120 MG/ML SYRINGE	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #4169E1; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 0.036 per day </div>
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	<div style="display: flex; align-items: center;"> <div style="background-color: #800080; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> max 9 / 180 days </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div>
NURTEC ODT	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #4169E1; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 0.534 per day </div>
QULIPTA	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #4169E1; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 1.0 per day </div>
UBRELVY	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #4169E1; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 0.534 per day </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SELECTIVE SEROTONIN AGONISTS	
<i>eletriptan hbr</i>	QPD 0.4 per day
<i>naratriptan hcl</i>	QPD 0.6 per day
<i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>	QPD 0.6 per day
<i>sumatriptan (5 mg nasal spray, 20 mg nasal spray)</i>	QPD 0.4 per day
<i>sumatriptan succinate (4 mg/0.5 ml inject, 6 mg/0.5ml autoinj)</i>	QPD 0.2 per day
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	QPD 0.6 per day
<i>sumatriptan 6 mg/0.5 ml vial</i>	QPD 0.167 per day
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	QPD 0.4 per day
ZOMIG (2.5 MG TABLET, 5 MG TABLET)	QPD 0.4 per day
ANTIMYCOBACTERIALS	
ANTILEPROSY AGENTS	
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	
ANTITUBERCULOSIS AGENTS	
<i>ethambutol hcl</i>	
<i>isoniazid 50 mg/5 ml solution</i>	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	
<i>pretomanid</i>	
PRIFTIN	
<i>pyrazinamide 500 mg tablet</i>	
<i>rifabutin</i>	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	
SIRTURO	S

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate 250 mg tab</i>	S PA QPD 4.0 per day
<i>abiraterone acetate 500 mg tab</i>	S PA QPD 2.0 per day
ABIRTEGA	S PA QPD 4.0 per day
ALECENSA	S PA QPD 8.0 per day
ALUNBRIG 90 MG-180 MG TAB PACK	QL max 30 / 180 days S PA
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	S PA QPD 1.0 per day
ALUNBRIG 30 MG TABLET	S PA QPD 4.0 per day
<i>anastrozole 1 mg tablet</i>	
BESREMI	S PA QPD 0.072 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>bexarotene 75 mg capsule</i>	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div>
<i>bicalutamide</i>	
BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
BOSULIF 100 MG CAPSULE	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 5.0 per day
BOSULIF 100 MG TABLET	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 3.0 per day
BRUKINSA 80 MG CAPSULE	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 4.0 per day
BRUKINSA 160 MG TABLET	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
CABOMETYX	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
CALQUENCE	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
<i>capecitabine</i>	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div>
CAPRELSA 100 MG TABLET	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #8e6c4a; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
CAPRELSA 300 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.0 per day</div>
COMETRIQ 100 MG DAILY-DOSE PK	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.0 per day</div>
COMETRIQ 140 MG DAILY-DOSE PK	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 4.0 per day</div>
COMETRIQ 60 MG DAILY-DOSE PACK	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 3.0 per day</div>
COTELLIC	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.25 per day</div>
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	
<i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.0 per day</div>
<i>dasatinib 20 mg tablet</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 3.0 per day</div>
EMCYT	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div>
ERIVEDGE	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.0 per day</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ERLEADA 240 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.0 per day</div>
ERLEADA 60 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 4.0 per day</div>
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.0 per day</div>
<i>erlotinib hcl 25 mg tablet</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.0 per day</div>
<i>etoposide 50 mg capsule</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div>
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div>
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.0 per day</div>
<i>everolimus (2 mg tab susp, 5 mg tab susp)</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.0 per day</div>
<i>everolimus 3 mg tab for susp</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 3.0 per day</div>
<i>exemestane</i>	
<i>gefitinib</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.0 per day</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
GILOTRIF	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QPD</div> </div> 1.0 per day
GLEOSTINE	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a329f; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> </div> max 42 days / fill
HYCAMTIN	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> </div>
<i>hydroxyurea 500 mg capsule</i>	
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QPD</div> </div> 0.75 per day
<i>imatinib mesylate 100 mg tab</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QPD</div> </div> 3.0 per day
<i>imatinib mesylate 400 mg tab</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QPD</div> </div> 2.0 per day
IMBRUVICA 140 MG CAPSULE	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QPD</div> </div> 3.0 per day
IMBRUVICA 70 MG/ML SUSPENSION	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QPD</div> </div> 7.2 per day
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QPD</div> </div> 1.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
INLYTA 1 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 6.0 per day</div>
INLYTA 5 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 4.0 per day</div>
ITOVEBI 3 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.0 per day</div>
ITOVEBI 9 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.0 per day</div>
JAKAFI	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.0 per day</div>
KISQALI 200 MG DAILY DOSE	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 0.75 per day</div>
KISQALI 400 MG DAILY DOSE	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.5 per day</div>
KISQALI 600 MG DAILY DOSE	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.25 per day</div>
KISQALI FEMARA 200 MG CO-PACK	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 1.75 per day</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
KISQALI FEMARA 400 MG CO-PACK	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> <div style="margin-left: 5px;">2.5 per day</div> </div>
KISQALI FEMARA 600 MG CO-PACK	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> <div style="margin-left: 5px;">3.25 per day</div> </div>
<i>lapatinib</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> <div style="margin-left: 5px;">6.0 per day</div> </div>
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> <div style="margin-left: 5px;">0.75 per day</div> </div>
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> <div style="margin-left: 5px;">1.0 per day</div> </div>
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> <div style="margin-left: 5px;">3.0 per day</div> </div>
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> <div style="margin-left: 5px;">1.0 per day</div> </div>
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> <div style="margin-left: 5px;">2.0 per day</div> </div>
<i>letrozole 2.5 mg tablet</i>	
LEUKERAN	<div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; text-align: center;">S</div>
<i>lomustine</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a329f; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QL</div> <div style="margin-left: 5px;">max 42 days / fill</div> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-top: 2px;">S</div> </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
LONSURF 15 MG-6.14 MG TABLET	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 2.143 per day
LONSURF 20 MG-8.19 MG TABLET	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 2.858 per day
LYNPARZA	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 4.0 per day
LYSODREN	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> </div>
MATULANE	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> </div>
MEKINIST 0.05 MG/ML SOLUTION	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 41.8 per day
MEKINIST 0.5 MG TABLET	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 3.0 per day
MEKINIST 2 MG TABLET	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 1.0 per day
<i>melfalan</i>	
<i>mercaptopurine 20 mg/ml suspen</i>	<div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div>
<i>mercaptopurine 50 mg tablet</i>	
<i>methotrexate 2.5 mg tablet</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>methotrexate 1 gm vial</i>	
<i>methotrexate 1 gram/40 ml vial</i>	
MYLERAN	S
<i>nilotinib hcl</i>	S PA QPD 4.0 per day
<i>nilutamide</i>	S
NINLARO	S PA QPD 0.108 per day
NUBEQA	S PA QPD 4.0 per day
ODOMZO	S PA QPD 1.0 per day
OGSIVEO (100 MG TABLET, 150 MG TABLET)	S PA QPD 2.0 per day
OGSIVEO 50 MG TABLET	S PA QPD 6.0 per day
OTREXUP	
<i>pazopanib hcl 200 mg tablet</i>	S PA QPD 4.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>pazopanib hcl 400 mg tablet</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 2.0 per day</div>
<i>pomalidomide</i>	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 0.75 per day</div>
PURIXAN	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div>
RASUVO	
ROMVIMZA	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 0.286 per day</div>
ROZLYTREK 100 MG CAPSULE	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 1.0 per day</div>
ROZLYTREK 200 MG CAPSULE	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 3.0 per day</div>
ROZLYTREK 50 MG PELLETT PACKET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 12.0 per day</div>
RUBRACA	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 4.0 per day</div>
RYDAPT	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 8.0 per day</div>
SCEMBLIX 100 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center; border-radius: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border-radius: 5px;">QPD 4.0 per day</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SCEMBLIX 20 MG TABLET	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 2.0 per day
SCEMBLIX 40 MG TABLET	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 8.0 per day
<i>sorafenib</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 4.0 per day
STIVARGA	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 3.0 per day
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 1.0 per day
<i>sunitinib malate 12.5 mg cap</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 3.0 per day
TABLOID	<div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; text-align: center;">S</div>
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 4.0 per day
TAFINLAR 10 MG TABLET FOR SUSP	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 30.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> </div> 1.0 per day
TALZENNA (0.25 MG CAPSULE, 0.25 MG SOFTGEL)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> </div> 3.0 per day
TAZVERIK	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> </div> 8.0 per day
<i>temozolomide</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> </div>
TORPENZ	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> </div> 1.0 per day
<i>tretinoin 10 mg capsule</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> </div>
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> </div> 2.0 per day
VENCLEXTA 100 MG TABLET	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> </div> 6.0 per day
VENCLEXTA 50 MG TABLET	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QPD</div> </div> 1.0 per day
VENCLEXTA STARTING PACK	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a329f; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">QL</div> <div style="margin-bottom: 2px;">max 42 / 180 days</div> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 10px; border-radius: 5px; margin-bottom: 2px;">PA</div> </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
VERZENIO	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.0 per day</div>
VITRAKVI 100 MG CAPSULE	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.0 per day</div>
VITRAKVI 25 MG CAPSULE	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 6.0 per day</div>
VITRAKVI 20 MG/ML SOLUTION	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 10.0 per day</div>
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 4.0 per day</div>
XALKORI 150 MG PELLETT	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 6.0 per day</div>
XTANDI (40 MG CAPSULE, 40 MG TABLET)	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 4.0 per day</div>
XTANDI 80 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 2.0 per day</div>
YONSA	<div style="background-color: #c00000; color: white; padding: 2px; text-align: center;">S</div> <div style="background-color: #804020; color: white; padding: 2px; text-align: center;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">QPD 4.0 per day</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ZEJULA	<div style="background-color: #c00000; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #804020; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 1.0 per day
ZELBORAF	<div style="background-color: #c00000; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #804020; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 8.0 per day
ZOLINZA	<div style="background-color: #c00000; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #804020; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 4.0 per day
ZYDELIG	<div style="background-color: #c00000; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #804020; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 2.0 per day
ZYKADIA	<div style="background-color: #c00000; color: white; padding: 2px; border-radius: 5px; display: inline-block;">S</div> <div style="background-color: #804020; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QPD</div> 3.0 per day
ANTIPARKINSONIAN AGENTS (CNS)	
ADAMANTANES (CNS)	
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml cup)</i>	
ANTICHOLINERGIC AGENTS (CNS)	
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.	
<i>entacapone</i>	
<i>tolcapone</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
DOPAMINE PRECURSORS	
<i>carbidopa-levodopa 10-100 tab</i>	
<i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>	
<i>carbidopa-levodopa-entacapone</i>	
INBRIJA	S
MONOAMINE OXIDASE B INHIBITORS	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	
ANTIPROTOZOALS	
AMEBICIDES	
HUMATIN	
ANTIMALARIALS	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	
<i>hydroxychloroquine sulfate (100 mg tab, 300 mg tab)</i>	
<i>hydroxychloroquine sulfate (200 mg tab, 400 mg tab)</i>	
<i>mefloquine hcl</i>	
<i>primaquine</i>	
<i>pyrimethamine 25 mg tablet</i>	S
<i>quinine sulfate 324 mg capsule</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS	
ALINIA 100 MG/5 ML SUSPENSION	QL max 300 / 90 days
<i>nitazoxanide 500 mg tablet</i>	QL max 12 / 90 days
ANTIPROTOZOALS, P JIROVECII PNEUMONIA	
<i>atovaquone</i>	
<i>pentamidine 300 mg inhal powdr</i>	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE	
SOLOSEC	
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE	
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL	
IMPAVIDO	S
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL	
<i>benznidazole</i>	
NITROIMIDAZOLE DERIVATIVES, MISC	
<i>metronidazole vaginal 0.75% gl</i>	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	
ANTIPSYCHOTIC AGENTS	
ATYPICAL ANTIPSYCHOTICS	
<i>aripiprazole 1 mg/ml solution</i>	QPD 30.0 per day
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	QPD 1.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>aripiprazole 30 mg tablet</i>	QPD 1.0 per day
<i>aripiprazole odt</i>	QPD 2.0 per day
<i>asenapine maleate</i>	QPD 2.0 per day
<i>clozapine 100 mg tablet</i>	QPD 9.0 per day
<i>clozapine 200 mg tablet</i>	QPD 4.0 per day
<i>clozapine 25 mg tablet</i>	QPD 3.0 per day
<i>clozapine 50 mg tablet</i>	QPD 3.0 per day
<i>clozapine odt (odt 12.5 mg tablet, odt 100 mg tablet)</i>	QPD 3.0 per day
<i>clozapine odt 150 mg tablet</i>	QPD 6.0 per day
<i>clozapine odt 200 mg tablet</i>	QPD 4.0 per day
<i>clozapine odt 25 mg tablet</i>	QPD 9.0 per day
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	QPD 1.0 per day
<i>lurasidone hcl 80 mg tablet</i>	QPD 2.0 per day
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet)</i>	QPD 1.0 per day
<i>olanzapine 20 mg tablet</i>	QPD 1.0 per day
<i>olanzapine odt</i>	QPD 1.0 per day
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i>	QPD 1.0 per day
<i>paliperidone er 6 mg tablet</i>	QPD 2.0 per day
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	QPD 3.0 per day
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	QPD 2.0 per day
<i>quetiapine er 50 mg tablet</i>	QPD 2.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	QPD 1.0 per day
<i>quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)</i>	QPD 2.0 per day
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	QPD 1.0 per day
<i>risperidone 1 mg/ml solution</i>	QPD 16.0 per day
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	QPD 2.0 per day
<i>risperidone 4 mg tablet</i>	QPD 4.0 per day
<i>risperidone 4 mg odt</i>	QPD 4.0 per day
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	QPD 2.0 per day
VRAYLAR	QPD 1.0 per day
<i>ziprasidone hcl</i>	QPD 2.0 per day
BUTYROPHENONES	
<i>haloperidol (0.5 mg tablet, 1 mg tablet)</i>	
<i>haloperidol (2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
<i>haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)</i>	
DIBENZOXAPINES	
<i>loxapine</i>	
PHENOTHIAZINES	
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>trifluoperazine hcl</i>	
THIOXANTHENES	
<i>thiothixene</i>	
ANTIRETROVIRALS	
HIV CAPSID INHIBITORS	
YEZTUGO 300 MG TABLET	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-right: 10px;">QL</div> <div>max 4 / 365 days</div> </div> <div style="background-color: #c00000; color: white; padding: 5px; margin-top: 5px; text-align: center;">S</div>
YEZTUGO 463.5 MG/1.5 ML VIAL	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-right: 10px;">QL</div> <div>max 182 days / fill</div> </div> <div style="background-color: #c00000; color: white; padding: 5px; margin-top: 5px; text-align: center;">S</div>
HIV ENTRY AND FUSION INHIBITORS	
<i>maraviroc 150 mg tablet</i>	<div style="background-color: #c00000; color: white; padding: 5px; margin-bottom: 5px; text-align: center;">S</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 5px; margin-right: 10px;">QPD</div> <div>2.0 per day</div> </div>
<i>maraviroc 300 mg tablet</i>	<div style="background-color: #c00000; color: white; padding: 5px; margin-bottom: 5px; text-align: center;">S</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 5px; margin-right: 10px;">QPD</div> <div>4.0 per day</div> </div>
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS	
APRETUDE	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-right: 10px;">QL</div> <div>max 60 days / fill</div> </div> <div style="background-color: #c00000; color: white; padding: 5px; margin-top: 5px; text-align: center;">S</div>
BIKTARVY	<div style="background-color: #c00000; color: white; padding: 5px; margin-bottom: 5px; text-align: center;">S</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 5px; margin-right: 10px;">QPD</div> <div>1.0 per day</div> </div>
DOVATO	<div style="background-color: #c00000; color: white; padding: 5px; margin-bottom: 5px; text-align: center;">S</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 5px; margin-right: 10px;">QPD</div> <div>1.0 per day</div> </div>
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	<div style="background-color: #c00000; color: white; padding: 5px; margin-bottom: 5px; text-align: center;">S</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 5px; margin-right: 10px;">QPD</div> <div>2.0 per day</div> </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 6.0 per day
ISENTRESS HD	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 2.0 per day
JULUCA	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
TIVICAY	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 2.0 per day
TIVICAY PD	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 12.0 per day
HIV NONNUCLEOSIDE REV.TRANScriP. INHIB.	
DELSTRIGO	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
<i>efavirenz 600 mg tablet</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
<i>efavir-lamiv-tenof 600-300-300</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
<i>etravirine</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 2.0 per day
INTELENCE 25 MG TABLET	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 4.0 per day
<i>nevirapine 200 mg tablet</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 2.0 per day
<i>nevirapine er 400 mg tablet</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>rilpivirine</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS	
<i>abacavir 20 mg/ml solution</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 32.0 per day
<i>abacavir 300 mg tablet</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 2.0 per day
<i>abacavir-lamivudine</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
CIMDUO	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
DESCOVY 120-15 MG TABLET	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
DESCOVY 200-25 MG TABLET	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
<i>emtricitabine</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
<i>emtricitabine-tenofovir disoproxil fumarate 200-300mg</i>	<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
GENVOYA	S QPD 1.0 per day
<i>lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)</i>	S QPD 32.0 per day
<i>lamivudine 150 mg tablet</i>	S QPD 2.0 per day
<i>lamivudine 300 mg tablet</i>	S QPD 1.0 per day
<i>lamivudine hbv</i>	S
<i>lamivudine-zidovudine</i>	S QPD 2.0 per day
ODEFSEY	S QPD 1.0 per day
<i>stavudine</i>	S QPD 2.0 per day
<i>tenofovir disoproxil fumarate</i>	S QPD 1.0 per day
TRIUMEQ	S QPD 1.0 per day
TRIUMEQ PD	S QPD 6.0 per day
VIREAD POWDER	S QPD 8.0 per day
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	S QPD 1.0 per day
<i>zidovudine 100 mg capsule</i>	S QPD 6.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>zidovudine 50 mg/5 ml syrup</i>	S QPD 64.0 per day
<i>zidovudine 300 mg tablet</i>	S QPD 2.0 per day
HIV PROTEASE INHIBITOR ANTIRETROVIRALS	
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	S QPD 1.0 per day
<i>atazanavir sulfate 200 mg cap</i>	S QPD 2.0 per day
<i>darunavir 600 mg tablet</i>	S QPD 2.0 per day
<i>darunavir 800 mg tablet</i>	S QPD 1.0 per day
EVOTAZ	S QPD 1.0 per day
<i>fosamprenavir calcium</i>	S QPD 4.0 per day
KALETRA 80 MG-20 MG/ML SOLN	S QPD 16.0 per day
<i>lopinavir-ritonavir 80-20mg/ml</i>	S QPD 16.0 per day
<i>lopinavir-ritonavir 100-25mg tb</i>	S QPD 6.0 per day
<i>lopinavir-ritonavir 200-50mg tb</i>	S QPD 4.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
PREZCOBIX	S QPD 1.0 per day
PREZISTA 100 MG/ML SUSPENSION	S QPD 13.334 per day
PREZISTA 150 MG TABLET	S QPD 6.0 per day
PREZISTA 75 MG TABLET	S QPD 10.0 per day
<i>ritonavir</i>	S QPD 12.0 per day
SYMTUZA	S QPD 1.0 per day
ANTITHROMBOTIC AGENTS	
PLATELET-AGGREGATION INHIBITORS	
<i>cilostazol</i>	
<i>clopidogrel 75 mg tablet</i>	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	
<i>prasugrel hcl</i>	
<i>ticagrelor</i>	
PLATELET-REDUCING AGENTS	
<i>anagrelide hcl</i>	
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES	
TOXOIDS	
ADACEL TDAP (SYRINGE, VIAL)	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
BOOSTRIX TDAP (SYRINGE, VIAL)	
DAPTACEL DTAP	
INFANRIX DTAP	
<i>tdvax</i>	
TENIVAC (SYRINGE, VIAL)	
VAXELIS (SYRINGE, VIAL)	
VACCINES	
ABRYSVO	
ACTHIB	
AFLURIA 2025-2026	
AFLURIA 2025-2026 (3YR UP)	
AFLURIA QUAD 2023-2024	
AFLURIA QUAD 2023-24 (3YR UP)	
AFLURIA TRIV 2024-25 (3YR UP)	
AFLURIA TRIVALENT 2024-25	
AREXVY	
AREXVY ADJUVANT COMPONENT	
AREXVY ANTIGEN COMPONENT	
BEXSERO	
CAPVAXIVE	
COMIRNATY 2023-2024 (2023-24(12Y SYRG, 2023-24(12Y VIAL)	
COMIRNATY 2024-2025	
COMIRNATY 2025-2026 (12Y UP)	
COMIRNATY 2025-2026(5-11Y)	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	
ENGERIX-B PEDIATRIC-ADOLESCENT	
FLUAD 2025-2026	
FLUAD QUAD 2023-2024	
FLUAD TRIVALENT 2024-2025	
FLUARIX 2025-2026	
FLUARIX QUAD 2023-2024	
FLUARIX TRIVALENT 2024-2025	
FLUBLOK 2025-2026	
FLUBLOK QUAD 2023-2024	
FLUBLOK TRIVALENT 2024-2025	
FLUCELVAX 2025-2026 SYRINGE	
FLUCELVAX 2025-2026 VIAL	
FLUCELVAX QUAD 2023-2024 SYR	
FLUCELVAX QUAD 2023-2024 VIAL	
FLUCELVAX TRIVAL 2024-2025 SYR	
FLUCELVAX TRIVAL 2024-2025 VL	
FLULAVAL 2025-2026	
FLULAVAL QUAD 2023-2024	
FLULAVAL TRIVALENT 2024-2025	
FLUMIST 2025-2026	
FLUMIST HOME 2025-2026	
FLUMIST QUAD 2023-2024	
FLUMIST TRIVALENT 2024-2025	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
FLUZONE 2025-2026 SYRINGE	
FLUZONE 2025-2026 VIAL	
FLUZONE HIGH-DOSE 2025-2026	
FLUZONE HIGH-DOSE QUAD 2023-24	
FLUZONE HIGH-DOSE TRIV 2024-25	
FLUZONE QUAD 2023-2024 SYRINGE	
FLUZONE QUAD 2023-2024 VIAL	
FLUZONE QUAD SOUTH HEM2024 SYR	
FLUZONE TRIVALENT 2024-25 SYRG	
FLUZONE TRIVALENT 2024-25 VIAL	
GARDASIL 9 (9 SYRINGE, 9 VIAL)	
HAVRIX	
HEPLISAV-B	
HIBERIX	
IMOVAX RABIES VACCINE	
IPOL VIAL	
JYNNEOS	
JYNNEOS (NATIONAL STOCKPILE)	
KINRIX	
M-M-R II VACCINE	
MENQUADFI	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	
MNEXSPIKE 2025-2026 (12Y UP)	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
MODERNA COVID 23-24(6M-11Y)EUA	
MODERNA COVID 24-25(6M-11Y)EUA	
MRESVIA	
NOVAVAX COVID 2023-2024 (EUA)	
NOVAVAX COVID 2024-2025 (EUA)	
NUVAXOVID 2025-2026	
PEDIARIX	
PEDVAXHIB	
PENBRAYA	
PENMENVY MEN A-B-C-W-Y	
PENMENVY MENACWY COMPONENT	
PENMENVY MENB COMPONENT	
PENTACEL	
PFIZER COVID 2023-24(5-11Y)EUA	
PFIZER COVID 2023-24(6M-4Y)EUA	
PFIZER COVID 2024-25(5-11Y)EUA	
PFIZER COVID 2024-25(6M-4Y)EUA	
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	
PREHEVBRIO	
PREVNAR 20	
PRIORIX	
PROQUAD	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	
RABAVERT	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	
ROTARIX	
ROTATEQ	
SHINGRIX (50 MCG/0.5 ML SYRINGE, VIAL KIT)	
SPIKEVAX 2023-2024 (2023-24 SYRG, 2023-24 VIAL)	
SPIKEVAX 2024-2025	
SPIKEVAX 2025-2026 (12Y UP)	
SPIKEVAX 2025-2026 (6M-11Y)	
TRUMENBA	
TWINRIX	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	
VARIVAX VACCINE	
VAXNEUVANCE	
ANTIULCER AGENTS AND ACID SUPPRESSANTS	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC	
TALICIA	
HISTAMINE H2-ANTAGONISTS	
<i>cimetidine 300 mg/5 ml soln</i>	<div style="display: flex; align-items: center; justify-content: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 5px; margin-right: 5px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 5px; margin-right: 5px;">QPD</div> 40.0 per day </div>
<i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	
<i>cimetidine 200 mg tablet</i>	
<i>famotidine 40 mg/5 ml susp</i>	<div style="display: flex; align-items: center; justify-content: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 5px; margin-right: 5px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 5px; margin-right: 5px;">QPD</div> 80.0 per day </div>

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>famotidine 20 mg tablet</i>	
<i>famotidine 40 mg tablet</i>	
<i>nizatidine 150 mg capsule</i>	
PROSTAGLANDINS	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	
PROTECTANTS	
<i>sucralfate 1 gm tablet</i>	
PROTON-PUMP INHIBITORS	
<i>dexlansoprazole dr 30 mg cap</i>	QPD 2.0 per day
<i>dexlansoprazole dr 60 mg cap</i>	QPD 1.0 per day
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	QPD 2.0 per day
<i>esomeprazole magnesium (dr 2.5 mg packet, dr 5 mg packet, dr 10 mg packet, dr 20 mg packet, dr 40 mg packet)</i>	QPD 2.0 per day
<i>lansoprazole (dr 15 mg capsule, dr 15 mg odt, dr 30 mg capsule, dr 30 mg odt)</i>	QPD 2.0 per day
<i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>	QPD 2.0 per day
<i>omeprazole-sodium bicarbonate (20-1, 100 cap, 20-1, 680 pkt, 40-1, 100 cap, 40-1, 680 pkt)</i>	QPD 2.0 per day
<i>pantoprazole dr 40 mg susp pkt</i>	QPD 2.0 per day
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	QPD 2.0 per day
<i>rabeprazole sod dr 20 mg tab</i>	QPD 2.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIVIRALS (SYSTEMIC)	
CORONAVIRUS (COVID-19)	
PAXLOVID 150-100 MG (MODERATE)	QL max 20 / 30 days
PAXLOVID 300-100 MG DOSE PACK	QL max 30 / 30 days
PAXLOVID 300/150-100MG(SEVERE)	QL max 11 / 30 days
INTERFERON ANTIVIRALS	
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	S PA
NEURAMINIDASE INHIBITOR ANTIVIRALS	
<i>oseltamivir phos 30 mg capsule</i>	QL max 40 / 120 days
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	QL max 20 / 120 days
<i>oseltamivir 6 mg/ml suspension</i>	QL max 300 / 120 days
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS	
<i>acyclovir (200 mg/5 ml susp, 200 mg/5 ml susp cup, 800 mg/20ml susp cup)</i>	
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	
<i>adefovir dipivoxil</i>	S
BARACLUDE 0.05 MG/ML SOLUTION	S
<i>entecavir</i>	S
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
LAGEVRIO (EUA)	QL max 40 / 30 days
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	S
<i>valacyclovir hcl 1 gram tablet</i>	
<i>valacyclovir hcl 500 mg tablet</i>	
<i>valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)</i>	
VEMLIDY	S
ANXIOLYTICS, SEDATIVES AND HYPNOTICS	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC	
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup)</i>	
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)	
<i>butalb-acetamin-caff 50-325-40</i>	QPD 6.0 per day
<i>phenobarbital (20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet)</i>	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 30 mg tablet, 60 mg tablet, 100 mg tablet)</i>	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet, er 3 mg tablet)</i>	
<i>alprazolam er 2 mg tablet</i>	
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet, 3 mg tablet)</i>	
<i>alprazolam xr 2 mg tablet</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>chlordiazepoxide hcl</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (2.5mg rectal gel(2pk), 5 mg/ml oral conc, 10 mg rectal gel syrg, 10mg rectal gel (2pk), 20 mg rectal gel syrg, 20mg rectal gel (2pk), 25 mg/5 ml oral conc)</i>	
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet)</i>	
<i>estazolam</i>	
<i>lorazepam 2 mg/ml oral concent</i>	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	
LORAZEPAM INTENSOL	
<i>oxazepam</i>	
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	
MELATONIN RECEPTOR AGONISTS	
<i>tasimelteon</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 1.0 per day
NON-BENZODIAZEPINE ANXIOLYTICS	
<i>buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	
NON-BENZODIAZEPINE HYPNOTICS	
<i>eszopiclone (2 mg tablet, 3 mg tablet)</i>	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> 1.0 per day
<i>eszopiclone 1 mg tablet</i>	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> 3.0 per day
<i>zaleplon 10 mg capsule</i>	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> 1.0 per day
<i>zaleplon 5 mg capsule</i>	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> 2.0 per day
<i>zolpidem tartrate 10 mg tablet</i>	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> 1.0 per day

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>zolpidem tartrate 5 mg tablet</i>	QPD 2.0 per day
<i>zolpidem tartrate 12.5 mg tab</i>	QPD 1.0 per day
<i>zolpidem tartrate 6.25 mg tab</i>	QPD 2.0 per day
OREXIN RECEPTOR ANTAGONISTS	
BELSOMRA	ST QPD 1.0 per day
AUTONOMIC DRUGS	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)	
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	
<i>cevimeline hcl</i>	
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	
<i>donepezil hcl 23 mg tablet</i>	
<i>donepezil hcl odt</i>	
<i>galantamine er</i>	
<i>galantamine hbr</i>	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	
<i>pyridostigmine bromide (60 mg/5 ml soln, br 60 mg tablet)</i>	
<i>pyridostigmine er 180 mg tab</i>	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr patch)</i>	
SMOKING CESSATION AGENTS	
CHANTIX STARTING MONTH BOX	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
NICODERM CQ	
NICORETTE (2 MG CHEWING GUM, 2 MG LOZENGE, 2 MG MINI LOZENGE, 4 MG CHEWING GUM, 4 MG LOZENGE, 4 MG MINI LOZENGE)	
<i>nicotine gum</i>	
<i>nicotine lozenge (2 mg lozenge, 2 mg mini lozenge, cvs 2 mg lozenge, cvs 2 mg mini lozenge, eq 2 mg lozenge, ft 2 mg lozenge, ft 2 mg mini lozenge, gnp 2 mg lozenge, gnp 2 mg mini lozenge, 4 mg lozenge, 4 mg mini lozenge, cvs 4 mg lozenge, cvs 4 mg mini lozenge, eq 2 mg mini lozenge, eq 4 mg lozenge, eq 4 mg mini lozenge, ft 4 mg lozenge, ft 4 mg mini lozenge, gnp 4 mg lozenge, gnp 4 mg mini lozenge, gs 2 mg lozenge, gs 2 mg mini lozenge, gs 4 mg lozenge, gs 4 mg mini lozenge, hm 2 mg lozenge, hm 2 mg mini lozenge, hm 4 mg lozenge, hm 4 mg mini lozenge, kro 2 mg lozenge, kro 4 mg lozenge, kro 4 mg mini lozenge, ra 2 mg lozenge, ra 2 mg mini lozenge, ra 4 mg lozenge, ra 4 mg mini lozenge, sm 2 mg lozenge, sm 4 mg lozenge, sw 2 mg lozenge, sw 4 mg lozenge)</i>	
<i>nicotine transdermal system</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>nicotine patch (7 mg/24hr patch, cvs 7 mg/24hr patch, eq 7 mg/24hr patch, gnp 7 mg/24hr patch, hm 7 mg/24hr patch, kro 7 mg/24hr patch, sm 7 mg/24hr patch, 14 mg/24hr patch, cvs 14 mg/24hr patch, ft 7 mg/24hr patch, gnp 14 mg/24hr patch, kro 14 mg/24hr patch, ra 7 mg/24hr patch, sm 14 mg/24hr patch, 21 mg/24hr patch, cvs 21 mg/24hr patch, eq 14 mg/24hr patch, eq 21 mg/24hr patch, ft 14 mg/24hr patch, ft 21 mg/24hr patch, gnp 21 mg/24hr patch, hm 14 mg/24hr patch, hm 21 mg/24hr patch, kro 21 mg/24hr patch, ra 14 mg/24hr patch, ra 21 mg/24hr patch, sm 21 mg/24hr patch)</i>	
NICOTROL NS	
QUIT 2 (2 MG CHEWING GUM, 2 MG LOZENGE)	
QUIT 4 (4 MG CHEWING GUM, 4 MG LOZENGE)	
STOP SMOKING AID	
<i>varenicline tartrate (0.5 mg tablet, 1 mg cont month bx, 1 mg tablet, starting month box)</i>	
BETA-3-ADRENERGIC AGONISTS	
SELECTIVE BETA-3-ADRENERGIC AGONISTS	
<i>mirabegron er</i>	QPD 1.0 per day
MYRBETRIQ ER 8 MG/ML SUSP	QPD 10.715 per day
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	QPD 1.0 per day
BETA-ADRENERGIC AGONISTS	
SELECTIVE BETA-2-ADRENERGIC AGONISTS	
ADVAIR HFA	QPD 0.4 per day
AIRSUPRA	QPD 1.07 per day
<i>albuterol sulfate (2 mg/5 ml syrup cup, sul 2.5 mg/3 ml soln, sulf 2 mg/5 ml syrup, 8 mg/20 ml syrup cup)</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sulfate 2 mg tab, 2.5 mg/0.5 ml sol, sulfate 4 mg tab)</i>	
<i>albuterol sulfate hfa</i>	QPD 1.2 per day
<i>arformoterol tartrate</i>	
BREO ELLIPTA	QPD 2.0 per day
BREYNA	QPD 1.03 per day
<i>budesonide-formoterol fumarate</i>	QPD 1.03 per day
DULERA	QPD 1.3 per day
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	QPD 0.034 per day
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	QPD 2.0 per day
<i>levalbuterol concentrate</i>	
<i>levalbuterol hcl</i>	
SEREVENT DISKUS	QPD 2.0 per day
STRIVERDI RESPIMAT	QPD 0.134 per day
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	
VENTOLIN HFA	QPD 1.2 per day
WIXELA INHUB	QPD 2.0 per day
BLOOD FORMATION, COAGULATION, THROMBOSIS	
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.	
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	QL max 14 / 365 days S PA
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	S PA QPD 2.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
PYRUKYND 5 MG TAPER PACK	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 10px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 7 / 365 days</div> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> </div>
HEMATOPOIETIC AGENTS	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> </div>
DOPTELET	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">2.0 per day</div> </div>
DOPTELET SPRINKLE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">2.0 per day</div> </div>
<i>eltrombopag olamine (12.5 mg susp pkt, 12.5 mg tablet, 25 mg susp packet, 25 mg tablet)</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">1.0 per day</div> </div>
<i>eltrombopag olamine (50 mg tablet, 75 mg tablet)</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">2.0 per day</div> </div>
EPOGEN	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> </div>
FULPHILA	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> </div>
FYLNETRA	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> </div>
MULPLETA	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">1.0 per day</div> </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	S
PROCRIT	S PA
RETACRIT	S PA
ZARXIO	S
HEMORRHEOLOGIC AGENTS	
<i>pentoxifylline er 400 mg tab</i>	
BRONCHODILATORS	
ANTICHOLINERGIC AGENTS (RESPIR. TRACT)	
BREZTRI AEROSPHERE	QPD 0.357 per day
CALCINEURIN INHIBITORS (90:28)	
CALCINEURIN INHIBITORS, MISC (90:28)	
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	S
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	S
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	S
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	S
CALCIUM-CHANNEL BLOCKING AGENTS	
DIHYDROPYRIDINES	
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	
<i>amlodipine besylate-benazepril</i>	
<i>amlodipine-olmesartan</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>amlodipine-valsartan</i>	
<i>amlodipine-valsartan-hctz</i>	
<i>felodipine er</i>	
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet)</i>	
<i>nifedipine er 90 mg tablet</i>	
<i>nimodipine 30 mg capsule</i>	
CARDIAC DRUGS	
CARDIAC DRUGS, MISCELLANEOUS	
ATTRUBY	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8d6e63; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> <div style="text-align: right;">4.0 per day</div> </div>
<i>ranolazine er</i>	
VYNDAMAX	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8d6e63; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> <div style="text-align: right;">1.0 per day</div> </div>
VYNDAQEL	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8d6e63; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> <div style="text-align: right;">4.0 per day</div> </div>
CARDIOTONIC AGENTS	
CORLANOR 5 MG/5 ML ORAL SOLN	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <div style="background-color: #8d6e63; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> <div style="text-align: right;">20.0 per day</div> </div>
DIGITEK	
<i>digoxin 0.05 mg/ml solution</i>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <div style="background-color: #8d6e63; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> </div> </div>
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>digoxin 62.5 mcg tablet</i>	
<i>ivabradine hcl</i>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4169E1; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2.0 per day </div>
CARDIOVASCULAR DRUGS	
ALPHA-ADRENERGIC BLOCKING AGENTS (24:16)	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	
<i>prazosin 5 mg capsule</i>	
<i>prazosin hcl (1 mg capsule, 2 mg capsule)</i>	
<i>terazosin hcl</i>	
BETA-ADRENERGIC BLOCKING AGENTS (24:20)	
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	
<i>atenolol-chlorthalidone</i>	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	
<i>bisoprolol fumarate 10 mg tab</i>	
<i>bisoprolol fumarate 5 mg tab</i>	
<i>bisoprolol-hydrochlorothiazide</i>	
<i>carvedilol</i>	
HEMANGEOL	<div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">S</div>
<i>labetalol hcl (200 mg tablet, 300 mg tablet)</i>	
<i>labetalol hcl 100 mg tablet</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>metoprolol-hydrochlorothiazide</i>	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	
<i>nebivolol hcl</i>	
<i>pindolol</i>	
<i>propranolol 40 mg/5 ml soln</i>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 80.0 per day </div>
<i>propranolol 60 mg tablet</i>	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	
<i>propranolol hcl er (er 120 mg capsule, er 160 mg capsule)</i>	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule)</i>	
<i>sotalol (160 mg tablet, 240 mg tablet)</i>	
<i>sotalol (80 mg tablet, 120 mg tablet)</i>	
SOTALOL AF (80 MG TABLET, 120 MG TABLET)	
SOTALOL AF 160 MG TABLET	
CARDIOVASCULAR DRUGS, NSAID ANTI-INFL	
<i>colchicine 0.6 mg tablet</i>	
CENTRAL ALPHA-AGONISTS	
<i>clonidine</i>	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	
<i>clonidine hcl er 0.1 mg tablet</i>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 4.0 per day </div>
<i>guanfacine hcl</i>	
<i>guanfacine hcl er</i>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.0 per day </div>
<i>methyldopa 250 mg tablet</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>methyldopa 500 mg tablet</i>	
CENTRAL NERVOUS SYSTEM AGENTS	
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT	
<i>riluzole</i>	
ANTIMANIC AGENTS	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	
<i>lithium carbonate er</i>	
<i>lithium 8 meq/5 ml solution</i>	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	
<i>carbidopa 25 mg tablet</i>	
<i>memantine hcl (2 mg/ml solution, 10 mg/5 ml cup)</i>	PA OPD 10.0 per day
<i>memantine 5-10 mg titration pk</i>	
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	
NUEDEXTA	
OPIOID ANTAGONISTS (28:10)	
KLOXXADO	
<i>naloxone 0.4 mg/ml vial</i>	
<i>naloxone hcl (0.4 mg/ml syringe, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray)</i>	
<i>naltrexone 50 mg tablet</i>	
OPVEE	
REXTOVY	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR	
<i>tetrabenazine 12.5 mg tablet</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 8.0 per day
<i>tetrabenazine 25 mg tablet</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 4.0 per day
CEPHALOSPORIN ANTIBIOTICS	
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS	
<i>cefadroxil 500 mg capsule</i>	
<i>cefadroxil (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	
<i>cephalexin (250 mg capsule, 500 mg capsule)</i>	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp, 750 mg capsule)</i>	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	
<i>cefuroxime axetil 250 mg tab</i>	
<i>cefuroxime axetil 500 mg tab</i>	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS	
<i>cefdinir 300 mg capsule</i>	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>	
<i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>	







****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
COMPLEMENT INHIBITORS (92:32)	
BRADYKININ RECEPTOR ANTAGONISTS	
<i>icatibant</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 0.6 per day
CONSTIPATION THERAPY	
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST	
TRULANCE	
OPIOID ANTAGONISTS (56:18)	
MOVANTIK	
SYMPROIC	
CYSTIC FIBROSIS (CFTR) MODULATORS	
CYSTIC FIBROSIS (CFTR) CORRECTORS	
ALYFTREK 10-50-125 MG TABLET	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2.0 per day
ALYFTREK 4-20-50 MG TABLET	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 3.0 per day
SYMDEKO	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2.0 per day
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	   3.0 per day
CYSTIC FIBROSIS (CFTR) POTENTIATORS	
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	   2.0 per day
DENTAL AGENTS	
NUTRITIONAL SUPPLEMENTS	
CLINPRO 5000	
DENTA 5000 PLUS	
DENTA 5000 PLUS SENSITIVE	
DENTAGEL	
<i>fluoride</i>	
FLUORIDEX	
FLUORIDEX SENSITIVITY RELIEF	
FLUORIMAX 5000	
FLUORIMAX 5000 SENSITIVE	
FRAICHE 5000	
GEL-KAM	
JUST RIGHT 5000	
PERIOMED	
PREVIDENT 5000 ENAMEL PROTECT	
PREVIDENT 5000 SENSITIVE	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SF	
SF 5000 PLUS	
<i>sodium fluoride (0.2% rinse, 0.25 (0.55) mg, 0.5 mg(1.1 mg), 0.5 mg/ml drop, 1 mg (2.2 mg), 1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i>	
SODIUM FLUORIDE 5000 DRY MOUTH	
SODIUM FLUORIDE 5000 PLUS	
<i>sodium fluoride enamel protect</i>	
<i>sodium fluoride sensitive</i>	
<i>sodium fluoride-potassium nitr</i>	
DEVICES	
<i>contour solution</i>	
<i>contour next control solution (1 sol, 2 sol)</i>	
<i>dexcom g6 receiver</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">max 1 / 365 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div>
<i>dexcom g6 sensor</i>	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">0.1 per day</div> </div>
<i>dexcom g6 transmitter</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">max 1 / 90 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div>
<i>dexcom g7 15 day sensor</i>	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">0.067 per day</div> </div>
<i>dexcom g7 receiver</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">max 1 / 365 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div>
<i>dexcom g7 sensor</i>	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">0.1 per day</div> </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>freestyle control solution</i>	
<i>ilet infusion kit-flex</i>	PA QPD 2.5 per day
<i>ilet infusion kit-inset</i>	PA QPD 2.5 per day
<i>ilet inf-contact detach 23"6mm</i>	PA QPD 3.334 per day
<i>ilet starter kit contact23"6mm</i>	QL max 1 / 720 days PA
<i>ilet insulin pump</i>	QL max 1 / 720 days PA
<i>ilet starter kit-inset</i>	QL max 1 / 720 days PA
<i>inhaler assistance devices and accessories</i>	
<i>lancets</i>	
<i>lancing device/lancets</i>	
<i>medisense (h-l solution, h-m-l soln)</i>	
<i>medisense glucose ketone</i>	
<i>medisense glucose ketone contr</i>	
<i>needles (including pen needles)</i>	
<i>novopen echo</i>	
<i>omnipod 5 (g6/libre 2 plus)</i>	PA QPD 1.0 per day
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	QL max 1 / 720 days PA

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	PA QPD 1.0 per day
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	QL max 1 / 720 days PA
<i>omnipod 5 g6-g7 pods (gen 5)</i>	PA QPD 1.0 per day
<i>omnipod 5 intro(g6/libre2plus)</i>	QL max 1 / 720 days PA
<i>omnipod dash intro kit (gen 4)</i>	QL max 1 / 720 days PA
<i>omnipod dash pods (gen 4)</i>	PA QPD 1.0 per day
<i>syringes (including insulin syringes)</i>	
<i>twiist refill kt(csst-ndl-syr)</i>	PA QPD 0.034 per day
<i>twiist rfl(infus-csst-ndl-syr)</i>	PA QPD 0.034 per day
<i>twiist starter kit</i>	QL max 1 / 720 days PA
DIAGNOSTIC AGENTS	
DIABETES MELLITUS	
<i>contour next test strip</i>	QPD 6.8 per day
<i>contour plus test strip</i>	QPD 6.8 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>contour test strip</i>	QPD 6.8 per day
<i>freestyle insulinx test strip</i>	QPD 6.8 per day
<i>freestyle insulinx test strips</i>	QPD 6.8 per day
<i>freestyle lite test strip</i>	QPD 6.8 per day
<i>freestyle precision neo</i>	QPD 6.8 per day
<i>freestyle test strips</i>	QPD 6.8 per day
<i>optium ez</i>	QPD 6.8 per day
<i>precision xtra test strips</i>	QPD 6.8 per day
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS	
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC	
	S
ENTYVIO PEN	PA
	QPD 0.049 per day
MONOCARBOXYLIC ACID AMIDE AGENTS	
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	
DIURETICS (40:28)	
LOOP DIURETICS (40:28)	
<i>bumetanide (0.5 mg tablet, 1 mg tablet)</i>	
<i>bumetanide 2 mg tablet</i>	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	
<i>torseamide</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
POTASSIUM-SPARING DIURETICS (40:28)	
<i>amiloride hcl</i>	
<i>amiloride-hydrochlorothiazide</i>	
<i>triamterene (50 mg capsule, 100 mg capsule)</i>	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	
THIAZIDE DIURETICS (40:28)	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>	
THIAZIDE-LIKE DIURETICS (40:28)	
<i>chlorthalidone</i>	
<i>indapamide</i>	
<i>metolazone (5 mg tablet, 10 mg tablet)</i>	
<i>metolazone 2.5 mg tablet</i>	
VASOPRESSIN ANTAGONISTS	
JYNARQUE 30 MG TABLET	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 1.0 per day
JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2.0 per day
<i>tolvaptan 15 mg tablet</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a329f; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> max 30 / 365 days
<i>tolvaptan 30 mg tablet</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a329f; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> max 60 / 365 days

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
DOPAMINE RECEPTOR AGONISTS	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS	
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	
<i>cabergoline</i>	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST	
<i>apomorphine 30 mg/3 ml cartrdg</i>	S
<i>pramipexole dihydrochloride</i>	
<i>ropinirole hcl</i>	
ELECTROLYTIC, CALORIC, AND WATER BALANCE	
ACIDIFYING AGENTS	
K-PHOS NO.2	
PHOSPHA 250 NEUTRAL	
PHOSPHO-TRIN 250 NEUTRAL	
PHOSPHO-TRIN K500	
PHOSPHOROUS 250 MG TABLET	
WES-PHOS 250 NEUTRAL	
ALKALINIZING AGENTS	
CYTRA-2	
<i>potassium citrate er</i>	
<i>sodium citrate-citric acid</i>	
AMMONIA DETOXICANTS	
<i>carglumic acid</i>	S PA

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
CONSTULOSE	
ENULOSE	
GENERLAC	
<i>glycerol phenylbutyrate</i>	S PA
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup)</i>	
<i>sodium phenylbutyrate (500mg tb, powder)</i>	S PA
IRRIGATING SOLUTIONS	
NEBUSAL 3% VIAL	
PULMOSAL	
<i>sodium chloride 3% vial</i>	
<i>sodium chloride 7% vial</i>	
REPLACEMENT PREPARATIONS	
KLOR-CON	
KLOR-CON 10	
KLOR-CON 8	
KLOR-CON M10	
KLOR-CON M15	
KLOR-CON M20	
<i>potassium chloride (cl 10% (20 meq/15ml) cup, cl 10% (40 meq/30ml) cup, cl 20% (40 meq/15ml) cup, cl 10% (20 meq/15ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl er 15 meq tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 20 tablet)</i>	
URICOSURIC AGENTS	
<i>probenecid</i>	
<i>probenecid-colchicine</i>	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS	
BASIC LOTIONS AND LINIMENTS	
<i>ammonium lactate 12% lotion</i>	
BASIC OINTMENTS AND PROTECTANTS	
<i>ammonium lactate 12% cream</i>	
<i>calcipotriene 0.005% cream</i>	
ENSTILAR	
<i>nitroglycerin 0.4% ointment</i>	
ENZYMES	
ENZYME COFACTORS/CHAPERONES	
<i>nitisinone</i>	S
NITYR	S
ORFADIN 4 MG/ML SUSPENSION	S
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	S PA
ENZYME INHIBITORS	
<i>miglustat</i>	S PA QPD 3.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
YARGESA	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: #804000; color: white; padding: 2px; display: inline-block; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 3.0 per day
ZOKINVY	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div> <div style="background-color: #804000; color: white; padding: 2px; display: inline-block; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 4.0 per day
REVCIVI	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div>
ESTROGENS AND ANTIESTROGENS	
ESTROGEN AGONIST-ANTAGONISTS	
<i>raloxifene hcl</i>	
SOLTAMOX	
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	
<i>toremifene citrate</i>	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block; border-radius: 5px;">S</div>
ESTROGENS	
ABIGALE	
ABIGALE LO	
AMABELZ	
CLIMARA PRO	<div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 0.143 per day
<i>conjugated estrogens</i>	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	<div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 1.0 per day
DOTTI	<div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QPD</div> 0.286 per day
DUAVEE	
<i>estradiol 0.01% cream</i>	<div style="background-color: #6a329f; color: white; padding: 2px; display: inline-block; border-radius: 5px;">QL</div> max 255 / 365 days

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>estradiol (0.06% 1.25g gel pump, 0.1% (1.25mg) gel pk)</i>	QPD 1.25 per day
<i>estradiol ((0.25mg) gel pk, (0.5mg) gel pkt, (0.75mg) gel pk, (1 mg) gel pkt)</i>	QPD 1.0 per day
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	
<i>estradiol 10 mcg vaginal insrt</i>	
<i>estradiol (once weekly)</i>	QPD 0.143 per day
<i>estradiol (twice weekly)</i>	QPD 0.286 per day
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	
<i>estradiol-norethindrone acetat</i>	
ESTRING	QL max 1 / 90 days
FYAVOLV	
JINTELI	
LYLLANA	QPD 0.286 per day
MIMVEY	
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	
PREMPHASE	
PREMPRO	
YUVAFEM	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.	
ANTI-INFLAMMATORY AGENTS (EENT)	
RESTASIS	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIALLERGIC AGENTS	
<i>azelastine hcl (hcl 0.05% drops, 0.1% (137 mcg) spry)</i>	
<i>bepotastine besilate</i>	
<i>epinastine hcl</i>	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	
EENT DRUGS, MISCELLANEOUS	
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	
LOCAL ANESTHETICS (EENT)	
<i>lidocaine hcl 4% solution</i>	PA QPD 5.0 per day
<i>lidocaine hcl viscous</i>	
MYDRIATICS	
<i>atropine sulfate (drop, drops)</i>	
<i>cyclopentolate hcl (drop, drops)</i>	
FIRST GENERATION ANTIHISTAMINES	
ETHANOLAMINE DERIVATIVES	
DIPHEN (12.5 MG/5 ML ELIXIR, 12.5 MG/5 ML SOLUTION)	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.	
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)</i>	
PHENOTHIAZINE DERIVATIVES	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppository)</i>	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syr, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	
GASTROINTESTINAL DRUGS	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)	
<i>alosetron hcl</i>	
<i>balsalazide disodium</i>	
<i>mesalamine (4 gm/60 ml enema, 800 mg dr tablet, 1,000 mg supp)</i>	
<i>mesalamine dr 1.2 gm tablet</i>	
<i>mesalamine dr</i>	
<i>mesalamine er 0.375 gram cap</i>	
ANTIDIARRHEA AGENTS	
<i>diphenoxylate-atrop 2.5-0.025</i>	
<i>loperamide 2 mg capsule</i>	
VIBERZI	
CATHARTICS AND LAXATIVES	
GAVILYTE-G	
GAVILYTE-N	
<i>peg 3350-electrolyte</i>	
<i>peg-3350 and electrolytes</i>	
<i>sod sulf-potass sulf-mag sulf</i>	
CHOLELITHOLYTIC AGENTS	
CHENODAL	S
CTEXLI	S PA QPD 3.0 per day

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	
DIGESTANTS	
CREON (DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE)	
ZENPEP	
GI DRUGS, MISCELLANEOUS	
<i>dronabinol</i>	
IMMUNOMODULATORY AGENTS (56:44)	
OMVOH (100 MG/ML SYRINGE, 200 MG DOSE - 2 SYRINGES, 200 MG/2 ML SYRINGE)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 0.072 per day
OMVOH 300 MG DOSE - 2 SYRINGES	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 0.108 per day
OMVOH 300 MG DOSE - 2 PENS	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 0.108 per day
OMVOH PEN (100 MG/ML PEN, 200 MG DOSE - 2 PENS, 200 MG/2 ML PEN)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 0.072 per day
PROKINETIC AGENTS	
<i>metoclopramide 5 mg/5 ml soln</i>	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
GENITOURINARY SMOOTH MUSCLE RELAXANTS	
ANTIMUSCARINICS	
<i>oxybutynin chloride (5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	QPD 20.0 per day
<i>oxybutynin 5 mg tablet</i>	QPD 4.0 per day
<i>oxybutynin chloride er (er 10 mg tablet, er 15 mg tablet)</i>	QPD 2.0 per day
<i>oxybutynin cl er 5 mg tablet</i>	QPD 1.0 per day
<i>solifenacin succinate</i>	QPD 1.0 per day
<i>tolterodine tartrate</i>	QPD 2.0 per day
<i>tolterodine tartrate er</i>	QPD 1.0 per day
<i>trospium chloride</i>	QPD 2.0 per day
<i>trospium chloride er</i>	QPD 1.0 per day
GONADOTROPINS AND ANTIGONADOTROPINS	
ANTIGONADTROPINS	
MYFEMBREE	PA QPD 1.0 per day
ORIAHNN	PA QPD 2.0 per day
ORLISSA 150 MG TABLET	PA QPD 1.0 per day
ORLISSA 200 MG TABLET	PA QPD 2.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
GONADOTROPINS	
<i>leuprolide 2wk 14 mg/2.8 ml kt</i>	S
<i>leuprolide 2wk 14 mg/2.8 ml vl</i>	S
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	QL max 90 days / fill S
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	S
LUPRON DEPOT 45 MG 6MO KIT	QL max 180 days / fill S
LUPRON DEPOT-4 MONTH KIT	QL max 120 days / fill S
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	S
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	QL max 90 days / fill S
LUPRON DEPOT-PED 45 MG 6MO KIT	QL max 180 days / fill S
HCV ANTIVIRALS	
HCV POLYMERASE INHIBITOR ANTIVIRALS	
EPCLUSA (150-37.5 MG PELLETT PKT, 200 MG-50 MG TABLET, 200-50 MG PELLETT PACK, 400 MG-100 MG TABLET)	S PA QPD 1.0 per day
HARVONI (33.75-150 MG PELLETT PK, 45-200 MG PELLETT PACKT, 45-200 MG TABLET, 90-400 MG TABLET)	S PA QPD 1.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SOVALDI (150 MG PELLETT PACKET, 200 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET)	S PA QPD 1.0 per day
VOSEVI	S PA QPD 1.0 per day
HCV PROTEASE INHIBITOR ANTIVIRALS	
MAVYRET 50-20 MG PELLETT PACKET	S PA QPD 5.0 per day
MAVYRET 100-40 MG TABLET	S PA QPD 3.0 per day
HEAVY METAL ANTAGONISTS	
CHEMET	S
<i>deferasirox (90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	S
<i>deferiprone</i>	S
<i>deferiprone (3 times a day)</i>	S
<i>penicillamine 250 mg tablet</i>	S
<i>trientine hcl 250 mg capsule</i>	S
HORMONES AND SYNTHETIC SUBSTITUTES	
ADRENALS	
ARNUIITY ELLIPTA	QPD 1.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	QPD 0.034 per day
ASMANEX HFA	QPD 0.434 per day
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	
<i>budesonide 2 mg rectal foam</i>	
<i>budesonide dr</i>	
<i>budesonide ec</i>	
<i>dexamethasone 0.5 mg/5 ml elx</i>	
<i>dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	
<i>dexamethasone 0.1% eye drop</i>	
<i>fludrocortisone 0.1 mg tablet</i>	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
<i>methylprednisolone (4 mg dosepk, 4 mg tablet, 16 mg tab, 32 mg tab)</i>	
<i>methylprednisolone 8 mg tablet</i>	
<i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup)</i>	
<i>prednisolone 15mg/5ml soln cup</i>	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	
<i>prednisone 5 mg/5 ml solution</i>	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	
QVAR REDHALER 40 MCG	QPD 0.354 per day
QVAR REDHALER 80 MCG	QPD 0.707 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANDROGENS	
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	PA
DEPO-TESTOSTERONE	PA QPD 0.358 per day
<i>methyltestosterone 10 mg cap</i>	PA QPD 20.0 per day
<i>testosterone (1% (25mg/2.5g) pk, 1.62% gel pump)</i>	PA QPD 5.0 per day
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel)</i>	PA QPD 10.0 per day
<i>testosterone 30 mg/1.5 ml pump</i>	PA QPD 6.0 per day
<i>testosterone cypionate (200 mg/ml, 1,000 mg/10ml, 2,000 mg/10ml)</i>	PA QPD 0.358 per day
CONTRACEPTIVES	
AFIRMELLE	
AFTERA	
ALTAVERA	
ALYACEN	
AMETHIA	
AMETHYST	
APRI	
ARANELLE	
ASHLYNA	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
AUBRA	
AUBRA EQ	
AUROVELA	
AUROVELA 24 FE	
AUROVELA FE	
AVIANE	
AYUNA	
AZURETTE	
BALZIVA	
BLISOVI 24 FE	
BLISOVI FE	
BRIELLYN	
CAMILA	
CAMRESE	
CAMRESE LO	
CAZIAN	
CHARLOTTE 24 FE	
CHATEAL EQ	
CRYSSELLE	
CURAE	
CYRED	
CYRED EQ	
DASETTA	
DAYSEE	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
DEBLITANE	
<i>desogestr-eth estrad eth estra</i>	
DOLISHALE	
<i>drospirenone-eth estra-levomef</i>	
<i>drospirenone-ethinyl estradiol</i>	
ECONTRA EZ	
ECONTRA ONE-STEP	
ELINEST	
ELLA	
EMZAHH	
ENPRESSE	
ENSKYCE	
ERRIN	
ESTARYLLA	
<i>ethynodiol-eth estra 1mg-35mcg</i>	
<i>ethynodiol-eth estra 1mg-50mcg</i>	
FALMINA	
FEIRZA	
FINZALA	
GALBRIELA	
HAILEY	
HAILEY 24 FE	
HAILEY FE	
HEATHER	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
HER STYLE	
ICLEVIA	
INCASSIA	
INTROVALE	
ISIBLOOM	
JAIMIESS	
JASMIEL	
JENCYCLA	
JOLESSA	
JULEBER	
JUNEL	
JUNEL FE	
JUNEL FE 24	
KAITLIB FE	
KALLIGA	
KARIVA	
KELNOR 1-35	
KELNOR 1-50	
KURVELO	
LARIN	
LARIN 24 FE	
LARIN FE	
LAYOLIS FE	
LEENA	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
LESSINA	
LEVONEST	
<i>levonor-e estrad 0.1-0.02-0.01</i>	
<i>levonorg-eth estrad eth estrad (levono-e estrad 0.15-0.03-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i>	
<i>levonorgestrel</i>	
<i>levonor-eth estra 0.09-0.02 mg</i>	
<i>levonor-eth estrad 0.15-0.03</i>	
<i>levonorgestrel-eth estradiol (0.1-0.02 mg, triphasic)</i>	
LEVORA-28	
LO LOESTRIN FE	
LO-ZUMANDIMINE	
LOESTRIN	
LOESTRIN FE	
LOJAIMIESS	
LORYNA	
LOW-OGESTREL	
LUIZZA	
LUTERA	
LYLEQ	
LYZA	
MARLISSA	
MELEYA	
MIBELAS 24 FE	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
MICROGESTIN	
MICROGESTIN FE	
MILI	
MONO-LINYAH	
MY CHOICE	
MY WAY	
NECON	
NEW DAY	
NIKKI	
NORA-BE	
<i>norelgestromin-eth estradiol</i>	
<i>norethin-eth estra-ferrous fum</i>	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>	
<i>norethindrone 0.35 mg tablet</i>	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(24)-75 chw)</i>	
<i>norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1.5-0.03mg(21)- 75)</i>	
<i>norgestimate-ethinyl estradiol</i>	
NORTREL	
NUVARING	
NYLIA	
OCELLA	
OPCICON ONE-STEP	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
OPTION 2	
ORQUIDEA	
ORTHO-NOVUM	
PHILITH	
PIMTREA	
PLAN B ONE-STEP	
PORTIA	
RECLIPSEN	
RIVELSA	
ROSYRAH	
SETLAKIN	
SHAROBEL	
SHEWISE	
SIMLIYA	
SIMPESSE	
SPRINTEC	
SRONYX	
SYEDA	
TAKE ACTION	
TARINA 24 FE	
TARINA FE	
TARINA FE 1-20 EQ	
TILIA FE	
TRI-ESTARYLLA	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
TRI-LEGEST FE	
TRI-LINYAH	
TRI-LO-ESTARYLLA	
TRI-LO-MARZIA	
TRI-LO-MILI	
TRI-LO-SPRINTEC	
TRI-MILI	
TRI-SPRINTEC	
TRI-VYLIBRA	
TRI-VYLIBRA LO	
TRIVORA-28	
TULANA	
TURQOZ	
TYDEMY	
VALTYA 1 MG-35 MCG TABLET	
VALTYA 1 MG-50 MCG TABLET	
VESTURA	
VIENVA	
VIORELE	
VOLNEA	
VYFEMLA	
VYLIBRA	
WERA	
WYMZYA FE	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
XARAH FE	
XELRIA FE	
XULANE	
ZAFEMY	
ZARAH	
ZOVIA 1-35	
ZUMANDIMINE	
PITUITARY	
<i>desmopressin acetate (0.01% solution, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 40 mcg/10 ml vial)</i>	
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	<div style="background-color: #c00; color: white; padding: 2px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; border-radius: 5px;">PA</div>
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	<div style="background-color: #c00; color: white; padding: 2px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px; border-radius: 5px;">PA</div>
PROGESTINS	
GALLIFREY	
<i>medroxyprogesterone 150 mg/ml</i>	<div style="background-color: #6a3d9a; color: white; padding: 2px; border-radius: 5px;">QL</div> <div style="font-size: small;">max 90 days / fill</div>
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	
<i>megestrol acetate (40 mg tablet, acet 40 mg/ml susp, 400 mg/10ml susp cup)</i>	
<i>megestrol 20 mg tablet</i>	
<i>norethindrone 5 mg tablet</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>progesterone 100 mg capsule</i>	
<i>progesterone 200 mg capsule</i>	
<i>progesterone 500 mg/10 ml vial</i>	
IMMUNOMODULATORY AGENTS (90:00)	
COMPLEMENT INHIBITOR AGENTS (90:20)	
EMPAVELI	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 5.715 per day
FABHALTA	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2.0 per day
INSULINS	
INTERMEDIATE-ACTING INSULINS	
HUMULIN 70-30	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day
HUMULIN 70/30 KWIKPEN	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day
HUMULIN N	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day
HUMULIN N KWIKPEN	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day
NOVOLIN 70-30	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day
NOVOLIN 70-30 FLEXPEN	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day
NOVOLIN N	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day
NOVOLIN N FLEXPEN	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day
LONG-ACTING INSULINS	
<i>insulin glargine-yfgn (pen, vl)</i>	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.334 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
LEVEMIR	QPD 3.334 per day
LEVEMIR FLEXPEN	QPD 3.334 per day
SEMGLEE (YFGN)	QPD 3.334 per day
SEMGLEE (YFGN) PEN	QPD 3.334 per day
SOLIQUA 100-33	QPD 0.6 per day
TOUJEO MAX SOLOSTAR	QPD 3.334 per day
TOUJEO SOLOSTAR	QPD 3.334 per day
TRESIBA	QPD 3.334 per day
TRESIBA FLEXTOUCH U-100	QPD 3.334 per day
TRESIBA FLEXTOUCH U-200	QPD 3.334 per day
XULTOPHY 100-3.6	QPD 0.5 per day
RAPID-ACTING INSULINS	
FIASP	QPD 3.334 per day
FIASP FLEXTOUCH	QPD 3.334 per day
FIASP PENFILL	QPD 3.334 per day
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	QPD 3.334 per day
HUMALOG JUNIOR KWIKPEN	QPD 3.334 per day
HUMALOG KWIKPEN U-100	QPD 3.334 per day
HUMALOG KWIKPEN U-200	QPD 3.334 per day
HUMALOG MIX 50-50 KWIKPEN	QPD 3.334 per day
HUMALOG MIX 75-25	QPD 3.334 per day
HUMALOG MIX 75-25 KWIKPEN	QPD 3.334 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
HUMALOG TEMPO PEN U-100	QPD 3.334 per day
LYUMJEV	QPD 3.334 per day
LYUMJEV KWIKPEN U-100	QPD 3.334 per day
LYUMJEV KWIKPEN U-200	QPD 3.334 per day
LYUMJEV TEMPO PEN U-100	QPD 3.334 per day
NOVOLOG	QPD 3.334 per day
NOVOLOG FLEXPEN	QPD 3.334 per day
NOVOLOG MIX 70-30	QPD 3.334 per day
NOVOLOG MIX 70-30 FLEXPEN	QPD 3.334 per day
NOVOLOG PENFILL	QPD 3.334 per day
SHORT-ACTING INSULINS	
HUMULIN R	QPD 3.334 per day
HUMULIN R U-500	QPD 3.334 per day
HUMULIN R U-500 KWIKPEN	QPD 3.334 per day
NOVOLIN R	QPD 3.334 per day
NOVOLIN R FLEXPEN	QPD 3.334 per day
INTERLEUKIN INHIBITOR AGENTS	
INTERLEUKIN INHIBITOR AGENTS, MISC	
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	S PA

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
INTERLEUKIN-MEDIATED AGENTS	
INTERLEUKIN-MEDIATED AGENTS, MISC	
COSENTYX (2 SYRINGES)	<ul style="list-style-type: none"> QL max 56 days / fill S PA QPD 0.072 per day
COSENTYX SENSOREADY (2 PENS)	<ul style="list-style-type: none"> QL max 56 days / fill S PA QPD 0.072 per day
COSENTYX SENSOREADY PEN	<ul style="list-style-type: none"> S PA QPD 0.036 per day
COSENTYX 150 MG/ML SYRINGE	<ul style="list-style-type: none"> S PA QPD 0.036 per day
COSENTYX 75 MG/0.5 ML SYRINGE	<ul style="list-style-type: none"> S PA QPD 0.018 per day
COSENTYX UNOREADY PEN	<ul style="list-style-type: none"> S PA QPD 0.072 per day
SELARSDI 90 MG/ML SYRINGE	<ul style="list-style-type: none"> QL max 1 / 56 days S PA
SELARSDI (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	<ul style="list-style-type: none"> QL max 0.5 / 84 days S PA

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
STEQEYMA 45 MG/0.5 ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="margin-top: 5px;">max 0.5 / 84 days</div>
STEQEYMA 90 MG/ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="margin-top: 5px;">max 1 / 56 days</div>
TYENNE 162 MG/0.9 ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-top: 5px;">0.129 per day</div>
TYENNE AUTOINJECTOR	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-top: 5px;">0.129 per day</div>
YESINTEK 90 MG/ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="margin-top: 5px;">max 1 / 56 days</div>
YESINTEK (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="margin-top: 5px;">max 0.5 / 84 days</div>
ION-REMOVING AGENTS	
PHOSPHATE-REMOVING AGENTS	
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	
<i>lanthanum carb 1,000 mg tb chew</i>	<div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-top: 5px;">4.0 per day</div>
<i>lanthanum carb 500 mg tab chew</i>	<div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-top: 5px;">9.0 per day</div>
<i>lanthanum carb 750 mg tab chew</i>	<div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-top: 5px;">6.0 per day</div>
<i>sevelamer 2.4 gm powder packet</i>	<div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-top: 5px;">5.0 per day</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>sevelamer carbonate (0.8 gm powder packet, carbonate 800 mg tab)</i>	QPD 17.0 per day
<i>sevelamer hcl 400 mg tablet</i>	QPD 32.0 per day
<i>sevelamer hcl 800 mg tablet</i>	QPD 16.0 per day
POTASSIUM-REMOVING AGENTS	
KIONEX	
LOKELMA	
<i>sodium polystyrene sulfonate (sodium polystyrene sulf powder, sps 15 gm/60 ml suspension)</i>	
SPS 15 GM/60 ML SUSPENSION	
VELTASSA	
JANUS KINASE INHIBITORS (90:24)	
JANUS KINASE INHIBITORS, MISCELLANEOUS	
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET)	S
	PA
	QPD 1.0 per day
RINVOQ ER 45 MG TABLET	QL max 84 / 365 days
	S
	PA
RINVOQ LQ	S
	PA
	QPD 12.0 per day
XELJANZ 1 MG/ML SOLUTION	QL max 48 days / fill
	S
	PA
	QPD 8.0 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
XELJANZ 10 MG TABLET	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 10px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 240 / 365 days</div> <div style="background-color: #d62728; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> </div>
XELJANZ 5 MG TABLET	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 10px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 60 days / fill</div> <div style="background-color: #d62728; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-bottom: 5px;">2.0 per day</div> </div>
XELJANZ XR 11 MG TABLET	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-bottom: 5px;">1.0 per day</div> </div>
XELJANZ XR 22 MG TABLET	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 10px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 120 / 365 days</div> <div style="background-color: #d62728; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> </div>
<p>KALLIKREIN-KININ SYSTEM INHIBITORS</p> <p>FACTOR XIIA INHIBITORS</p>	
ANDEMBRY AUTOINJECTOR	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-bottom: 5px;">0.04 per day</div> </div>
<p>KALLIKREIN INHIBITORS (24:48:08)</p>	
DAWNZERA	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 10px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 56 days / fill</div> <div style="background-color: #d62728; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-bottom: 5px;">0.029 per day</div> </div>
TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 10px; border-radius: 5px;">QPD</div> <div style="margin-bottom: 5px;">0.143 per day</div> </div>

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
TAKHZYRO 150 MG/ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"><div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div><div style="background-color: #804000; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div><div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD 0.072 per day</div></div>
MACROLIDE ANTIBIOTICS	
ERYTHROMYCIN ANTIBIOTICS	
E.E.S. 400	
ERY-TAB	
ERYTHROCIN STEARATE	
<i>erythromycin (250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)</i>	
OTHER MACROLIDE ANTIBIOTICS	
<i>azithromycin 1 gm pwd packet</i>	
<i>azithromycin (100 mg/5 ml susp, 600 mg tablet)</i>	
<i>azithromycin (200 mg/5 ml susp, 250 mg tablet, 500 mg tablet)</i>	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	
<i>clarithromycin er</i>	
DIFICID 40 MG/ML SUSPENSION	
<i>fidaxomicin</i>	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT	
<i>eplerenone</i>	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>spironolactone-hctz</i>	
MISCELLANEOUS THERAPEUTIC AGENTS	
5-ALPHA-REDUCTASE INHIBITORS (92:04)	
<i>dutasteride 0.5 mg capsule</i>	
<i>finasteride 5 mg tablet</i>	
ANTIGOUT AGENTS	
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	
BONE RESORPTION INHIBITORS	
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	
<i>ibandronate sodium 150 mg tab</i>	
<i>risedronate sodium (35 mg tab, 150 mg tab)</i>	
<i>risedronate sodium 30 mg tab</i>	
IMMUNOMODULATORY AGENTS	
ACTIMMUNE	S
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	S PA QPD 2.0 per day
THALOMID 100 MG CAPSULE	S PA QPD 4.0 per day
THALOMID 50 MG CAPSULE	S PA QPD 3.0 per day

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
OTHER MISCELLANEOUS THERAPEUTIC AGENTS	
<i>betaine anhydrous</i>	S
CYSTAGON	S
I-glutamine 5 gram powder pkt	S PA
<i>levocarnitine (1 g/10 ml soln, 330 mg tablet)</i>	
<i>levocarnitine sf</i>	
<i>tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)</i>	S
VENXXIVA	S
PROTECTIVE AGENTS	
<i>dalfampridine er</i>	S
MTOR INHIBITORS	
MTOR INHIBITORS, MISCELLANEOUS	
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	S
MULTIPLE SCLEROSIS AGENTS	
AMINO ACID POLYMERS	
<i>glatiramer 20 mg/ml syringe</i>	S QPD 1.0 per day
<i>glatiramer 40 mg/ml syringe</i>	S QPD 0.429 per day
GLATOPA 20 MG/ML SYRINGE	S QPD 1.0 per day
GLATOPA 40 MG/ML SYRINGE	S QPD 0.429 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ANTIMETABOLITES	
<i>cladribine (10 mg 4 tablet pk, 10 mg 8 tablet pk)</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #d62728; color: white; padding: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #8c564b; color: white; padding: 5px;">PA</div> </div> <div style="margin-top: 5px;">max 8 / 301 days</div>
<i>cladribine 10 mg x 10 tab pk</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #d62728; color: white; padding: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #8c564b; color: white; padding: 5px;">PA</div> </div> <div style="margin-top: 5px;">max 20 / 301 days</div>
<i>cladribine 10 mg x 5 tablet pk</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #d62728; color: white; padding: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #8c564b; color: white; padding: 5px;">PA</div> </div> <div style="margin-top: 5px;">max 10 / 301 days</div>
<i>cladribine 10 mg x 6 tablet pk</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #d62728; color: white; padding: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #8c564b; color: white; padding: 5px;">PA</div> </div> <div style="margin-top: 5px;">max 12 / 301 days</div>
<i>cladribine 10 mg x 7 tablet pk</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #d62728; color: white; padding: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #8c564b; color: white; padding: 5px;">PA</div> </div> <div style="margin-top: 5px;">max 14 / 301 days</div>
<i>cladribine 10 mg x 9 tablet pk</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #d62728; color: white; padding: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #8c564b; color: white; padding: 5px;">PA</div> </div> <div style="margin-top: 5px;">max 9 / 301 days</div>
<i>teriflunomide</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 5px; margin-bottom: 2px;">S</div> <div style="background-color: #1f77b4; color: white; padding: 5px;">QPD</div> </div> <div style="margin-top: 5px;">1.0 per day</div>
FUMARATES	
<i>dimethyl fumarate 30d start pk</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #d62728; color: white; padding: 5px;">S</div> </div> <div style="margin-top: 5px;">max 60 / 180 days</div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>dimethyl fumarate dr 120 mg cp</i>	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">max 56 / 180 days</div> </div> <div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; text-align: center;">S</div>
<i>dimethyl fumarate dr 240 mg cp</i>	<div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">S</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2.0 per day</div> </div>
VUMERITY	<div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">S</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">4.0 per day</div> </div>
INTERFERONS	
AVONEX (4 PACK)	<div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">S</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.036 per day</div> </div>
AVONEX PEN (4 PACK)	<div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">S</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.036 per day</div> </div>
BETASERON 0.3 MG KIT	<div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">S</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.5 per day</div> </div>
PLEGRIDY 125 MCG/0.5 ML SYRING	<div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">S</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.036 per day</div> </div>
PLEGRIDY SYRINGE STARTER PACK	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">max 1 / 180 days</div> </div> <div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; text-align: center;">S</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; text-align: center;">PA</div>
PLEGRIDY 125 MCG/0.5 ML PEN	<div style="background-color: #e31a1c; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">S</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px; text-align: center;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.036 per day</div> </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
PLEGRIDY PEN INJ STARTER PACK	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 1 / 180 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> </div>
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">0.215 per day</div> </div>
REBIF TITRATION PACK	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 4.2 / 180 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> </div>
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">0.215 per day</div> </div>
REBIF REBIDOSE TITRATION PACK	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 4.2 / 180 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> </div>
MONOCLONAL ANTIBODIES (90:04)	
KESIMPTA PEN	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">0.015 per day</div> </div>
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS	
<i>fingolimod</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> <div style="margin-top: 5px;">1.0 per day</div> </div>
MAYZENT 0.25MG START-1MG MAINT	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 7 / 180 days</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> </div>

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
MAYZENT 0.25MG START-2MG MAINT	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>max 12 / 180 days</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MAYZENT (1 MG TABLET, 2 MG TABLET)	<div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>1.0 per day</div> </div>
MAYZENT 0.25 MG TABLET	<div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>4.0 per day</div> </div>

NONHORMONAL CONTRACEPTIVES

- aimsco*
- caya contoured*
- durex avanti bare real feel*
- durex extra sensitive*
- durex tropical*
- fantasy*
- fc2 female condom*
- femcap*
- kimono*
- kimono microthin (, large)*
- kimono microthin aqua lube*
- kimono textured*
- kimono thin*
- omniflex diaphragm*

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>trojan bareskin</i>	
<i>trojan enz</i>	
<i>trojan magnum</i>	
<i>trojan ultra ribbed</i>	
<i>trojan ultra thin</i>	
<i>trojan ultra thin-spermicidal</i>	
<i>true cover</i>	
<i>trustex</i>	
<i>trustex condom</i>	
<i>trustex latex condom</i>	
<i>trustex-ria</i>	
VCF CONTRACEPTIVE FILM	
<i>wide seal diaphragm</i>	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	
CYCLOOXYGENASE-2 (COX-2) INHIBITORS	
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	
<i>celecoxib 400 mg capsule</i>	
REVERSIBLE COX-1/COX-2 INHIBITORS	
<i>diclofenac pot 50 mg tablet</i>	
<i>diclofenac 1.5% topical soln</i>	QPD 10.0 per day
<i>diclofenac sodium 1% gel</i>	QPD 33.334 per day
<i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>	
<i>diclofenac sodium (dr 50 mg tab, dr 75 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>diclofenac sodium-misoprostol</i>	
<i>diflunisal</i>	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	
<i>etodolac er</i>	
IBU	
<i>ibuprofen 100 mg/5 ml susp</i>	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	
<i>indomethacin er</i>	
<i>ketorolac 10 mg tablet</i>	OPD 4.0 per day
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	
SALICYLATES	
ADULT ASPIRIN REGIMEN	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>aspirin (81 mg chewable tablet, 81 mg tablet, cvs 81 mg chewable tab, eq 81 mg chewable tab, eql 81 mg chewable tab, ft 81 mg chewable tab, gnp 81 mg chewable tab, gs 81 mg chewable tab, hm 81 mg chewable tab, kro 81 mg chewable tab, pub 81 mg chewable tab, qc 81 mg chewable tab, ra 81 mg chewable tab, sm 81 mg chewable tab)</i>	
<i>aspirin ec (cvs ec 81 mg tablet, ec 81 mg tablet, eq ec 81 mg tablet, eql ec 81 mg tablet, ft ec 81 mg tablet, gnp ec 81 mg tablet, gs ec 81 mg tablet, heb ec 81 mg tablet, hm ec 81 mg tablet, kro ec 81 mg tablet, qc ec 81 mg tablet, ra ec 81 mg tablet, sm ec 81 mg tablet)</i>	
ASPIRIN REGIMEN	
<i>aspirin-dipyridamole er</i>	
BAYER CHEWABLE ASPIRIN	
<i>butalbital-aspirin-caffeine cp</i>	QPD 6.0 per day
<i>children's aspirin</i>	
ECOTRIN EC 81 MG TABLET	
LOW DOSE ASPIRIN EC	
ST. JOSEPH ASPIRIN	
ST. JOSEPH ASPIRIN EC	
OXYTOCICS	
<i>methylergonovine 0.2 mg tablet</i>	
PARATHYROID AND ANTIPARATHYROID AGENTS	
ANTIPARATHYROID AGENTS	
<i>calcitonin-salmon 200 unit spr</i>	
<i>calcitonin-salmon 400 unit/2ml</i>	S
<i>cinacalcet hcl</i>	S PA

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
PARATHYROID AGENTS	
<i>teriparatide</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 0.08 per day
TYMLOS	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 0.052 per day
PENICILLIN ANTIBIOTICS	
AMINOPENICILLIN ANTIBIOTICS	
<i>amoxicillin (125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	
<i>amoxicillin-clavulanate pot er</i>	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 500-125 mg tablet, 875-125 mg tablet)</i>	
<i>amoxicillin-clavulanate potass (250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg/5 ml susp, 600-42.9 mg/5 ml sus)</i>	
<i>ampicillin trihydrate</i>	
NATURAL PENICILLIN ANTIBIOTICS	
<i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium</i>	
PHOSPHODIESTERASE-4 INHIBITORS (90:24)	
PHOSPHODIESTERASE-4 INHIBITORS, MISC	
OTEZLA (10-20 MG STARTER 28, 10-20-30MG START 28)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a329f; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> max 55 / 180 days

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
OTEZLA (20 MG TABLET, 30 MG TABLET)	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block;">S</div> <div style="background-color: #804000; color: white; padding: 2px; display: inline-block;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block;">QPD</div> 2.0 per day
OTEZLA XR 75 MG TABLET	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block;">S</div> <div style="background-color: #804000; color: white; padding: 2px; display: inline-block;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block;">QPD</div> 1.0 per day
OTEZLA XR INITIATION PK 28 DAY	<div style="background-color: #600060; color: white; padding: 2px; display: inline-block;">QL</div> max 42 / 180 days <div style="background-color: #c00000; color: white; padding: 2px; display: inline-block;">S</div> <div style="background-color: #804000; color: white; padding: 2px; display: inline-block;">PA</div>
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS	
ENTRESTO SPRINKLE	<div style="background-color: #804000; color: white; padding: 2px; display: inline-block;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block;">QPD</div> 8.0 per day
<i>sacubitril-valsartan</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>candesartan-hydrochlorothiazid</i>	
<i>irbesartan</i>	
<i>irbesartan-hydrochlorothiazide</i>	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	
<i>losartan-hydrochlorothiazide</i>	
<i>olmesartan medoxomil</i>	
<i>olmesartan-amlodipine-hctz</i>	
<i>olmesartan-hydrochlorothiazide</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>telmisartan (20 mg tablet, 80 mg tablet)</i>	
<i>telmisartan 40 mg tablet</i>	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	
<i>valsartan-hydrochlorothiazide (320-12.5 mg tab, 320-25 mg tab)</i>	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab)</i>	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	
<i>benazepril-hydrochlorothiazide</i>	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	
<i>enalapril 1 mg/ml oral soln</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div>40.0 per day</div> </div>
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	
<i>enalapril-hydrochlorothiazide</i>	
<i>fosinopril sodium</i>	
<i>fosinopril-hydrochlorothiazide</i>	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	
<i>lisinopril-hydrochlorothiazide</i>	
<i>moexipril hcl</i>	
<i>perindopril erbumine (2 mg tab, 4 mg tab)</i>	
<i>quinapril hcl</i>	
<i>quinapril-hctz 20-25 mg tab (greenstone)</i>	
<i>quinapril-hydrochlorothiazide</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>ramipril</i>	
<i>trandolapril</i>	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS	
KERENDIA	<div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.0 per day </div>
RESPIRATORY TRACT AGENTS	
ANTIFIBROTIC AGENTS	
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 6.0 per day </div>
<i>pirfenidone 801 mg tablet</i>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4b4b2b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 3.0 per day </div>
ANTITUSSIVES	
<i>benzonatate</i>	
BROMFED DM	
<i>brompheniramine-pseudoephed-dm</i>	
<i>hydrocodone-homatropine soln</i>	
<i>hydrocodone-homatropine 5-1.5</i>	
HYDROMET	
<i>promethazine-codeine</i>	
<i>promethazine-dm</i>	
MUCOLYTIC AGENTS	
PULMOZYME	<div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">S</div>

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
PHOSPHODIESTERASE TYPE 4 INHIBITORS	
<i>roflumilast 250 mcg tablet</i>	
<i>roflumilast 500 mcg tablet</i>	
VASODILATING AGENTS (RESPIRATORY TRACT)	
<i>ambrisentan</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 1.0 per day
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 2.0 per day
<i>bosentan 32 mg tablet for susp</i>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 4.0 per day
OPSUMIT	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 1.0 per day
SKELETAL MUSCLE RELAXANTS	
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT	
<i>chlorzoxazone 500 mg tablet</i>	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT	
<i>baclofen (10 mg tablet, 20 mg tablet)</i>	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT	
<i>orphenadrine citrate er</i>	
SKIN AND MUCOUS MEMBRANE AGENTS	
ANTIPROLIFERANTS	
CARAC	
<i>fluorouracil (cream, topical soln)</i>	
<i>imiquimod 5% cream packet</i>	
VALCHLOR	S
ANTI-PRURITICS AND LOCAL ANESTHETICS	
DERMACINRX LIDOCAN	PA QPD 3.0 per day
<i>lidocaine 5% patch</i>	PA QPD 3.0 per day
<i>lidocaine 5% ointment</i>	PA QPD 3.334 per day
<i>lidocaine-prilocaine</i>	QPD 2.0 per day
LIDOCAN III	PA QPD 3.0 per day
LIDOCAN IV	PA QPD 3.0 per day
LIDOCAN V	PA QPD 3.0 per day
CELL STIMULANTS AND PROLIFERANTS	
AVITA	PA

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
<i>tretinoin (0.01% gel, 0.025% cream, 0.05% cream, 0.1% cream)</i>	PA
KERATOLYTIC AGENTS	
ABSORICA LD	
ACCUTANE	
<i>acitretin</i>	
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	PA
AMNESTEEM	
CLARAVIS	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	
<i>tazarotene 0.05% cream</i>	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	PA
ZENATANE	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.	
<i>adapalene-bnzyol perox 0.1-2.5%</i>	PA
<i>adapalene-bnzyol perox 0.3-2.5%</i>	PA
DUPIXENT 200 MG/1.14 ML PEN	QL max 56 days / fill S PA QPD 0.082 per day
DUPIXENT 300 MG/2 ML PEN	QL max 56 days / fill S PA QPD 0.286 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
DUPIXENT 200 MG/1.14 ML SYRING	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 56 days / fill</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> <div>0.082 per day</div> </div>
DUPIXENT 300 MG/2 ML SYRINGE	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 5px;">QL</div> <div style="margin-bottom: 5px;">max 56 days / fill</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> <div>0.286 per day</div> </div>
<i>ivermectin 1% cream</i>	
SMOOTH MUSCLE RELAXANTS	
RESPIRATORY SMOOTH MUSCLE RELAXANTS	
ELIXOPHYLLIN	
<i>theophylline</i>	
<i>theophylline er (er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet)</i>	
SOMATOSTATIN AGONISTS AND ANTAGONISTS	
SOMATOSTATIN AGONISTS	
<i>octreotide acetate (acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 5,000 mcg/5 ml vial)</i>	<div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div>
SOMATOTROPIN AGONISTS AND ANTAGONISTS	
SOMATOTROPIN AGONISTS	
INCRELEX	<div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 5px;">S</div>

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	
ALPHA- AND BETA-ADRENERGIC AGONISTS	
AUVI-Q	
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	
ALPHA-ADRENERGIC AGONISTS (12:12)	
<i>lofexidine hcl</i>	
<i>midodrine hcl</i>	
THYROID AND ANTITHYROID AGENTS	
ANTITHYROID AGENTS	
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	
<i>propylthiouracil 50 mg tablet</i>	
THYROID AGENTS	
EUTHYROX	
LEVO-T	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	
LEVOXYL	
LIOMNY (25 MCG TABLET, 50 MCG TABLET)	
LIOMNY 5 MCG TABLET	
<i>liothyronine sod 5 mcg tab</i>	
<i>liothyronine sodium (25 mcg tab, 50 mcg tab)</i>	
SYNTHROID	

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
UNITHROID	
TUMOR NECROSIS FACTOR INHIBITORS	
TUMOR NECROSIS FACTOR INHIBITORS, MISC	
<i>adalimumab-aaty(cf)</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> </div> 0.072 per day
<i>adalimumab-aaty(cf) ai crohns</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> </div> max 3 / 180 days
<i>adalimumab-aaty(cf) autoinject</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> </div> 0.072 per day
<i>adalimumab-adaz(cf) 10mg/0.1ml</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> </div> 0.008 per day
<i>adalimumab-adaz(cf) 20mg/0.2ml</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> </div> 0.015 per day
<i>adalimumab-adaz(cf) 40 mg syrg</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> </div> 0.029 per day
<i>adalimumab-adaz(cf) pen 40 mg</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> </div> 0.029 per day
<i>adalimumab-adaz(cf) pen 80 mg</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> </div> 0.058 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ENBREL 25 MG/0.5 ML SYRINGE	S PA QPD 0.073 per day
ENBREL (25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	S PA QPD 0.143 per day
ENBREL MINI	S PA QPD 0.143 per day
ENBREL SURECLICK	S PA QPD 0.143 per day
HADLIMA	S PA QPD 0.058 per day
HADLIMA PUSHTOUCH	S PA QPD 0.058 per day
HADLIMA(CF)	S PA QPD 0.029 per day
HADLIMA(CF) PUSHTOUCH	S PA QPD 0.029 per day
SIMLANDI(CF)	S PA QPD 0.072 per day

****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.

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
SIMLANDI(CF) AUTOINJECTOR	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block;">S</div> <div style="background-color: #804000; color: white; padding: 2px; display: inline-block;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block;">QPD</div> 0.072 per day
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block;">S</div> <div style="background-color: #804000; color: white; padding: 2px; display: inline-block;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block;">QPD</div> 0.036 per day
VASODILATING AGENTS	
CGMP SYNTHESIS AGENT	
VERQUVO	<div style="background-color: #804000; color: white; padding: 2px; display: inline-block;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block;">QPD</div> 1.0 per day
DIRECT VASODILATORS	
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	
<i>isosorbide dinit-hydralazine</i>	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	
NITRATES AND NITRITES	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
<i>nitroglycerin 400 mcg spray</i>	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	
<i>nitroglycerin patch</i>	
PHOSPHODIESTERASE TYPE 5 INHIBITORS	
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	<div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block;">QPD</div> 1.0 per day

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
VASODILATING AGENTS (RESPIRATORY TRACT)	
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)	
ALYQ	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 2.0 per day
<i>sildenafil 10 mg/ml oral susp</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 7.467 per day
<i>sildenafil 20 mg tablet</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 3.0 per day
<i>tadalafil 20 mg tablet (pah)</i>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 5px;">S</div> <div style="background-color: #804020; color: white; padding: 2px 5px; border-radius: 5px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 5px;">QPD</div> </div> 2.0 per day
VITAMINS	
MULTIVITAMIN PREPARATIONS	
PRENATABS RX	
<i>prenatal 19 chewable tablet</i>	
<i>prenatal plus iron tablet</i>	
<i>prenatal-u</i>	
SE-NATAL 19 (19 CHEWABLE TABLET, 19 TABLET)	
TRINATE	
VITAMIN B COMPLEX	
<i>cyanocobalamin injection</i>	
DODEX	

****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.

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

****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.

Index of Covered Drugs

A	
abacavir	65
abacavir-lamivudine	65
ABIGALE	99
ABIGALE LO	99
abiraterone acetate	45
ABIRTEGA	45
ABRYSVO	69
ABSORICA LD	140
acarbose	32
ACCUTANE	140
acebutolol hcl	85
acetaminophen-codeine	2
acetazolamide	37
acetazolamide er	37
acetic acid	8
acetylcysteine	34
acitretin	140
ACTHIB	69
ACTIMMUNE	125
acyclovir	10,75
ADACEL TDAP	68
adalimumab-aaty(cf)	143
adalimumab-aaty(cf) ai crohns	143
adalimumab-aaty(cf) autoinject	143
adalimumab-adaz(cf)	143
adalimumab-adaz(cf) pen	143
adapalene	140
adapalene-benzoyl peroxide	140
ADBRY	15
ADBRY AUTOINJECTOR	15
adefovir dipivoxil	75
ADULT ASPIRIN REGIMEN	132
ADVAIR HFA	80
AFIRMELLE	108
AFLURIA 2025-2026	69
AFLURIA 2025-2026 (3YR UP)	69
AFLURIA QUAD 2023-2024	69
AFLURIA QUAD 2023-24 (3YR UP)	69
AFLURIA TRIV 2024-25 (3YR UP)	69
AFLURIA TRIVALENT 2024-25	69
AFSTYLA	38
AFTERA	108
AIMOVIG AUTOINJECTOR	43
aimsco	130
AIRSUPRA	80
AJOVY AUTOINJECTOR	43
AJOVY AUTOINJECTOR (3 PACK)	43
AJOVY SYRINGE	43
AK-POLY-BAC	8
ALA-CORT	13
albendazole	8
albuterol sulfate	80,81
albuterol sulfate hfa	81
alclometasone dipropionate	13
ALECENSA	45
alendronate sodium	125
alfuzosin hcl er	2
ALINIA	60
allopurinol	125
alosetron hcl	102
ALPHANATE	38
ALPHANINE SD	38
alprazolam	76
alprazolam er	76
alprazolam xr	76
ALTavera	108
ALUNBRIG	45
ALYACEN	108
ALYFTREK	89
ALYQ	146
AMABELZ	99
amantadine	58
ambrisentan	138
AMETHIA	108
AMETHYST	108
amiloride hcl	95
amiloride-hydrochlorothiazide	95
aminocaproic acid	38
amiodarone hcl	18
amitriptyline hcl	31

****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.

amlodipine besylate	83	atazanavir sulfate	67
amlodipine besylate-benazepril	83	atenolol	85
amlodipine-olmesartan	83	atenolol-chlorthalidone	85
amlodipine-valsartan	84	atomoxetine hcl	6
amlodipine-valsartan-hctz	84	atorvastatin calcium	41
ammonium lactate	98	atovaquone	60
AMNESTEEM	140	atovaquone-proguanil hcl	59
amoxicillin	134	atropine sulfate	101
amoxicillin-clavulanate pot er	134	ATTRUBY	84
amoxicillin-clavulanate potass	134	AUBRA	109
ampicillin trihydrate	134	AUBRA EQ	109
anagrelide hcl	68	AUROVELA	109
anastrozole	45	AUROVELA 24 FE	109
ANDEMBRY AUTOINJECTOR	123	AUROVELA FE	109
ANORO ELLIPTA	22	AUVI-Q	142
ANUCORT-HC	13	AVIANE	109
ANUSOL-HC	13	AVIDOXY	20
apomorphine hcl	96	AVITA	139
aprepitant	35	AVONEX (4 PACK)	128
APRETUDE	63	AVONEX PEN (4 PACK)	128
APRI	108	AYUNA	109
ARANELLE	108	AZASAN	42
ARANESP	82	azathioprine	42
AREXVY	69	azelaic acid	10
AREXVY ADJUVANT COMPONENT	69	azelastine hcl	101
AREXVY ANTIGEN COMPONENT	69	azithromycin	124
arformoterol tartrate	81	AZSTARYS	6
aripiprazole	60,61	AZURETTE	109
aripiprazole odt	61		
armodafinil	7	B	
ARNUITY ELLIPTA	106	bacitracin	8
asa-butalb-caffeine-codeine	2	bacitracin-polymyxin	8
ASCOMP WITH CODEINE	2	baclofen	138
asenapine maleate	61	balsalazide disodium	102
ASHLYNA	108	BALZIVA	109
ASMANEX	107	BAQSIMI	40
ASMANEX HFA	107	BARACLUDGE	75
aspirin	133	BAYER CHEWABLE ASPIRIN	133
aspirin ec	133	BELBUCA	5
ASPIRIN REGIMEN	133	BELSOMRA	78
aspirin-dipyridamole er	133	benazepril hcl	136

****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.

benazepril-hydrochlorothiazide	136	bupropion hcl	28
benznidazole	60	bupropion hcl sr	28
benzonatate	137	bupropion xl	28,29
benztropine mesylate	58	bupirone hcl	77
bepotastine besilate	101	butalb-acetaminoph-caff-codein	2
BESIVANCE	8	butalbital-acetaminophen	2
BESREMI	45	butalbital-acetaminophen-caffe	76
betaine anhydrous	126	butalbital-aspirin-caffeine	133
betamethasone diprop augmented	13	butorphanol tartrate	5
betamethasone dipropionate	13		
betamethasone valerate	13	C	
BETASERON	128	cabergoline	96
betaxolol hcl	85	CABOMETYX	46
bethanechol chloride	78	caffeine citrate	6
bexarotene	46	calcipotriene	98
BEXSERO	69	calcitonin-salmon	133
bicalutamide	46	calcitriol	147
BIKTARVY	63	calcium acetate	121
bisoprolol fumarate	85	CALQUENCE	46
bisoprolol-hydrochlorothiazide	85	CAMILA	109
BLISOVI 24 FE	109	CAMRESE	109
BLISOVI FE	109	CAMRESE LO	109
BOOSTRIX TDAP	69	candesartan cilexetil	135
bosentan	138	candesartan-hydrochlorothiazid	135
BOSULIF	46	capecitabine	46
BREO ELLIPTA	81	CAPRELSA	46,47
BREYNA	81	captopril	136
BREZTRI AEROSPHERE	83	CAPVAXIVE	69
BRIELLYN	109	CARAC	139
brimonidine tartrate	13,37	carbamazepine	24
BROMFED DM	137	carbamazepine er	25
bromocriptine mesylate	96	carbidopa	87
brompheniramine-pseudoephed-dm	137	carbidopa-levodopa	59
BRUKINSA	46	carbidopa-levodopa er	59
budesonide	107	carbidopa-levodopa-entacapone	59
budesonide dr	107	carbinoxamine maleate	40
budesonide ec	107	carglumic acid	96
budesonide-formoterol fumarate	81	CARTIA XT	18
bumetanide	94	carvedilol	85
buprenorphine hcl	5	caya contoured	130
buprenorphine-naloxone	5	CAZIANAT	109

****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.

cefadroxil	88	CLINDACIN P	21
cefdinir	88	clindamycin (pediatric)	21
cefixime	88	clindamycin hcl	21
cefepodoxime proxetil	88	clindamycin phos-benzoyl perox	10
cefprozil	88	clindamycin phosphate	21
cefuroxime	88	CLINPRO 5000	90
celecoxib	131	clobazam	26
cephalexin	88	clobetasol emollient	13
cetirizine hcl	40	clobetasol propionate	13
cevimeline hcl	78	clomipramine hcl	31
CHANTIX	78	clonazepam	26
CHARLOTTE 24 FE	109	clonidine	86
CHATEAL EQ	109	clonidine hcl	86
CHEMET	106	clonidine hcl er	86
CHENODAL	102	clopidogrel	68
children's aspirin	133	clorazepate dipotassium	77
chlordiazepoxide hcl	77	clotrimazole	36
chlorhexidine gluconate	10	clotrimazole-betamethasone	36
chloroquine phosphate	59	clozapine	61
chlorpromazine hcl	62	clozapine odt	61
chlorthalidone	95	COAGADEX	38
chlorzoxazone	138	codeine sulfate	2
cholestyramine	41	colchicine	86
cholestyramine light	41	colesevelam hcl	41
CIBINQO	16	colestipol hcl	41
CICLODAN	36	COMBIVENT RESPIMAT	22
ciclopirox	36	COMETRIQ	47
cilostazol	68	COMIRNATY 2023-2024	69
CIMDUO	65	COMIRNATY 2024-2025	69
cimetidine	73	COMIRNATY 2025-2026 (12Y UP)	69
cinacalcet hcl	133	COMIRNATY 2025-2026(5-11Y)	69
ciprofloxacin	20	COMPRO	35
ciprofloxacin hcl	8,9,20	conjugated estrogens	99
ciprofloxacin-dexamethasone	9	CONSTULOSE	97
citalopram hbr	29,30	contour	91
cladribine	127	contour next control solution	91
CLARAVIS	140	contour next test strip	93
clarithromycin	124	contour plus test strip	93
clarithromycin er	124	contour test strip	94
CLIMARA PRO	99	CORIFACT	38
CLINDACIN ETZ	21	CORLANOR	84

****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.

CORTIFOAM	13	DENTA 5000 PLUS	90
COSENTYX (2 SYRINGES)	120	DENTA 5000 PLUS SENSITIVE	90
COSENTYX SENSOREADY (2 PENS)	120	DENTAGEL	90
COSENTYX SENSOREADY PEN	120	DEPO-TESTOSTERONE	108
COSENTYX SYRINGE	120	DERMACINRX LIDOCAN	139
COSENTYX UNOREADY PEN	120	DESCOVY	65
COTELLIC	47	desipramine hcl	31
CREON	103	desloratadine	40
cromolyn sodium	12	desmopressin acetate	116
CRYSSELLE	109	desogestr-eth estrad eth estra	110
CTEXTLI	102	desonide	13
CURAE	109	desoximetasone	13
cyanocobalamin injection	146	desvenlafaxine succinate er	29
cyclobenzaprine hcl	138	dexamethasone	107
cyclopentolate hcl	101	dexamethasone sodium phosphate	107
cyclophosphamide	47	dexcom g6 receiver	91
cyclosporine	83	dexcom g6 sensor	91
cyclosporine modified	83	dexcom g6 transmitter	91
cyproheptadine hcl	101	dexcom g7 15 day sensor	91
CYRED	109	dexcom g7 receiver	91
CYRED EQ	109	dexcom g7 sensor	91
CYSTAGON	126	dexlansoprazole dr	74
CYTRA-2	96	dexmethylphenidate hcl	6
		dexmethylphenidate hcl er	6
D		dextroamphetamine sulfate	5
dabigatran etexilate	23	dextroamphetamine sulfate er	5
dalfampridine er	126	dextroamphetamine-amphet er	5
danazol	108	dextroamphetamine-amphetamine	5,6
dapsone	44	diazepam	77
DAPTACEL DTAP	69	diazoxide	40
darunavir	67	diclofenac potassium	131
dasatinib	47	diclofenac sodium	12,17,131
DASETTA	109	diclofenac sodium-misoprostol	132
DAWNZERA	123	dicloxacillin sodium	134
DAYSEE	109	dicyclomine hcl	22
DEBLITANE	110	DIFICID	124
deferasirox	106	diflunisal	132
deferiprone	106	DIGITEK	84
deferiprone (3 times a day)	106	digoxin	84,85
DELSTRIGO	64	dihydroergotamine mesylate	2
demeclocycline hcl	20	DILANTIN	27

****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.

DILT-XR	18,19	durex extra sensitive	130
diltiazem 12hr er	19	durex tropical	130
diltiazem 24hr er	19	dutasteride	125
diltiazem 24hr er (cd)	19		
diltiazem 24hr er (la)	19	E	
diltiazem 24hr er (xr)	19	E.E.S. 400	124
diltiazem hcl	19	EBGLYSS PEN	15
dimethyl fumarate	127,128	EBGLYSS SYRINGE	15
DIPHEN	101	econazole nitrate	36
diphenoxylate-atropine	102	ECONTRA EZ	110
dipyridamole	68	ECONTRA ONE-STEP	110
DISKETS	2	ECOTRIN	133
disopyramide phosphate	18	efavirenz	64
divalproex sodium	26	efavirenz-emtricitabine-tenofovir disoproxil fumarate	65
divalproex sodium er	26	efavirenz-lamivudine-tenofovir disoproxil fumarate	64
DIVIGEL	99	eletriptan hbr	44
DODEX	146	ELINEST	110
dofetilide	18	ELIQUIS	23
DOLISHALE	110	ELIQUIS SPRINKLE	23
donepezil hcl	78	ELIXOPHYLLIN	141
donepezil hcl odt	78	ELLA	110
DOPTELET	82	ELOCTATE	38
DOPTELET SPRINKLE	82	eltrombopag olamine	82
dorzolamide hcl	37	EMCYT	47
dorzolamide-timolol	37	EMEND	35
DOTTI	99	EMGALITY PEN	43
DOVATO	63	EMGALITY SYRINGE	43
doxazosin mesylate	85	EMPAVELI	117
doxepin hcl	31	emtricitabine	65
doxycycline hyclate	9,20	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	65
doxycycline monohydrate	21	emtricitabine-tenofovir disoproxil fumarate	65
doxylamine succ-pyridoxine hcl	35	EMZAHH	110
dronabinol	103	enalapril maleate	136
drospirenone-eth estradiol	110	enalapril-hydrochlorothiazide	136
drospirenone-ethinyl estradiol	110	ENBREL	144
DUAVEE	99	ENBREL MINI	144
DULERA	81	ENBREL SURECLICK	144
duloxetine hcl	29	ENDOCET	2,3
DUPIXENT PEN	140	ENGERIX-B ADULT	70
DUPIXENT SYRINGE	141	ENGERIX-B PEDIATRIC-ADOLESCENT	70
durex avanti bare real feel	130	enoxaparin sodium	23,24

****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.

ENPRESSE	110	etoposide	48
ENSKYCE	110	etravirine	64
ENSTILAR	98	EUCRISA	17
entacapone	58	EUTHYROX	142
entecavir	75	everolimus	48
ENTRESTO SPRINKLE	135	EVOTAZ	67
ENTYVIO PEN	94	exemestane	48
ENULOSE	97	EYSUVIS	11
EPCLUSA	105	ezetimibe	41
EPIDIOLEX	25	ezetimibe-simvastatin	41
epinastine hcl	101		
epinephrine	142	F	
EPITOL	25	FA-8	147
eplerenone	124	FABHALTA	117
EPOGEN	82	FALMINA	110
ERIVEDGE	47	famciclovir	75
ERLEADA	48	famotidine	73,74
erlotinib hcl	48	fantasy	130
ERRIN	110	FARXIGA	33
ERY-TAB	124	FASENRA PEN	12
ERYTHROCIN STEARATE	124	fc2 female condom	130
erythromycin	9,124	FEIBA	38
erythromycin ethylsuccinate	124	FEIRZA	110
escitalopram oxalate	30	felbamate	25
eslicarbazepine acetate	28	felodipine er	84
esomeprazole magnesium	74	femcap	130
ESPEROCT	38	fenofibrate	41
ESTARYLLA	110	fentanyl	3
estazolam	77	fentanyl citrate	3
estradiol	99,100	FER-IN-SOL	17
estradiol (once weekly)	100	ferrous sulfate	17
estradiol (twice weekly)	100	FIASP	118
estradiol valerate	100	FIASP FLEXTOUCH	118
estradiol-norethindrone acetat	100	FIASP PENFILL	118
ESTRING	100	FIBRYGA	38
eszopiclone	77	fidaxomicin	124
ethambutol hcl	44	finasteride	125
ethosuximide	28	fingolimod	129
ethynodiol-ethinyl estradiol	110	FINZALA	110
etodolac	132	FLAC OTIC OIL	11
etodolac er	132	flecainide acetate	18

****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.

FLUAD 2025-2026	70	FLUZONE HIGH-DOSE QUAD 2023-24	71
FLUAD QUAD 2023-2024	70	FLUZONE HIGH-DOSE TRIV 2024-25	71
FLUAD TRIVALENT 2024-2025	70	FLUZONE QUAD 2023-2024	71
FLUARIX 2025-2026	70	FLUZONE QUAD SOUTHERN HEM 2024	71
FLUARIX QUAD 2023-2024	70	FLUZONE TRIVALENT 2024-2025	71
FLUARIX TRIVALENT 2024-2025	70	folic acid	147
FLUBLOK 2025-2026	70	fondaparinux sodium	24
FLUBLOK QUAD 2023-2024	70	fosamprenavir calcium	67
FLUBLOK TRIVALENT 2024-2025	70	fosfomycin tromethamine	8
FLUCELVAX 2025-2026	70	fosinopril sodium	136
FLUCELVAX QUAD 2023-2024	70	fosinopril-hydrochlorothiazide	136
FLUCELVAX TRIVALENT 2024-2025	70	FRAICHE 5000	90
fluconazole	35	freestyle control solution	92
flucytosine	36	freestyle insulinx	94
fludrocortisone acetate	107	freestyle insulinx test strips	94
FLULAVAL 2025-2026	70	freestyle lite test strip	94
FLULAVAL QUAD 2023-2024	70	freestyle precision neo	94
FLULAVAL TRIVALENT 2024-2025	70	freestyle test strips	94
FLUMIST 2025-2026	70	FULPHILA	82
FLUMIST HOME 2025-2026	70	furosemide	94
FLUMIST QUAD 2023-2024	70	FYAVOLV	100
FLUMIST TRIVALENT 2024-2025	70	FYLNETRA	82
flunisolide	11		
fluocinolone acetonide	13	G	
fluocinolone acetonide oil	11	gabapentin	26,27
fluocinonide	14	gabapentin er	27
fluocinonide-e	14	galantamine er	78
fluoride	90	galantamine hbr	78
FLUORIDEX	90	GALBRIELA	110
FLUORIDEX SENSITIVITY RELIEF	90	GALLIFREY	116
FLUORIMAX 5000	90	GARDASIL 9	71
FLUORIMAX 5000 SENSITIVE	90	gatifloxacin	9
fluorometholone	11	GAVILYTE-G	102
fluorouracil	139	GAVILYTE-N	102
fluoxetine hcl	30	gefitinib	48
fluphenazine hcl	62	GEL-KAM	90
fluticasone propionate	11,14	gemfibrozil	41
fluticasone-salmeterol	81	GENERLAC	97
fluvoxamine maleate	30	GENGRAF	83
FLUZONE 2025-2026	71	GENOTROPIN	116
FLUZONE HIGH-DOSE 2025-2026	71	gentamicin sulfate	9,10

****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.

GENVOYA.....	66	HEMANGEOL.....	85
GILOTRIF.....	49	HEMMOREX-HC.....	14
glatiramer acetate.....	126	heparin sodium.....	24
GLATOPA.....	126	HEPLISAV-B.....	71
GLEOSTINE.....	49	HER STYLE.....	111
glimepiride.....	34	HIBERIX.....	71
glipizide.....	34	HUMALOG.....	118
glipizide er.....	34	HUMALOG JUNIOR KWIKPEN.....	118
glipizide xl.....	34	HUMALOG KWIKPEN U-100.....	118
glipizide-metformin.....	34	HUMALOG KWIKPEN U-200.....	118
GLUCAGON EMERGENCY KIT.....	40	HUMALOG MIX 50-50 KWIKPEN.....	118
glyburide.....	34	HUMALOG MIX 75-25.....	118
glyburide-metformin hcl.....	34	HUMALOG MIX 75-25 KWIKPEN.....	118
glycerol phenylbutyrate.....	97	HUMALOG TEMPO PEN U-100.....	119
glycopyrrolate.....	22	HUMATE-P.....	38
GLYXAMBI.....	33	HUMATIN.....	59
granisetron hcl.....	34	HUMULIN 70-30.....	117
griseofulvin.....	35	HUMULIN 70/30 KWIKPEN.....	117
griseofulvin ultramicrosized.....	35	HUMULIN N.....	117
guanfacine hcl.....	86	HUMULIN N KWIKPEN.....	117
guanfacine hcl er.....	86	HUMULIN R.....	119
GVOKE.....	40	HUMULIN R U-500.....	119
GVOKE HYOPEN 1-PACK.....	40	HUMULIN R U-500 KWIKPEN.....	119
GVOKE HYOPEN 2-PACK.....	40	HYCAMTIN.....	49
GVOKE PFS 1-PACK SYRINGE.....	40	hydralazine hcl.....	145
GVOKE PFS 2-PACK SYRINGE.....	40	hydrochlorothiazide.....	95
		hydrocodone-acetaminophen.....	3
H		hydrocodone-homatropine mbr.....	137
HADLIMA.....	144	hydrocodone-ibuprofen.....	3
HADLIMA PUSH TOUCH.....	144	hydrocortisone.....	14,107
HADLIMA(CF).....	144	hydrocortisone acetate.....	14
HADLIMA(CF) PUSH TOUCH.....	144	hydrocortisone valerate.....	14
HAILEY.....	110	hydrocortisone-acetic acid.....	8
HAILEY 24 FE.....	110	HYDROMET.....	137
HAILEY FE.....	110	hydromorphone hcl.....	3
halobetasol propionate.....	14	hydroxychloroquine sulfate.....	59
haloperidol.....	62	hydroxyurea.....	49
haloperidol lactate.....	62	hydroxyzine hcl.....	76
HARVONI.....	105	hydroxyzine pamoate.....	76
HAVRIX.....	71		
HEATHER.....	110		

****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.

I		ISENTRESS.....	63,64
ibandronate sodium.....	125	ISENTRESS HD.....	64
IBRANCE.....	49	ISIBLOOM.....	111
IBU.....	132	isoniazid.....	44
ibuprofen.....	132	isosorbide dinit-hydralazine.....	145
ICAR.....	17	isosorbide dinitrate.....	145
icatibant.....	89	isosorbide mononitrate.....	145
ICLEVIA.....	111	isosorbide mononitrate er.....	145
IDELVION.....	38	isotretinoin.....	140
ilet infusion kit-flex.....	92	ITOVEBI.....	50
ilet infusion kit-inset.....	92	itraconazole.....	35
ilet infusion-contact detach.....	92	ivabradine hcl.....	85
ilet insulin pump.....	92	ivermectin.....	8,141
ilet starter kit-inset.....	92	IXINITY.....	38
imatinib mesylate.....	49		
IMBRUVICA.....	49	J	
imipramine hcl.....	31	JAIMIESS.....	111
imiquimod.....	139	JAKAFI.....	50
IMOVAX RABIES VACCINE.....	71	JANTOVEN.....	22
IMPAVIDO.....	60	JANUMET.....	32
INBRIJA.....	59	JANUMET XR.....	32
INCASSIA.....	111	JANUVIA.....	32
INCRELEX.....	141	JARDIANCE.....	33
INCRUSE ELLIPTA.....	22	JASMIEL.....	111
indapamide.....	95	JENCYCLA.....	111
indomethacin.....	132	JINTELI.....	100
indomethacin er.....	132	JOLESSA.....	111
INFANRIX DTAP.....	69	JORNAY PM.....	6
infant-toddler iron.....	17	JUBLIA.....	36
inhaler assistance devices and accessories.....	92	JULEBER.....	111
INLYTA.....	50	JULUCA.....	64
insulin glargine-yfgn.....	117	JUNEL.....	111
INTELENCE.....	64	JUNEL FE.....	111
INTROVALE.....	111	JUNEL FE 24.....	111
IPOL.....	71	JUST RIGHT 5000.....	90
ipratropium bromide.....	22,101	JYNARQUE.....	95
ipratropium-albuterol.....	22	JYNNEOS.....	71
irbesartan.....	135	JYNNEOS (NATIONAL STOCKPILE).....	71
irbesartan-hydrochlorothiazide.....	135		
IRONUP.....	17	K	
		K-PHOS NO.2.....	96

****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.

KAITLIB FE	111	lamivudine hbv	66
KALETRA	67	lamivudine-zidovudine	66
KALLIGA	111	lamotrigine	25
KALYDECO	90	lamotrigine (blue)	25
KARIVA	111	lamotrigine (green)	25
KELNOR 1-35	111	lamotrigine (orange)	25
KELNOR 1-50	111	lamotrigine er	25
KERENDIA	137	lancets	92
KESIMPTA PEN	129	lancing device/lancets	92
ketoconazole	36	lansoprazole	74
ketorolac tromethamine	12,132	lanthanum carbonate	121
kimono	130	lapatinib	51
kimono microthin	130	LARIN	111
kimono microthin aqua lube	130	LARIN 24 FE	111
kimono textured	130	LARIN FE	111
kimono thin	130	latanoprost	37
KINRIX	71	LAYOLIS FE	111
KIONEX	122	LEENA	111
KISQALI	50	leflunomide	94
KISQALI FEMARA CO-PACK	50,51	lenalidomide	51
KLAYESTA	36	LENVIMA	51
KLOR-CON	97	LESSINA	112
KLOR-CON 10	97	letrozole	51
KLOR-CON 8	97	leucovorin calcium	34
KLOR-CON M10	97	LEUKERAN	51
KLOR-CON M15	97	leuprolide acetate	105
KLOR-CON M20	97	levabuterol concentrate	81
KLOXXADO	87	levabuterol hcl	81
KOATE	39	LEVEMIR	118
KOGENATE FS	39	LEVEMIR FLEXPEN	118
KOURZEQ	14	levetiracetam	25
KOVALTRY	39	levetiracetam er	25
KURVELO	111	LEVO-T	142
		levocarnitine	126
L		levocarnitine sf	126
l-glutamine	126	levocetirizine dihydrochloride	40
labetalol hcl	85	levofloxacin	20
lacosamide	28	LEVONEST	112
lactulose	97	levonorg-eth estrad eth estrad	112
LAGEVRIO (EUA)	76	levonorgestrel	112
lamivudine	66	levonorgestrel-eth estradiol	112

****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.

LEVORA-28	112	loxapine	62
levothyroxine sodium	142	LUZZA	112
LEVOXYL	142	LUMIGAN	38
lidocaine	139	LUPRON DEPOT	105
lidocaine hcl	101	LUPRON DEPOT-PED	105
lidocaine hcl viscous	101	lurasidone hcl	61
lidocaine-prilocaine	139	LUTERA	112
LIDOCAN III	139	LYLEQ	112
LIDOCAN IV	139	LYLLANA	100
LIDOCAN V	139	LYNPARZA	52
linezolid	21	LYSODREN	52
LIOMNY	142	LYUMJEV	119
liothyronine sodium	142	LYUMJEV KWIKPEN U-100	119
lisdexamphetamine dimesylate	6	LYUMJEV KWIKPEN U-200	119
lisinopril	136	LYUMJEV TEMPO PEN U-100	119
lisinopril-hydrochlorothiazide	136	LYZA	112
lithium carbonate	87		
lithium carbonate er	87	M	
lithium citrate	87	M-M-R II VACCINE	71
LO LOESTRIN FE	112	malathion	11
LO-ZUMANDIMINE	112	maraviroc	63
LOESTRIN	112	MARLISSA	112
LOESTRIN FE	112	MATULANE	52
lofexidine hcl	142	MAVYRET	106
LOJAIMI ESS	112	MAYZENT	129,130
LOKELMA	122	meclizine hcl	35
lomustine	51	medisense	92
LONSURF	52	medisense glucose ketone	92
loperamide	102	medisense glucose ketone contr	92
lopinavir-ritonavir	67	medroxyprogesterone acetate	116
lorazepam	77	mefloquine hcl	59
LORAZEPAM INTENSOL	77	megestrol acetate	116
LORYNA	112	MEKINIST	52
losartan potassium	135	MELEYA	112
losartan-hydrochlorothiazide	135	meloxicam	132
LOTEMAX	11	melphalan	52
LOTEMAX SM	11	memantine hcl	87
loteprednol etabonate	11	MENQUADFI	71
lovastatin	42	MENVEO A-C-Y-W-135-DIP	71
LOW DOSE ASPIRIN EC	133	mercaptopurine	52
LOW-OGESTREL	112	mesalamine	102

****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.

mesalamine dr	102	midodrine hcl	142
mesalamine er	102	mifepristone	32
mesna	34	miglustat	98
metformin hcl	32	MILI	113
metformin hcl er	32	MIMVEY	100
methadone hcl	3	minocycline hcl	21
METHADONE INTENSOL	3	minoxidil	145
METHADOSE	3	mirabegron er	80
methazolamide	37	mirtazapine	31
methenamine hippurate	8	misoprostol	74
methimazole	142	MNEXSPIKE 2025-2026 (12Y UP)	71
methocarbamol	138	modafinil	7
methotrexate	52,53	MODERNA COVID 23-24(6M-11Y)EUA	72
methotrexate sodium	53	MODERNA COVID 24-25(6M-11Y)EUA	72
methscopolamine bromide	22	moexipril hcl	136
methsuximide	28	mometasone furoate	11,14
methyl dopa	86,87	MONDOXYNE NL	21
methylergonovine maleate	133	MONO-LINYAH	113
methylphenidate er	6	montelukast sodium	12
methylphenidate er (la)	6	morphine sulfate	3,4
methylphenidate er 27 mg tab (mallinckrodt and kremer/lannett)	7	morphine sulfate er	4
methylphenidate er 36 mg tab (mallinckrodt and kremer/lannett)	7	MOUNJARO	32
methylphenidate er 54 mg tab (mallinckrodt and kremer/lannett)	7	MOVANTIK	89
methylphenidate hcl	7	moxifloxacin	9
methylphenidate hcl cd	7	moxifloxacin hcl	9
methylphenidate hcl er (cd)	7	MRESVIA	72
methylprednisolone	107	MULPLETA	82
methyltestosterone	108	MULTAQ	18
metoclopramide hcl	103	mupirocin	10
metolazone	95	MY CHOICE	113
metoprolol succinate	85	MY WAY	113
metoprolol tartrate	85	mycophenolate mofetil	42
metoprolol-hydrochlorothiazide	86	mycophenolic acid	42
metronidazole	10,60	MYFEMBREE	104
mexiletine hcl	18	MYHIBBIN	42
MIBELAS 24 FE	112	MYLERAN	53
MICROGESTIN	113	MYRBETRIQ	80
MICROGESTIN FE	113		
		N	
		nabumetone	132
		nadolol	86

****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.

naloxone hcl	87	nitisinone	98
naltrexone hcl	87	nitrofurantoin	8
naproxen	132	nitrofurantoin mono-macro	8
naproxen sodium	132	nitroglycerin	98,145
naratriptan hcl	44	nitroglycerin patch	145
NATACYN	10	NITYR	98
nateglinide	33	NIVESTYM	83
nebivolol hcl	86	nizatidine	74
NEBUSAL	97	NORA-BE	113
NECON	113	norelgestromin-eth estradiol	113
needles (including pen needles)	92	norethin-eth estra-ferrous fum	113
NEMLUVIO	15	norethindron-ethinyl estradiol	100,113
NEO-POLYCIN	9	norethindrone	113
NEO-POLYCIN HC	9	norethindrone acetate	116
neomycin sulfate	20	norethindrone-e.estradiol-iron	113
neomycin-bacitracin-poly-hc	9	norgestimate-ethinyl estradiol	113
neomycin-bacitracin-polymyxin	9	NORTREL	113
neomycin-polymyxin-dexameth	9	nortriptyline hcl	31
neomycin-polymyxin-hc	9	NOVAFERRUM YUMMY PEDIATRIC	17
neomycin-polymyxin-hydrocort	9	NOVAVAX COVID 2023-2024 (EUA)	72
NEUAC	10	NOVAVAX COVID 2024-2025 (EUA)	72
nevirapine	64	NOVOEIGHT	39
nevirapine er	64	NOVOLIN 70-30	117
NEW DAY	113	NOVOLIN 70-30 FLEXPEN	117
NEXLETOL	41	NOVOLIN N	117
NEXLIZET	41	NOVOLIN N FLEXPEN	117
niacin er	41	NOVOLIN R	119
NICODERM CQ	79	NOVOLIN R FLEXPEN	119
NICORETTE	79	NOVOLOG	119
nicotine gum	79	NOVOLOG FLEXPEN	119
nicotine lozenge	79	NOVOLOG MIX 70-30	119
nicotine patch	79,80	NOVOLOG MIX 70-30 FLEXPEN	119
NICOTROL NS	80	NOVOLOG PENFILL	119
nifedipine	84	novopen echo	92
nifedipine er	84	NOVOSEVEN RT	39
NIKKI	113	NOXAFIL	36
nilotinib hcl	53	NUBEQA	53
nilutamide	53	NUCALA	12
nimodipine	84	NUCYNTA ER	4
NINLARO	53	NUDEXTA	87
nitazoxanide	60	NURTEC ODT	43

****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.

NUVARING	113	OPVEE	87
NUVAXOVID 2025-2026	72	ORALONE	14
NUWIQ	39	ORFADIN	98
NYAMYC	37	ORIAHNN	104
NYLIA	113	ORLISSA	104
nystatin	37	orphenadrine citrate er	139
NYSTOP	37	ORQUIDEA	114
		ORTHO-NOVUM	114
O		oseltamivir phosphate	75
OCELLA	113	OTEZLA	134,135
octreotide acetate	141	OTEZLA XR	135
ODEFSEY	66	OTREXUP	53
ODOMZO	53	oxaprozin	132
ofloxacin	9,20	oxazepam	77
OGSIVEO	53	oxcarbazepine	28
olanzapine	61	oxcarbazepine er	28
olanzapine odt	61	oxybutynin chloride	104
olmesartan medoxomil	135	oxybutynin chloride er	104
olmesartan-amlodipine-hctz	135	oxycodone hcl	4
olmesartan-hydrochlorothiazide	135	oxycodone-acetaminophen	4
olopatadine hcl	101	oxymorphone hcl	4
omeprazole	74	OZEMPIC	32
omeprazole-sodium bicarbonate	74		
omniflex diaphragm	130	P	
omnipod 5 (g6/libre 2 plus)	92	PACERONE	18
omnipod 5 dexg7g6 intro(gen 5)	92	paliperidone er	61
omnipod 5 dexg7g6 pods (gen 5)	93	pantoprazole sodium	74
omnipod 5 g6-g7 intro kt(gen5)	93	paroxetine hcl	30
omnipod 5 g6-g7 pods (gen 5)	93	PAXLOVID	75
omnipod 5 intro(g6/libre2plus)	93	pazopanib hcl	53,54
omnipod dash intro kit (gen 4)	93	PEDIA IRON	17
omnipod dash pods (gen 4)	93	PEDIARIX	72
OMNITROPE	116	PEDIATRIC FE-VITE	17
OMVOH	103	pediatric iron	17
OMVOH PEN	103	PEDVAXHIB	72
ondansetron hcl	34	peg 3350-electrolyte	102
ondansetron odt	34	peg-3350 and electrolytes	102
OPCICON ONE-STEP	113	PEGASYS	75
OPSUMIT	138	PENBRAYA	72
OPTION 2	114	penciclovir	10
optium ez	94	penicillamine	106

****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.

penicillin v potassium	134	pomalidomide	54
PENMENVY MEN A-B-C-W-Y	72	PORTIA	114
PENMENVY MENACWY COMPONENT	72	posaconazole	36
PENMENVY MENB COMPONENT	72	potassium chloride	97,98
PENTACEL	72	potassium citrate er	96
pentamidine isethionate	60	pramipexole dihydrochloride	96
pentoxifylline	83	prasugrel hcl	68
perampanel	25	pravastatin sodium	42
perindopril erbumine	136	praziquantel	8
PERIOGARD	10	prazosin hcl	85
PERIOMED	90	precision xtra	94
permethrin	11	prednisolone	107
perphenazine	62	prednisolone acetate	11
PFIZER COVID 2023-24(5-11Y)EUA	72	prednisolone sodium phosphate	107
PFIZER COVID 2023-24(6M-4Y)EUA	72	prednisone	107
PFIZER COVID 2024-25(5-11Y)EUA	72	pregabalin	27
PFIZER COVID 2024-25(6M-4Y)EUA	72	PREHEVBRIO	72
phenobarbital	76	PREMARIN	100
phenoxybenzamine hcl	2	PREMPHASE	100
PHENYTEK	27	PREMPRO	100
phenytoin	27	PRENATABS RX	146
phenytoin sodium extended	28	prenatal 19	146
PHILITH	114	prenatal plus	146
PHOSPHA 250 NEUTRAL	96	prenatal-u	146
PHOSPHO-TRIN 250 NEUTRAL	96	pretomanid	44
PHOSPHO-TRIN K500	96	PREVALITE	41
PHOSPHOROUS	96	PREVIDENT 5000 ENAMEL PROTECT	90
phytonadione	147	PREVIDENT 5000 SENSITIVE	90
pilocarpine hcl	37,78	PREVNAR 20	72
PIMTREA	114	PREZCOBIX	68
pindolol	86	PREZISTA	68
pioglitazone hcl	34	PRIFTIN	44
pioglitazone-metformin	34	primaquine	59
pirfenidone	137	primidone	26
piroxicam	132	PRIORIX	72
PLAN B ONE-STEP	114	probenecid	98
PLEGRIDY	128	probenecid-colchicine	98
PLEGRIDY PEN	128,129	PROCENTRA	6
PNEUMOVAX 23	72	prochlorperazine	35
POLYCIN	9	prochlorperazine maleate	35
polymyxin b sul-trimethoprim	9	PROCRIT	83

****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.

PROCTO-MED HC	14
PROCTOSOL-HC	14
PROCTOZONE-HC	14
PROFILNINE	39
progesterone	117
promethazine hcl	101
promethazine-codeine	137
promethazine-dm	137
PROMETHEGAN	102
propafenone hcl	18
propafenone hcl er	18
propranolol hcl	86
propranolol hcl er	86
propylthiouracil	142
PROQUAD	72
protriptyline hcl	31
PULMOSAL	97
PULMOZYME	137
PUREVITA FOLIC ACID	147
PURIXAN	54
pyrazinamide	44
pyridostigmine bromide	78
pyridostigmine bromide er	78
pyrimethamine	59
PYRUKYND	81,82

Q

QUADRACEL DTAP-IPV	72
quetiapine fumarate	61
quetiapine fumarate er	61,62
QUILLICHEW ER	7
QUILLIVANT XR	7
quinapril hcl	136
quinapril-hctz 20-25 mg tab (greenstone)	136
quinapril-hydrochlorothiazide	136
quinidine gluconate	18
quinine sulfate	59
QUIT 2	80
QUIT 4	80
QULIPTA	43
QVAR REDIHALER	107

R

RABAVERT	72
rabeprazole sodium	74
raloxifene hcl	99
ramipril	137
ranolazine er	84
rasagiline mesylate	59
RASUVO	54
REBIF	129
REBIF REBIDOSE	129
REBINYN	39
RECLIPSEN	114
RECOMBINATE	39
RECOMBIVAX HB	73
repaglinide	33
REPATHA PUSHTRONEX	42
REPATHA SURECLICK	42
REPATHA SYRINGE	42
RESTASIS	100
RETACRIT	83
REVCIVI	99
REXTOVY	87
REXULTI	62
RIASTAP	39
ribavirin	76
rifabutin	44
rifampin	44
rilpivirine	65
riluzole	87
RINVOO	122
RINVOO LQ	122
risedronate sodium	125
risperidone	62
risperidone odt	62
ritonavir	68
rivaroxaban	23
rivastigmine	78
RIVELSA	114
RIXUBIS	39
rizatriptan	44

****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.

roflumilast	138	SIMLANDI(CF) AUTOINJECTOR	145
ROMVIMZA	54	SIMLIYA	114
ropinirole hcl	96	SIMPESSE	114
ROSADAN	10	SIMPONI	145
rosuvastatin calcium	42	simvastatin	42
ROSYRAH	114	sirolimus	126
ROTARIX	73	SIRTURO	44
ROTATEQ	73	SKYRIZI	15
ROWEEPRA	25	SKYRIZI ON-BODY	15
ROZLYTREK	54	SKYRIZI PEN	16
RUBRACA	54	sod sulf-potass sulf-mag sulf	102
rufinamide	28	sodium chloride	97
RYBELSUS	33	sodium citrate-citric acid	96
RYDAPT	54	sodium fluoride	91
S		SODIUM FLUORIDE 5000 DRY MOUTH	91
sacubitril-valsartan	135	SODIUM FLUORIDE 5000 PLUS	91
sapropterin dihydrochloride	98	sodium fluoride enamel protect	91
SCSEMBLIX	54,55	sodium fluoride sensitive	91
scopolamine	22	sodium fluoride-potassium nitr	91
SE-NATAL 19	146	sodium oxybate	7
SELARSDI	120	sodium phenylbutyrate	97
selegiline hcl	59	sodium polystyrene sulfonate	122
selenium sulfide	11	solifenacin succinate	104
SEMGLEE (YFGN)	118	SOLIQUA 100-33	118
SEMGLEE (YFGN) PEN	118	SOLOSEC	60
SEREVENT DISKUS	81	SOLTAMOX	99
sertraline hcl	30	sorafenib	55
SETLAKIN	114	sotalol	86
sevelamer carbonate	121,122	SOTALOL AF	86
sevelamer hcl	122	SOTYKTU	17
SF	91	SOVALDI	106
SF 5000 PLUS	91	SPIKEVAX 2023-2024	73
SHAROBEL	114	SPIKEVAX 2024-2025	73
SHEWISE	114	SPIKEVAX 2025-2026 (12Y UP)	73
SHINGRIX	73	SPIKEVAX 2025-2026 (6M-11Y)	73
sildenafil citrate	146	SPIRIVA RESPIMAT	22
silodosin	2	spironolactone	124
silver sulfadiazine	11	spironolactone-hctz	125
SIMBRINZA	37	SPRINTEC	114
SIMLANDI(CF)	144	SPS	122
		SRONYX	114

****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.

SSD	11	TAKHZYRO	123,124
ST. JOSEPH ASPIRIN	133	TALICIA	73
ST. JOSEPH ASPIRIN EC	133	TALZENNA	56
stavudine	66	tamoxifen citrate	99
STEQEYMA	121	tamsulosin hcl	2
STIOLTO RESPIMAT	22	TARINA 24 FE	114
STIVARGA	55	TARINA FE	114
STOP SMOKING AID	80	TARINA FE 1-20 EQ	114
STRIVERDI RESPIMAT	81	tasimelteon	77
SUBVENITE	25	tazarotene	140
SUBVENITE (BLUE)	25	TAZTIA XT	19
SUBVENITE (GREEN)	25	TAZVERIK	56
SUBVENITE (ORANGE)	25	tdvax	69
sucralfate	74	telmisartan	136
sulfacetamide sodium	9,11	temazepam	77
sulfadiazine	20	temozolomide	56
sulfamethoxazole-trimethoprim	20	TENIVAC	69
sulfasalazine	20	tenofovir disoproxil fumarate	66
sulfasalazine dr	20	terazosin hcl	85
SULFATRIM	20	terbinafine hcl	35
sulindac	132	terbutaline sulfate	81
sumatriptan	44	terconazole	36
sumatriptan succinate	44	teriflunomide	127
sunitinib malate	55	teriparatide	134
SUNOSI	7	testosterone	108
SYEDA	114	testosterone cypionate	108
SYMDEKO	89	tetrabenazine	88
SYMPROIC	89	tetracycline hcl	10
SYMTUZA	68	TEZSPIRE	12
SYNJARDY	33	THALOMID	125
SYNJARDY XR	33	theophylline	141
SYNTHROID	142	theophylline er	141
syringes (including insulin syringes)	93	thiothixene	63
		TIADYLT ER	19
T		tiagabine hcl	27
TABLOID	55	ticagrelor	68
tacrolimus	16,83	TILIA FE	114
tadalafil	145	timolol maleate	37
tadalafil 20 mg tablet (pah)	146	tinidazole	60
TAFINLAR	55	tiopronin	126
TAKE ACTION	114	TIVICAY	64

****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.

TIVICAY PD	64	TRI-SPRINTEC	115
tizanidine hcl	138	TRI-VYLIBRA	115
tobramycin	9,20	TRI-VYLIBRA LO	115
tobramycin-dexamethasone	9	triamcinolone acetonide	14,15
tolcapone	58	triamterene	95
tolterodine tartrate	104	triamterene-hydrochlorothiazid	95
tolterodine tartrate er	104	TRIDERM	15
tolvaptan	95	trientine hcl	106
topiramate	26	trifluoperazine hcl	63
topiramate er	26	trifluridine	10
topiramate er sprinkle	26	trihexyphenidyl hcl	58
toremifene citrate	99	TRIJARDY XR	33
TORPENZ	56	TRIKAFTA	89,90
toremide	94	trimethobenzamide hcl	35
TOUJEO MAX SOLOSTAR	118	trimethoprim	8
TOUJEO SOLOSTAR	118	trimipramine maleate	31
tramadol hcl	4	TRINATE	146
tramadol hcl er	4	TRIUMEO	66
tramadol hcl-acetaminophen	4	TRIUMEO PD	66
trandolapril	137	TRIVORA-28	115
tranexamic acid	39	trojan bareskin	131
tranylcypromine sulfate	29	trojan enz	131
trazodone hcl	31	trojan magnum	131
TRELEGY ELLIPTA	22	trojan ultra ribbed	131
TREMFYA	16	trojan ultra thin	131
TREMFYA ONE-PRESS	16	trojan ultra thin-spermicidal	131
TREMFYA PEN	16	trospium chloride	104
TREMFYA PEN INDUCTION (2 PEN)	16	trospium chloride er	104
TRESIBA	118	true cover	131
TRESIBA FLEXTOUCH U-100	118	TRULANCE	89
TRESIBA FLEXTOUCH U-200	118	TRULICITY	33
tretinoin	56,140	TRUMENBA	73
TRETEN	39	trustex	131
TRI-ESTARYLLA	114	trustex condom	131
TRI-LEGEST FE	115	trustex latex condom	131
TRI-LINYAH	115	trustex-ria	131
TRI-LO-ESTARYLLA	115	TULANA	115
TRI-LO-MARZIA	115	TUROOZ	115
TRI-LO-MILI	115	twiist refill kt(csst-ndl-syr)	93
TRI-LO-SPRINTEC	115	twiist rfl(infus-csst-ndl-syr)	93
TRI-MILI	115	twiist starter kit	93

****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.

TWINRIX.....	73	VESTURA.....	115
TYDEMY.....	115	VIBERZI.....	102
TYENNE.....	121	VIENVA.....	115
TYENNE AUTOINJECTOR.....	121	vigabatrin.....	27
TYMLOS.....	134	VIGADRONE.....	27
		VIGPODER.....	27
U		vilazodone hcl.....	31
UBRELVY.....	43	VIORELE.....	115
UNITHROID.....	143	VIREAD.....	66
ursodiol.....	103	vitamin d2.....	147
		VITRAKVI.....	57
V		VOLNEA.....	115
valacyclovir.....	76	voriconazole.....	36
VALCHLOR.....	139	VOSEVI.....	106
valganciclovir hcl.....	76	VRAYLAR.....	62
valproic acid.....	27	VUMERITY.....	128
valsartan.....	136	VYFEMLA.....	115
valsartan-hydrochlorothiazide.....	136	VYLIBRA.....	115
VALTYA.....	115	VYNDAMAX.....	84
vancomycin hcl.....	21	VYNDAQEL.....	84
VAQTA.....	73		
varenicline tartrate.....	80	W	
VARIVAX VACCINE.....	73	warfarin sodium.....	22
VARUBI.....	35	WEE CARE.....	17
VASCEPA.....	42	WERA.....	115
VAXELIS.....	69	WES-PHOS 250 NEUTRAL.....	96
VAXNEUVANCE.....	73	wide seal diaphragm.....	131
VCF.....	131	WILATE.....	39
VELTASSA.....	122	WIXELA INHUB.....	81
VEMLIDY.....	76	WYMZYA FE.....	115
VENCLEXTA.....	56		
VENCLEXTA STARTING PACK.....	56	X	
venlafaxine hcl.....	29	XALKORI.....	57
venlafaxine hcl er.....	29	XARAH FE.....	116
VENTOLIN HFA.....	81	XARELTO.....	23
VENXXIVA.....	126	XELJANZ.....	122,123
verapamil er.....	19	XELJANZ XR.....	123
verapamil hcl.....	19	XELRIA FE.....	116
verapamil sr.....	19	XIFAXAN.....	21
VERQUVO.....	145	XIGDUO XR.....	33
VERZENIO.....	57	XOLAIR.....	119

****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.

XTAMPZA ER.....	4,5
XTANDI.....	57
XULANE.....	116
XULTOPHY 100-3.6.....	118

Y

YARGESA.....	99
YESINTEK.....	121
YEZTUGO.....	63
YONSA.....	57
YUVAFEM.....	100

Z

ZAFEMY.....	116
zafirlukast.....	12
zaleplon.....	77
ZARAH.....	116
ZARXIO.....	83
ZEGALOGUE AUTOINJECTOR.....	40
ZEGALOGUE SYRINGE.....	40
ZEJULA.....	58
ZELBORAF.....	58
ZENATANE.....	140
ZENPEP.....	103
ZENZEDI.....	6
zidovudine.....	66,67
ZILXI.....	10
ziprasidone hcl.....	62
ZOKINVY.....	99
ZOLINZA.....	58
zolmitriptan.....	44
zolpidem tartrate.....	77,78
zolpidem tartrate er.....	78
ZOMIG.....	44
zonisamide.....	28
ZOVIA 1-35.....	116
ZUMANDIMINE.....	116
ZURZUVAE.....	29
ZYDELIG.....	58
ZYKADIA.....	58