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
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	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.
S	Specialty Drug	These Specialty medications are available at Prime Therapeutics Pharmacy, Memorial Pharmacy, or BHMC Out Patient Pharmacy.
PA	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.
QPD	Quantity Per Day	Quantity 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.

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT (12:16)	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS	
dihydroergotamine 1 mg/ml amp	
phenoxybenzamine hcl 10 mg cap	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT	
alfuzosin hcl er	
silodosin	
tamsulosin hcl	
ANALGESICS AND ANTIPYRETICS	
NON-OPIOID ANALGESICS	
butalbital-acetaminophn 50-325	QPD 6.0 per day
OPIOID AGONISTS (28:08)	
acetaminophen-cod #4 tablet	QPD 6.0 per day
acetaminophen-codeine (#2 tablet, #3 tablet)	QPD 12.0 per day
asa-butalb-caffeine-codeine	QPD 6.0 per day
ASCOMP WITH CODEINE	QPD 6.0 per day
butalb-acetamin-caf-cod 50-325	QPD 6.0 per day
codeine sulfate 30 mg tablet	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
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	PA / QPD 0.5 per day
fentanyl citrate otfc 600 mcg	PA / QPD 4.0 per day
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	QPD 90.0 per day
hydrocodone-acetamin 2.5-325	QPD 8.0 per day
hydrocodone-acetamin 5-325 mg	QPD 8.0 per day
hydrocodone-acetaminophen (7.5-325, 10-325 mg)	QPD 6.0 per day
hydrocodone-ibuprofen 7.5-200	QPD 5.0 per day
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	QPD 48.0 per day
hydromorphone 8 mg tablet	QPD 6.0 per day
hydromorphone hcl (2 mg tablet, 4 mg tablet)	QPD 6.0 per day
methadone 10 mg/5 ml solution	QPD 15.0 per day
methadone 5 mg/5 ml solution	QPD 30.0 per day
methadone hcl (10 mg/ml oral conc, hcl 10 mg tablet, 40 mg tablet dispr)	QPD 3.0 per day
methadone hcl 5 mg tablet	QPD 3.0 per day
METHADONE INTENSOL	QPD 3.0 per day
METHADOSE 40 MG TABLET DISPR	QPD 3.0 per day
morphine sulf 10 mg/5 ml soln	QPD 90.0 per day
morphine sulf 100 mg/5 ml conc	QPD 9.0 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	
morphine sulf 20 mg/5 ml soln	QPD	45.0 per day
morphine sulfate ir 15 mg tab	QPD	12.0 per day
morphine sulfate ir 30 mg tab	QPD	6.0 per day
morphine sulf er 15 mg tablet	PA / QPD	3.0 per day
morphine sulfate er (er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	PA / QPD	3.0 per day
NUCYNTA ER	PA / QPD	2.0 per day
oxycodone hcl 100 mg/5 ml conc	QPD	9.0 per day
oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)	QPD	180.0 per day
oxycodone hcl (15 mg tab, 20 mg tab, 30 mg tab)	QPD	6.0 per day
oxycodone hcl (ir) 10 mg tab	QPD	6.0 per day
oxycodone hcl (ir) 5 mg tablet	QPD	12.0 per day
oxycodone-acetaminophen 10-325	QPD	6.0 per day
oxycodone-acetaminophen 5-325	QPD	12.0 per day
oxycodone-acetaminophn 2.5-325	QPD	12.0 per day
oxycodone-acetaminophn 7.5-325	QPD	8.0 per day
oxymorphone hcl	QPD	6.0 per day
tramadol hcl 50 mg tablet	QPD	8.0 per day
tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet)	PA / QPD	1.0 per day
tramadol hcl-acetaminophen	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

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
XTAMPZA ER 36 MG CAPSULE	PA QPD 8.0 per day
OPIOID PARTIAL AGONISTS	
BELBUCA	PA QPD 2.0 per day
buprenorphine hcl (2 mg tablet, 8 mg tablet)	QL max 6 / 90 days
buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg flm)	QPD 2.0 per day
buprenorphine-nalox 8-2 mg tab	QPD 3.0 per day
buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)	QPD 4.0 per day
butorphanol 10 mg/ml spray	QPD 0.25 per day
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS **AMPHETAMINES**	
dextroamphetamine 5 mg/5 ml	QPD 60.0 per day
dextroamphetamine 10 mg tab	QPD 6.0 per day
dextroamphetamine 5 mg tab	QPD 3.0 per day
dextroamphetamine er 5 mg cap	QPD 3.0 per day
dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)	QPD 4.0 per day
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)	QPD 1.0 per day
dextroamp-amphetamin 20 mg tab	QPD 3.0 per day
dextroamp-amphetamine 5 mg tab	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
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)	QPD 2.0 per day
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)	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	
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	QPD 2.0 per day
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	QPD 1.0 per day
AZSTARYS	QPD 1.0 per day
caffeine cit 60 mg/3 ml oral	
dexmethylphenidate 10 mg tab	QPD 2.0 per day
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)	QPD 2.0 per day
dexmethylphenidate hcl er	QPD 1.0 per day
JORNAY PM	QPD 1.0 per day
methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab)	QPD 1.0 per day
methylphenidate er 36 mg tab	QPD 2.0 per day
methylphenidate er (er 10 mg tab, er 20 mg tab)	QPD 3.0 per day
methylphenidate er (la) (10mg cp, 20mg cp, 30mg cp, 40mg cp)	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
methylphenidate er 27 mg tab (mallinckrodt and kremers/lannett)	QPD 1.0 per day
methylphenidate er 36 mg tab (mallinckrodt and kremers/lannett)	QPD 2.0 per day
methylphenidate er 54 mg tab (mallinckrodt and kremers/lannett)	QPD 1.0 per day
methylphenidate 10 mg/5 ml sol	QPD 30.0 per day
methylphenidate 5 mg/5 ml soln	QPD 15.0 per day
methylphenidate 10 mg chew tab	QPD 6.0 per day
methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 20 mg tablet)	QPD 3.0 per day
methylphenidate hcl (5 mg tablet, 10 mg tablet)	QPD 3.0 per day
methylphenidate hcl cd	QPD 1.0 per day
methylphenidate hcl er (cd)	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	
armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)	
armodafinil 50 mg tablet	
modafinil (100 mg tablet, 200 mg tablet)	
sodium oxybate	S PA QPD 18.0 per day
SUNOSI	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
ANTI-INFECTIVE AGENTS	
ANTHELMINTICS	
albendazole 200 mg tablet	
ivermectin 3 mg tablet	
praziquantel 600 mg tablet	
URINARY ANTI-INFECTIVES	
fosfomycin tromethamine	
methenamine hippurate	
nitrofurantoin (25 mg cap, 100 mg cap)	
nitrofurantoin mcr 50 mg cap	
nitrofurantoin 25 mg/5 ml susp	PA
nitrofurantoin mono-macro	
trimethoprim 100 mg tablet	
ANTI-INFECTIVES (EENT)	
ANTI-INFECTIVES, MISCELLANEOUS (52:04)	
acetic acid 2% ear solution	
hydrocortisone-acetic acid	
ANTIBACTERIALS (52:04)	
AK-POLY-BAC	
bacitracin 500 unit/gm ophth	
bacitracin-polymyxin	
BESIVANCE	
ciprofloxacin 0.2% otic soln	

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

LAST UPDATED 02/2026

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

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

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
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS	
diclofenac 0.1% eye drops	
ketorolac 0.4% ophth solution	
ketorolac 0.5% ophth solution	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)	
INTERLEUKIN ANTAGONISTS	
FASENRA PEN	**QL** max 1 / 28 days **S** **PA**
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	**S** **PA** **QPD** 0.108 per day
NUCALA 40 MG/0.4 ML SYRINGE	**S** **PA** **QPD** 0.015 per day
TEZSPIRE 210 MG/1.91 ML PEN	**S** **PA** **QPD** 0.069 per day
LEUKOTRIENE MODIFIERS	
montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)	
zafirlukast	
MAST-CELL STABILIZERS	
cromolyn 20 mg/2 ml neb soln	
cromolyn 100 mg/5 ml oral conc	

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
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)	
ADRENERGIC AGONISTS	
brimonidine 0.33% gel pump	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)	
ALA-CORT	QPD 15.134 per day
alclometasone dipro 0.05% crm	QPD 4.0 per day
ANUCORT-HC	
ANUSOL-HC 25 MG SUPPOSITORY	
betamethasone dp aug 0.05% crm	QPD 7.143 per day
betamethasone dp aug 0.05% lot	QPD 7.0 per day
betamethasone dp aug 0.05% oin	QPD 7.143 per day
betamethasone dipropionate (dp crm, dp oint)	QPD 4.5 per day
betamethasone dp 0.05% lot	QPD 4.0 per day
betamethasone valerate (va cream, valer ointm)	QPD 4.5 per day
clobetasol emollient 0.05% crm	QPD 7.5 per day
clobetasol propionate (cream, gel, ointment)	QPD 7.5 per day
clobetasol propionate (prop foam, solution)	QPD 7.143 per day
CORTIFOAM	
desonide (cream, ointment)	QPD 4.0 per day
desoximetasone (cream, ointment)	QPD 4.0 per day
fluocinolone acetonide (body oil, scalp oil)	QPD 3.943 per day
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% ointment)	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
fluocinonide (cream, gel, ointment, solution)	QPD 4.0 per day
fluocinonide 0.1% cream	QPD 8.572 per day
fluocinonide-e	QPD 4.0 per day
fluticasone propionate (0.005% oint, 0.05% cream)	QPD 4.0 per day
halobetasol prop 0.05% cream	QPD 7.143 per day
HEMMOREX-HC 25 MG SUPPOSITORY	
hydrocortisone 1% cream	QPD 15.134 per day
hydrocortisone 100 mg/60 ml	
hydrocortisone (cream, ointment)	QPD 15.134 per day
hydrocortisone 1% ointment	QPD 15.12 per day
hydrocortisone ac 25 mg supp	
hydrocortisone val 0.2% cream	QPD 4.0 per day
KOURZEQ	
mometasone furoate 0.1% cream	QPD 4.5 per day
mometasone furoate 0.1% oint	QPD 4.5 per day
mometasone furoate 0.1% soln	QPD 4.0 per day
ORALONE	
PROCTO-MED HC	
PROCTOSOL-HC	
PROCTOZONE-HC	
triamcinolone acetonide (0.025% lotion, 0.1% lotion)	QPD 4.0 per day
triamcinolone 0.5% ointment	QPD 4.0 per day
triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)	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
triamcinolone 0.1% paste	
TRIDERM	`QPD` 15.134 per day
IMMUNOMODULATORY AGENTS (84:06)	
ADBRY	`S` `PA` `QPD` 0.143 per day
ADBRY AUTOINJECTOR	`S` `PA` `QPD` 0.143 per day
EBGLYSS PEN	`S` `PA` `QPD` 0.072 per day
EBGLYSS SYRINGE	`S` `PA` `QPD` 0.072 per day
NEMLUVIO	`S` `PA` `QPD` 0.036 per day
SKYRIZI 150 MG/ML SYRINGE	`QL` max 1 / 84 days `S` `PA`
SKYRIZI 180 MG/1.2 ML ON-BODY	`QL` max 1.2 / 56 days `S` `PA`
SKYRIZI 360 MG/2.4 ML ON-BODY	`QL` max 2.4 / 56 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
SKYRIZI PEN	QL max 1 / 84 days S PA
tacrolimus (0.03% ointment, 0.1% ointment)	
TREMFYA 100 MG/ML SYRINGE	QL max 1 / 56 days S PA
TREMFYA 200 MG/2 ML SYRINGE	S PA QPD 0.072 per day
TREMFYA ONE-PRESS	QL max 1 / 56 days S PA
TREMFYA 100 MG/ML PEN	QL max 1 / 56 days S PA
TREMFYA 200 MG/2 ML PEN	S PA QPD 0.072 per day
TREMFYA PEN INDUCTION (2 PEN)	QL max 12 / 180 days S PA

JANUS KINASE INHIBITORS (84:06)

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
CIBINQO	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
SOTYKTU	S PA QPD 1.0 per day
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)	
diclofenac sodium 3% gel	
PHOSPHODIESTERASE-4 INHIBITORS (84:06)	
EUCRISA	
ANTIANEMIA DRUGS	
IRON PREPARATIONS	
FER-IN-SOL	
ferrous sulf 300 mg/5 ml cup	
ferrous sulfate (15 mg iron/ml drp, 44 mg iron/5ml lq, 220 mg/5 ml elix, 220 mg/5 ml liq)	
ICAR	
infant-toddler iron	
IRONUP	
NOVAFERRUM YUMMY PEDIATRIC	
PEDIA IRON	
PEDIATRIC FE-VITE	
pediatric iron	
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	
disopyramide phosphate	
quinidine gluconate	
CLASS IB ANTIARRHYTHMICS	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	
CLASS IC ANTIARRHYTHMICS	
flecainide acetate (100 mg tab, 150 mg tab)	
flecainide acetate 50 mg tab	
propafenone hcl (225 mg tab, 300 mg tab)	
propafenone hcl 150 mg tablet	
propafenone hcl er	
CLASS III ANTIARRHYTHMICS	
amiodarone hcl 100 mg tablet	
amiodarone hcl 200 mg tablet	
dofetilide	
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)	
diltiazem 12hr er	
diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap)	
diltiazem 24hr er (24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)	
diltiazem 24h er(cd) 300 mg cp	
diltiazem 24hr er (cd) (24h 120 mg cp, 24h 180 mg cp, 24h 240 mg cp)	
diltiazem 24h er(la) 120 mg tb	
diltiazem 24h er(xr) 120 mg cp	
diltiazem 24hr er (xr) (24h 180 mg cp, 24h 240 mg cp)	
diltiazem 90 mg tablet	
diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)	
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)	
verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)	
verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	
verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 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
ANTIBACTERIALS (08:12)	
AMINOGLYCOSIDE ANTIBIOTICS	
neomycin 500 mg tablet	
tobramycin (300 mg/4 ml, 300 mg/5 ml)	QL max 56 days / fill S
QUINOLONE ANTIBIOTICS	
ciprofloxacin	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	
levofloxacin 25 mg/ml solution	
levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)	
ofloxacin 300 mg tablet	
ofloxacin 400 mg tablet	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)	
sulfadiazine 500 mg tablet	
sulfamethoxazole-trimethoprim (20 ml cup, susp)	
sulfamethoxazole-trimethoprim (ds tablet, ss tablet)	
sulfasalazine 500 mg tablet	
sulfasalazine dr	
SULFATRIM	
TETRACYCLINE ANTIBIOTICS	
AVIDOXY	
demeclocycline hcl	
doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)	

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
doxycycline monohydrate (50 mg cap, 50 mg tablet, 100 mg cap, 100 mg tablet)	
doxycycline monohydrate (25 mg/5 ml susp, mono 75 mg tablet, mono 150 mg tablet)	
minocycline 50 mg capsule	
minocycline hcl (75 mg capsule, 100 mg capsule)	
MONDOXYNE NL 100 MG CAPSULE	
ANTIBACTERIALS, MISCELLANEOUS	
GLYCOPEPTIDE ANTIBIOTICS	
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)	
LINCOMYCIN ANTIBIOTICS	
CLINDACIN ETZ 1% PLEDGET	
CLINDACIN P	
clindamycin (pediatric)	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	
clindamycin phosphate (ph 1% gel, ph 1% solution, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)	
OXAZOLIDINONE ANTIBIOTICS	
linezolid 100 mg/5 ml susp	PA
linezolid 600 mg tablet	
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
dicyclomine 10 mg/5 ml soln	
dicyclomine hcl (10 mg capsule, 20 mg tablet)	
glycopyrrolate 1 mg/5 ml soln	`PA` `QPD` 45.0 per day
glycopyrrolate (1 mg tablet, 2 mg tablet)	
INCRUSE ELLIPTA	`QPD` 1.0 per day
ipratropium br 0.02% soln	
ipratropium-albuterol	
methscopolamine bromide (2.5 mg tb, 5 mg tab)	
scopolamine	
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	
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)	

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
rivaroxaban 1 mg/ml suspension	QPD	20.667 per day
rivaroxaban 2.5 mg tablet	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		
dabigatran etexilate (75 mg cap, 150 mg cp)	QPD	2.0 per day
dabigatran etexilate 110 mg cp	QPD	4.0 per day
HEPARINS		
enoxaparin 30 mg/0.3 ml syr	QL S	max 9 / 90 days
enoxaparin 40 mg/0.4 ml syr	QL S	max 12 / 90 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
enoxaparin 60 mg/0.6 ml syr	**QL** max 18 / 90 days **S**
enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)	**QL** max 24 / 90 days **S**
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)	**QL** max 30 / 90 days **S**
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, 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)	

INDIRECT FACTOR XA INHIBITORS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
fondaparinux 10 mg/0.8 ml syr	**S** **QPD** 0.8 per day
fondaparinux 2.5 mg/0.5 ml syr	**S** **QPD** 0.5 per day
fondaparinux 5 mg/0.4 ml syr	**S** **QPD** 0.4 per day
fondaparinux 7.5 mg/0.6 ml syr	**S** **QPD** 0.6 per day

ANTICONVULSANTS

ANTICONVULSANTS, MISCELLANEOUS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 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
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)	
EPIDIOLEX	S PA
EPITOL	
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)	
lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	
lamotrigine (5 mg disper tablet, 25 mg disper tab)	
lamotrigine (blue)	
lamotrigine (green)	
lamotrigine (orange)	
lamotrigine er	
levetiracetam (100 mg/ml soln, 500 mg/5 ml cup, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)	
levetiracetam (250 mg tablet, 500 mg tablet)	
levetiracetam er	
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)	
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
topiramate (15 mg cap, 25 mg cap, 50 mg cap)	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	
topiramate er (er 25 mg capsule, er 50 mg capsule, er 100 mg capsule)	**PA** **QPD** 1.0 per day
topiramate er 200 mg capsule	**PA** **QPD** 2.0 per day
topiramate er 200mg sprink cap	**PA** **QPD** 2.0 per day
topiramate er sprinkle (er 25mg sprinkl cap, er 50mg sprinkl cap, er 100mg sprink cap, er 150mg sprink cap)	**PA** **QPD** 1.0 per day
BARBITURATES (ANTICONVULSANTS)	
primidone 250 mg tablet	
primidone 50 mg tablet	
BENZODIAZEPINES (ANTICONVULSANTS)	
clobazam 2.5 mg/ml suspension	**S**
clobazam (10 mg tablet, 20 mg tablet)	
clonazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	
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)	
GABA-MEDIATED ANTICONVULSANTS	
divalproex dr 125 mg cap sprnk	
divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)	
divalproex sodium er	
gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 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
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6ml soln cup)	
gabapentin er (er 300 mg tablet, er 450 mg tablet, er 750 mg tablet)	ST QPD 1.0 per day
gabapentin er 600 mg tablet	ST QPD 3.0 per day
gabapentin er 900 mg tablet	ST QPD 2.0 per day
pregabalin (150 mg capsule, 200 mg capsule)	QPD 3.0 per day
pregabalin (225 mg capsule, 300 mg capsule)	QPD 2.0 per day
pregabalin (75 mg capsule, 100 mg capsule)	QPD 6.0 per day
pregabalin 25 mg capsule	QPD 12.0 per day
pregabalin 50 mg capsule	QPD 9.0 per day
pregabalin 20 mg/ml solution	QPD 30.0 per day
tiagabine hcl	
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup)	
vigabatrin (500 mg powder packt, 500 mg tablet)	S
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	S
VIGPODER	S
HYDANTOINS	
DILANTIN 30 MG CAPSULE	
PHENYTEK	
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)	

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
phenytoin sodium extended	

ION CHANNEL INHIBITION AGENTS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
eslicarbazepine acetate	
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)	
oxcarbazepine (300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	
oxcarbazepine 150 mg tablet	
oxcarbazepine er	
rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)	
zonisamide (25 mg capsule, 50 mg capsule)	
zonisamide 100 mg capsule	

SUCCINIMIDES

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	
methsuximide	

ANTIDEPRESSANTS

ANTIDEPRESSANTS, MISCELLANEOUS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
bupropion hcl 100 mg tablet	QPD 4.0 per day
bupropion hcl 75 mg tablet	QPD 6.0 per day
bupropion hcl sr 150 mg tablet	QPD 2.0 per day
bupropion hcl sr 100 mg tablet	QPD 4.0 per day
bupropion hcl sr 200 mg tablet	QPD 2.0 per day
bupropion hcl xl 150 mg tablet	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	
bupropion hcl xl 300 mg tablet	QPD	1.0 per day
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	QL / S	max 28 / 365 days
ZURZUVAE 30 MG CAPSULE	QL / S	max 14 / 365 days
MONOAMINE OXIDASE INHIBITORS		
tranylcypromine sulfate		
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
desvenlafaxine succinate er (er 25 mg, er 50 mg)	QPD	1.0 per day
desvenlafaxine succnt er 100mg	QPD	4.0 per day
duloxetine hcl dr 20 mg cap	QPD	6.0 per day
duloxetine hcl dr 30 mg cap	QPD	4.0 per day
duloxetine hcl dr 60 mg cap	QPD	2.0 per day
venlafaxine hcl (75 mg tablet, 100 mg tablet)	QPD	3.0 per day
venlafaxine hcl 25 mg tablet	QPD	15.0 per day
venlafaxine hcl 37.5 mg tablet	QPD	10.0 per day
venlafaxine hcl 50 mg tablet	QPD	7.0 per day
venlafaxine hcl er 150 mg cap	QPD	2.0 per day
venlafaxine hcl er 37.5 mg cap	QPD	6.0 per day
venlafaxine hcl er 75 mg cap	QPD	3.0 per day
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
citalopram hbr 10 mg/5 ml soln	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	
citalopram hbr 10 mg tablet	QPD	4.0 per day
citalopram hbr 20 mg tablet	QPD	2.0 per day
citalopram hbr 40 mg tablet	QPD	1.0 per day
escitalopram oxalate (oxalate 5 mg/5 ml, 10 mg/10 ml cup)	QPD	20.0 per day
escitalopram 10 mg tablet	QPD	2.0 per day
escitalopram 20 mg tablet	QPD	1.0 per day
escitalopram 5 mg tablet	QPD	4.0 per day
fluoxetine hcl (10 mg capsule, 10 mg tablet)	QPD	8.0 per day
fluoxetine hcl 20 mg capsule	QPD	4.0 per day
fluoxetine hcl 40 mg capsule	QPD	2.0 per day
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	QPD	20.0 per day
fluoxetine hcl 20 mg tablet	QPD	4.0 per day
fluvoxamine maleate (25 mg tab, 50 mg tab)	QPD	1.0 per day
fluvoxamine maleate 100 mg tab	QPD	3.0 per day
paroxetine hcl 10 mg tablet	QPD	6.0 per day
paroxetine hcl 20 mg tablet	QPD	3.0 per day
paroxetine hcl 30 mg tablet	QPD	2.0 per day
paroxetine hcl 40 mg tablet	QPD	1.0 per day
sertraline 20 mg/ml oral conc	QPD	10.0 per day
sertraline hcl 100 mg tablet	QPD	2.0 per day
sertraline hcl 25 mg tablet	QPD	8.0 per day
sertraline hcl 50 mg tablet	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
SEROTONIN MODULATORS	
mirtazapine (30 mg tablet, 45 mg tablet)	**QPD** 1.0 per day
mirtazapine (15 mg odt, 15 mg tablet)	**QPD** 3.0 per day
mirtazapine (7.5 mg tablet, 30 mg odt, 45 mg odt)	**QPD** 1.0 per day
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)	
vilazodone hcl	**QPD** 1.0 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS	
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	
amitriptyline hcl 150 mg tab	
clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)	
desipramine 10 mg tablet	
desipramine hcl (25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule)	
doxepin hcl (75 mg capsule, 100 mg capsule, 150 mg capsule)	
imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	
nortriptyline 10 mg/5 ml soln	
protriptyline hcl	
trimipramine maleate	

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
ANTIDIABETIC AGENTS	
ALPHA-GLUCOSIDASE INHIBITORS	
acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)	
ANTIDIABETIC AGENTS, MISCELLANEOUS	
mifepristone 300 mg tablet	S PA QPD 4.0 per day
BIGUANIDES	
metformin hcl (500 mg tablet, 850 mg tablet, 1,000 mg tablet)	
metformin hcl er 500 mg tablet	QPD 4.0 per day
metformin hcl er 750 mg tablet	QPD 2.0 per day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	
JANUMET	QPD 2.0 per day
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	QPD 1.0 per day
JANUMET XR 50-1,000 MG TABLET	QPD 2.0 per day
JANUVIA	QPD 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)	PA QPD 0.072 per day
MOUNJARO 2.5 MG/0.5 ML PEN	QL max 2 / 180 days PA
OZEMPIC	PA QPD 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)	PA	
	QPD	1.0 per day
RYBELSUS 3 MG TABLET	QL	max 30 / 180 days
	PA	
TRULICITY	PA	
	QPD	0.072 per day

MEGLITINIDES

nateglinide

repaglinide (0.5 mg tablet, 1 mg tablet)

repaglinide 2 mg tablet

SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB

FARXIGA	QPD	1.0 per day
GLYXAMBI	QPD	1.0 per day
JARDIANCE	QPD	1.0 per day
SYNJARDY	QPD	2.0 per day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	QPD	2.0 per day
SYNJARDY XR 25-1,000 MG TABLET	QPD	1.0 per day
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	QPD	1.0 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	QPD	2.0 per day
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	QPD	2.0 per day
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	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
SULFONYLUREAS	
glimepiride (1 mg tablet, 2 mg tablet, 4 mg tablet)	
glipizide (5 mg tablet, 10 mg tablet)	
glipizide er	
glipizide xl	
glipizide-metformin	
glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)	
glyburide-metformin hcl	
THIAZOLIDINEDIONES	
pioglitazone hcl	
pioglitazone-metformin	
ANTIDOTES (91:04)	
ACETAMINOPHEN ANTIDOTE	
acetylcysteine (10% vial, 20% vial)	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS	
leucovorin calcium (5 mg tab, 15 mg tab, 25 mg tab)	
mesna 400 mg tablet	S
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
granisetron hcl 1 mg tablet	
ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)	
ondansetron hcl (4 mg tablet, 8 mg tablet)	
ondansetron odt (odt 4 mg tablet, odt 8 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
ANTIHISTAMINES (GI DRUGS)	
COMPRO	
doxylamine succ-pyridoxine hcl	
meclizine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)	
prochlorperazine	
prochlorperazine maleate (5 mg tablet, 10 mg tab)	
trimethobenzamide 300 mg cap	
NEUROKININ-1 RECEPTOR ANTAGONISTS	
aprepitant (40 mg capsule, 125 mg capsule, 125-80-80 mg pack)	
aprepitant 80 mg capsule	
EMEND 125 MG POWDER PACKET	
VARUBI	S
ANTIFUNGAL (SYSTEMIC)	
ALLYLAMINE ANTIFUNGALS	
terbinafine hcl 250 mg tablet	
ANTIFUNGALS, MISCELLANEOUS	
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	
AZOLE ANTIFUNGALS	
fluconazole (10 mg/ml susp, 40 mg/ml susp)	
fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	
itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)	

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

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
NYAMYC	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit/5 ml cup)	
nystatin (100,000 unit/gm powd, 500,000 unit oral tab)	
NYSTOP	
ANTIGLAUCOMA AGENTS	
ALPHA-ADRENERGIC AGONISTS (52:40)	
brimonidine 0.2% eye drop	
BETA-ADRENERGIC BLOCKING AGENTS (52:40)	
dorzolamide-timolol eye drops	
timolol maleate (0.25% drop, 0.5% drops)	
CARBONIC ANHYDRASE INHIBITORS (52:40)	
acetazolamide 125 mg tablet	
acetazolamide 250 mg tablet	
acetazolamide er	
dorzolamide hcl	
methazolamide (25 mg tablet, 50 mg tablet)	
SIMBRINZA	
MIOTICS	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	
pilocarpine hcl 1.25% eye drop	QPD 0.167 per day
PROSTAGLANDIN ANALOGS	
latanoprost 0.005% eye drops	QL max 2.5 per 30 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
LUMIGAN	**QL** max 2.5 per 30 days
ANTIHEMORRHAGIC AGENTS	
HEMOSTATICS	
AFSTYLA	**S** **PA**
ALPHANATE	**S** **PA**
ALPHANINE SD	**S** **PA**
aminocaproic acid (0.25 gram/ml, 500 mg tab, 1,000 mg tab)	
COAGADEX	**S**
CORIFACT	**S**
ELOCTATE	**S** **PA**
ESPEROCT	**S** **PA**
FEIBA	**S**
FIBRYGA	**S**
HUMATE-P	**S** **PA**
IDELVION	**S** **PA**
IXINITY	**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
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
tranexamic acid 650 mg tablet	
TRETTEN	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	
carbinoxamine maleate 4 mg tab	
SECOND GENERATION ANTIHISTAMINES	
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)	
desloratadine 5 mg tablet	
levocetirizine dihydrochloride (2.5 mg/5 ml sol, 5 mg tablet)	
ANTIHYPOGLYCEMIC AGENTS	
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS	
diazoxide 50 mg/ml oral susp	
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	

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
ANTILIPEMIC AGENTS	
ACL INHIBITORS	
NEXLETOL	PA / QPD 1.0 per day
NEXLIZET	PA / QPD 1.0 per day
ANTILIPEMIC AGENTS, MISCELLANEOUS	
niacin er	
BILE ACID SEQUESTRANTS	
cholestyramine powder	
cholestyramine light powder	
colesevelam 625 mg tablet	
colestipol hcl (1 gm tablet, granules, granules packet)	
PREVALITE POWDER	
CHOLESTEROL ABSORPTION INHIBITORS	
ezetimibe	
ezetimibe-simvastatin	
FIBRIC ACID DERIVATIVES	
fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	
gemfibrozil 600 mg tablet	
HMG-COA REDUCTASE INHIBITORS	
atorvastatin calcium (10 mg tablet, 20 mg tablet)	
atorvastatin calcium (40 mg tablet, 80 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
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	
pravastatin sodium	
rosuvastatin calcium	
simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	
simvastatin 80 mg tablet	
OMEGA-3-MEDIATED ANTILIPEMICS	
VASCEPA	
PCSK9 INHIBITORS	
REPATHA PUSHTRONEX	S PA QPD 0.25 per day
REPATHA SURECLICK	S PA QPD 0.215 per day
REPATHA SYRINGE	S PA QPD 0.215 per day
ANTIMETABOLITES, IMMUNOSUPPRESS THERAPY	
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC	
AZASAN	
azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)	S
mycophenolic acid	S
MYHIBBIN	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
ANTIMIGRAINE AGENTS	
CALCITONIN GENE-RELATED PEPTIDE ANTAG.	
AIMOVIG AUTOINJECTOR	PA / QPD 0.036 per day
AJOVY AUTOINJECTOR	QL max 4.5 / 84 days / PA
AJOVY AUTOINJECTOR (3 PACK)	QL max 4.5 / 84 days / PA
AJOVY SYRINGE	QL max 4.5 / 84 days / PA
EMGALITY PEN	PA / QPD 0.036 per day
EMGALITY 120 MG/ML SYRINGE	PA / QPD 0.036 per day
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	QL max 9 / 180 days / PA
NURTEC ODT	PA / QPD 0.534 per day
QULIPTA	PA / QPD 1.0 per day
UBRELVY	PA / QPD 0.534 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
SELECTIVE SEROTONIN AGONISTS	
eletriptan hbr	QPD 0.4 per day
naratriptan hcl	QPD 0.6 per day
rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)	QPD 0.6 per day
sumatriptan (5 mg nasal spray, 20 mg nasal spray)	QPD 0.4 per day
sumatriptan succinate (4 mg/0.5 ml inject, 6 mg/0.5ml autoinj)	QPD 0.2 per day
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	QPD 0.6 per day
sumatriptan 6 mg/0.5 ml vial	QPD 0.167 per day
zolmitriptan (2.5 mg tablet, 5 mg tablet)	QPD 0.4 per day
ZOMIG (2.5 MG TABLET, 5 MG TABLET)	QPD 0.4 per day
ANTIMYCOBACTERIALS	
ANTILEPROSY AGENTS	
dapsone (25 mg tablet, 100 mg tablet)	
ANTITUBERCULOSIS AGENTS	
ethambutol hcl	
isoniazid 50 mg/5 ml solution	
isoniazid (100 mg tablet, 300 mg tablet)	
pretomanid	
PRIFTIN	
pyrazinamide 500 mg tablet	
rifabutin	
rifampin (150 mg capsule, 300 mg capsule)	
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	
abiraterone acetate 250 mg tab	S PA QPD 4.0 per day
abiraterone acetate 500 mg tab	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
anastrozole 1 mg tablet	
BESREMI	S PA QPD 0.072 per day

LAST UPDATED 02/2026

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
bexarotene 75 mg capsule	S PA
bicalutamide	
BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	S PA QPD 1.0 per day
BOSULIF 100 MG CAPSULE	S PA QPD 5.0 per day
BOSULIF 100 MG TABLET	S PA QPD 3.0 per day
BRUKINSA 80 MG CAPSULE	S PA QPD 4.0 per day
BRUKINSA 160 MG TABLET	S PA QPD 2.0 per day
CABOMETYX	S PA QPD 1.0 per day
CALQUENCE	S PA QPD 2.0 per day
capecitabine	S PA
CAPRELSA 100 MG TABLET	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
CAPRELSA 300 MG TABLET	S PA QPD 1.0 per day
COMETRIQ 100 MG DAILY-DOSE PK	S PA QPD 2.0 per day
COMETRIQ 140 MG DAILY-DOSE PK	S PA QPD 4.0 per day
COMETRIQ 60 MG DAILY-DOSE PACK	S PA QPD 3.0 per day
COTELLIC	S PA QPD 2.25 per day
cyclophosphamide (25 mg capsule, 50 mg capsule)	
cyclophosphamide (25 mg tablet, 50 mg tablet)	
dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)	S PA QPD 1.0 per day
dasatinib 20 mg tablet	S PA QPD 3.0 per day
EMCYT	S
ERIVEDGE	S PA QPD 1.0 per day

LAST UPDATED 02/2026

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	S PA QPD 1.0 per day
ERLEADA 60 MG TABLET	S PA QPD 4.0 per day
erlotinib hcl (100 mg tablet, 150 mg tablet)	S PA QPD 1.0 per day
erlotinib hcl 25 mg tablet	S PA QPD 2.0 per day
etoposide 50 mg capsule	S
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	S
everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)	S PA QPD 1.0 per day
everolimus (2 mg tab susp, 5 mg tab susp)	S PA QPD 2.0 per day
everolimus 3 mg tab for susp	S PA QPD 3.0 per day
exemestane	
gefitinib	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	
GILOTRIF	S PA QPD	1.0 per day
GLEOSTINE	QL S	max 42 days / fill
HYCAMTIN	S PA	
hydroxyurea 500 mg capsule		
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	S PA QPD	0.75 per day
imatinib mesylate 100 mg tab	S PA QPD	3.0 per day
imatinib mesylate 400 mg tab	S PA QPD	2.0 per day
IMBRUVICA 140 MG CAPSULE	S PA QPD	3.0 per day
IMBRUVICA 70 MG/ML SUSPENSION	S PA QPD	7.2 per day
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 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
INLYTA 1 MG TABLET	S PA QPD 6.0 per day
INLYTA 5 MG TABLET	S PA QPD 4.0 per day
ITOVEBI 3 MG TABLET	S PA QPD 2.0 per day
ITOVEBI 9 MG TABLET	S PA QPD 1.0 per day
JAKAFI	S PA QPD 2.0 per day
KISQALI 200 MG DAILY DOSE	S PA QPD 0.75 per day
KISQALI 400 MG DAILY DOSE	S PA QPD 1.5 per day
KISQALI 600 MG DAILY DOSE	S PA QPD 2.25 per day
KISQALI FEMARA 200 MG CO-PACK	S PA QPD 1.75 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
KISQALI FEMARA 400 MG CO-PACK	S PA QPD 2.5 per day
KISQALI FEMARA 600 MG CO-PACK	S PA QPD 3.25 per day
lapatinib	S PA QPD 6.0 per day
lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)	S PA QPD 0.75 per day
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	S PA QPD 1.0 per day
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	S PA QPD 3.0 per day
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	S PA QPD 1.0 per day
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	S PA QPD 2.0 per day
letrozole 2.5 mg tablet	
LEUKERAN	S
lomustine	QL max 42 days / fill 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
LONSURF 15 MG-6.14 MG TABLET	S PA QPD 2.143 per day
LONSURF 20 MG-8.19 MG TABLET	S PA QPD 2.858 per day
LYNPARZA	S PA QPD 4.0 per day
LYSODREN	S PA
MATULANE	S PA
MEKINIST 0.05 MG/ML SOLUTION	S PA QPD 41.8 per day
MEKINIST 0.5 MG TABLET	S PA QPD 3.0 per day
MEKINIST 2 MG TABLET	S PA QPD 1.0 per day
melphalan	
mercaptopurine 20 mg/ml suspen	S
mercaptopurine 50 mg tablet	
methotrexate 2.5 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
methotrexate 1 gm vial	
methotrexate 1 gram/40 ml vial	
MYLERAN	S
nilotinib hcl	S PA QPD 4.0 per day
nilutamide	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	
pazopanib hcl 200 mg tablet	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
pazopanib hcl 400 mg tablet	S PA QPD 2.0 per day
RASUVO	
ROMVIMZA	S PA QPD 0.286 per day
ROZLYTREK 100 MG CAPSULE	S PA QPD 1.0 per day
ROZLYTREK 200 MG CAPSULE	S PA QPD 3.0 per day
ROZLYTREK 50 MG PELLET PACKET	S PA QPD 12.0 per day
RUBRACA	S PA QPD 4.0 per day
RYDAPT	S PA QPD 8.0 per day
SCEMBLIX 100 MG TABLET	S PA QPD 4.0 per day
SCEMBLIX 20 MG TABLET	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
SCEMBLIX 40 MG TABLET	S PA QPD 8.0 per day
sorafenib	S PA QPD 4.0 per day
STIVARGA	S PA QPD 3.0 per day
sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)	S PA QPD 1.0 per day
sunitinib malate 12.5 mg cap	S PA QPD 3.0 per day
TABLOID	S
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	S PA QPD 4.0 per day
TAFINLAR 10 MG TABLET FOR SUSP	S PA QPD 30.0 per day
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)	S PA QPD 1.0 per day
TALZENNA (0.25 MG CAPSULE, 0.25 MG SOFTGEL)	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
TAZVERIK	S PA QPD 8.0 per day
temozolomide	S PA
TORPENZ	S PA QPD 1.0 per day
tretinoin 10 mg capsule	S PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	S PA QPD 2.0 per day
VENCLEXTA 100 MG TABLET	S PA QPD 6.0 per day
VENCLEXTA 50 MG TABLET	S PA QPD 1.0 per day
VENCLEXTA STARTING PACK	QL max 42 / 180 days S PA
VERZENIO	S PA QPD 2.0 per day
VITRAKVI 100 MG CAPSULE	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
VITRAKVI 25 MG CAPSULE	S PA QPD 6.0 per day
VITRAKVI 20 MG/ML SOLUTION	S PA QPD 10.0 per day
XALKORI (20 MG PELLET, 50 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE)	S PA QPD 4.0 per day
XALKORI 150 MG PELLET	S PA QPD 6.0 per day
XTANDI (40 MG CAPSULE, 40 MG TABLET)	S PA QPD 4.0 per day
XTANDI 80 MG TABLET	S PA QPD 2.0 per day
YONSA	S PA QPD 4.0 per day
ZEJULA	S PA QPD 1.0 per day
ZELBORAF	S PA QPD 8.0 per day

LAST UPDATED 02/2026

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
ZOLINZA	**S** **PA** **QPD** 4.0 per day
ZYDELIG	**S** **PA** **QPD** 2.0 per day
ZYKADIA	**S** **PA** **QPD** 3.0 per day

ANTIPARKINSONIAN AGENTS (CNS)

ADAMANTANES (CNS)

amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml cup)

ANTICHOLINERGIC AGENTS (CNS)

benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)

trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)

CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.

entacapone

tolcapone

DOPAMINE PRECURSORS

carbidopa-levodopa 10-100 tab

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)

carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)

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
carbidopa-levodopa-entacapone	
INBRIJA	**S**
MONOAMINE OXIDASE B INHIBITORS	
rasagiline mesylate (0.5 mg tab, 1 mg tab)	
selegiline hcl (5 mg capsule, 5 mg tablet)	
ANTIPROTOZOALS	
AMEBICIDES	
HUMATIN	
ANTIMALARIALS	
atovaquone-proguanil hcl	
chloroquine phosphate (250 mg tablet, 500 mg tablet)	
hydroxychloroquine sulfate (100 mg tab, 300 mg tab)	
hydroxychloroquine sulfate (200 mg tab, 400 mg tab)	
mefloquine hcl	
primaquine	
pyrimethamine 25 mg tablet	**S**
quinine sulfate 324 mg capsule	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS	
ALINIA 100 MG/5 ML SUSPENSION	**QL** max 300 / 90 days
nitazoxanide 500 mg tablet	**QL** max 12 / 90 days
ANTIPROTOZOALS, P JIROVECII PNEUMONIA	
atovaquone	

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
pentamidine 300 mg inhal powdr	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE	
SOLOSEC	
tinidazole (250 mg tablet, 500 mg tablet)	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE	
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL	
IMPAVIDO	S
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL	
benznidazole	
NITROIMIDAZOLE DERIVATIVES, MISC	
metronidazole vaginal 0.75% gl	
metronidazole (250 mg tablet, 500 mg tablet)	
ANTIPSYCHOTIC AGENTS	
ATYPICAL ANTIPSYCHOTICS	
aripiprazole 1 mg/ml solution	QPD 30.0 per day
aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)	QPD 1.0 per day
aripiprazole 30 mg tablet	QPD 1.0 per day
aripiprazole odt	QPD 2.0 per day
asenapine maleate	QPD 2.0 per day
clozapine 100 mg tablet	QPD 9.0 per day
clozapine 200 mg tablet	QPD 4.0 per day
clozapine 25 mg tablet	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
clozapine 50 mg tablet	QPD 3.0 per day
clozapine odt (odt 12.5 mg tablet, odt 100 mg tablet)	QPD 3.0 per day
clozapine odt 150 mg tablet	QPD 6.0 per day
clozapine odt 200 mg tablet	QPD 4.0 per day
clozapine odt 25 mg tablet	QPD 9.0 per day
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	QPD 1.0 per day
lurasidone hcl 80 mg tablet	QPD 2.0 per day
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet)	QPD 1.0 per day
olanzapine 20 mg tablet	QPD 1.0 per day
olanzapine odt	QPD 1.0 per day
paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)	QPD 1.0 per day
paliperidone er 6 mg tablet	QPD 2.0 per day
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	QPD 3.0 per day
quetiapine fumarate (300 mg tab, 400 mg tab)	QPD 2.0 per day
quetiapine er 50 mg tablet	QPD 2.0 per day
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	QPD 1.0 per day
quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)	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
risperidone 1 mg/ml solution	QPD 16.0 per day
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)	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
risperidone 4 mg tablet	`QPD` 4.0 per day
risperidone 4 mg odt	`QPD` 4.0 per day
risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)	`QPD` 2.0 per day
VRAYLAR	`QPD` 1.0 per day
ziprasidone hcl	`QPD` 2.0 per day

BUTYROPHENONES

haloperidol (0.5 mg tablet, 1 mg tablet)

haloperidol (2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)

haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)

DIBENZOXAPINES

loxapine

PHENOTHIAZINES

chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)

fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)

perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)

trifluoperazine hcl

THIOXANTHENES

thiothixene

ANTIRETROVIRALS

HIV CAPSID INHIBITORS

YEZTUGO 300 MG TABLET	`QL` max 4 / 365 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	
YEZTUGO 463.5 MG/1.5 ML VIAL	**QL** **S**	max 182 days / fill
HIV ENTRY AND FUSION INHIBITORS		
maraviroc 150 mg tablet	**S** **QPD**	2.0 per day
maraviroc 300 mg tablet	**S** **QPD**	4.0 per day
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
APRETUDE	**QL** **S**	max 60 days / fill
BIKTARVY	**S** **QPD**	1.0 per day
DOVATO	**S** **QPD**	1.0 per day
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	**S** **QPD**	2.0 per day
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	**S** **QPD**	6.0 per day
ISENTRESS HD	**S** **QPD**	2.0 per day
JULUCA	**S** **QPD**	1.0 per day
TIVICAY	**S** **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
TIVICAY PD	**S** **QPD** 12.0 per day
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.	
DELSTRIGO	**S** **QPD** 1.0 per day
efavirenz 600 mg tablet	**S** **QPD** 1.0 per day
efavir-lamiv-tenof 600-300-300	**S** **QPD** 1.0 per day
etravirine	**S** **QPD** 2.0 per day
INTELENCE 25 MG TABLET	**S** **QPD** 4.0 per day
nevirapine 200 mg tablet	**S** **QPD** 2.0 per day
nevirapine er 400 mg tablet	**S** **QPD** 1.0 per day
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS	
abacavir 20 mg/ml solution	**S** **QPD** 32.0 per day
abacavir 300 mg tablet	**S** **QPD** 2.0 per day
abacavir-lamivudine	**S** **QPD** 1.0 per day
CIMDUO	**S** **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
DESCOVY 120-15 MG TABLET	S / QPD 1.0 per day
DESCOVY 200-25 MG TABLET	S / QPD 1.0 per day
efavirenz-emtric-tenofov disop	S / QPD 1.0 per day
emtricitabine	S / QPD 1.0 per day
emtricitabine-rilpivirne-tenof	S / QPD 1.0 per day
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)	S / QPD 1.0 per day
emtricitabine-tenofv 200-300mg	S / QPD 1.0 per day
GENVOYA	S / QPD 1.0 per day
lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)	S / QPD 32.0 per day
lamivudine 150 mg tablet	S / QPD 2.0 per day
lamivudine 300 mg tablet	S / QPD 1.0 per day
lamivudine hbv	S
lamivudine-zidovudine	S / QPD 2.0 per day
ODEFSEY	S / QPD 1.0 per day

LAST UPDATED 02/2026

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
stavudine	**S** **QPD** 2.0 per day
tenofovir disoproxil fumarate	**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
zidovudine 100 mg capsule	**S** **QPD** 6.0 per day
zidovudine 50 mg/5 ml syrup	**S** **QPD** 64.0 per day
zidovudine 300 mg tablet	**S** **QPD** 2.0 per day
HIV PROTEASE INHIBITOR ANTIRETROVIRALS	
atazanavir sulfate (150 mg cap, 300 mg cap)	**S** **QPD** 1.0 per day
atazanavir sulfate 200 mg cap	**S** **QPD** 2.0 per day
darunavir 600 mg tablet	**S** **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
darunavir 800 mg tablet	**S** / **QPD** 1.0 per day
EVOTAZ	**S** / **QPD** 1.0 per day
fosamprenavir calcium	**S** / **QPD** 4.0 per day
KALETRA 80 MG-20 MG/ML SOLN	**S** / **QPD** 16.0 per day
lopinavir-ritonavir 80-20mg/ml	**S** / **QPD** 16.0 per day
lopinavir-ritonavr 100-25mg tb	**S** / **QPD** 6.0 per day
lopinavir-ritonavr 200-50mg tb	**S** / **QPD** 4.0 per day
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
ritonavir	**S** / **QPD** 12.0 per day
SYMTUZA	**S** / **QPD** 1.0 per day

LAST UPDATED 02/2026

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
ANTITHROMBOTIC AGENTS	
PLATELET-AGGREGATION INHIBITORS	
cilostazol	
clopidogrel 75 mg tablet	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	
prasugrel hcl	
ticagrelor	
PLATELET-REDUCING AGENTS	
anagrelide hcl	
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES	
TOXOIDS	
ADACEL TDAP (SYRINGE, VIAL)	
BOOSTRIX TDAP (SYRINGE, VIAL)	
DAPTACEL DTAP	
INFANRIX DTAP	
tdvax	
TENIVAC (SYRINGE, VIAL)	
VAXELIS (SYRINGE, VIAL)	
VACCINES	
ABRYSVO	
ACTHIB	
AFLURIA 2025-2026	
AFLURIA 2025-2026 (3YR 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
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)	
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	

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
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	
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)	

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
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)	
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	

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
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	
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	

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
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	
cimetidine 300 mg/5 ml soln	PA QPD 40.0 per day
cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)	
cimetidine 200 mg tablet	
famotidine 40 mg/5 ml susp	PA QPD 80.0 per day
famotidine 20 mg tablet	
famotidine 40 mg tablet	
nizatidine 150 mg capsule	
PROSTAGLANDINS	
misoprostol (100 mcg tablet, 200 mcg tablet)	
PROTECTANTS	
sucralfate 1 gm tablet	
PROTON-PUMP INHIBITORS	
dexlansoprazole dr 30 mg cap	QPD 2.0 per day
dexlansoprazole dr 60 mg cap	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	
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	QPD	2.0 per day
esomeprazole magnesium (dr 2.5 mg packet, dr 5 mg packet, dr 10 mg packet, dr 20 mg packet, dr 40 mg packet)	QPD	2.0 per day
lansoprazole (dr 15 mg capsule, dr 15 mg odt, dr 30 mg capsule, dr 30 mg odt)	QPD	2.0 per day
omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)	QPD	2.0 per day
omeprazole-sodium bicarbonate (20-1,100 cap, 20-1,680 pkt, 40-1,100 cap, 40-1,680 pkt)	QPD	2.0 per day
pantoprazole dr 40 mg susp pkt	QPD	2.0 per day
pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)	QPD	2.0 per day
rabeprazole sod dr 20 mg tab	QPD	2.0 per day
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		
oseltamivir phos 30 mg capsule	QL	max 40 / 120 days
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	QL	max 20 / 120 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
oseltamivir 6 mg/ml suspension	QL max 300 / 120 days
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS	
acyclovir (200 mg/5 ml susp, 200 mg/5 ml susp cup, 800 mg/20ml susp cup)	
acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)	
adefovir dipivoxil	S
BARACLUDE 0.05 MG/ML SOLUTION	S
entecavir	S
famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)	
LAGEVRIO (EUA)	QL max 40 / 30 days
ribavirin (200 mg capsule, 200 mg tablet)	S
valacyclovir hcl 1 gram tablet	
valacyclovir hcl 500 mg tablet	
valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)	
VEMLIDY	S
ANXIOLYTICS, SEDATIVES AND HYPNOTICS	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC	
hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup)	
hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	
hydroxyzine pamoate (25 mg cap, 50 mg cap)	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)	
butalb-acetamin-caff 50-325-40	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
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)	
phenobarbital (15 mg tablet, 16.2 mg tablet, 30 mg tablet, 60 mg tablet, 100 mg tablet)	
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)	
alprazolam er (er 0.5 mg tablet, er 1 mg tablet, er 3 mg tablet)	
alprazolam er 2 mg tablet	
alprazolam xr (0.5 mg tablet, 1 mg tablet, 3 mg tablet)	
alprazolam xr 2 mg tablet	
chlordiazepoxide hcl	
clorazepate dipotassium	
diazepam (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)	
diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet)	
estazolam	
lorazepam 2 mg/ml oral concent	
lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	
LORAZEPAM INTENSOL	
oxazepam	
temazepam (15 mg capsule, 30 mg capsule)	
MELATONIN RECEPTOR AGONISTS	
tasimelteon	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
NON-BENZODIAZEPINE ANXIOLYTICS	
buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	
NON-BENZODIAZEPINE HYPNOTICS	
eszopiclone (2 mg tablet, 3 mg tablet)	QPD 1.0 per day
eszopiclone 1 mg tablet	QPD 3.0 per day
zaleplon 10 mg capsule	QPD 1.0 per day
zaleplon 5 mg capsule	QPD 2.0 per day
zolpidem tartrate 10 mg tablet	QPD 1.0 per day
zolpidem tartrate 5 mg tablet	QPD 2.0 per day
zolpidem tart er 12.5 mg tab	QPD 1.0 per day
zolpidem tart er 6.25 mg tab	QPD 2.0 per day
OREXIN RECEPTOR ANTAGONISTS	
BELSOMRA	ST QPD 1.0 per day
AUTONOMIC DRUGS	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)	
bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)	
cevimeline hcl	
donepezil hcl (5 mg tablet, 10 mg tablet)	
donepezil hcl 23 mg tablet	
donepezil hcl odt	
galantamine er	

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
galantamine hbr	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	
pyridostigmine bromide (60 mg/5 ml soln, br 60 mg tablet)	
pyridostigmine er 180 mg tab	
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 ptch)	
SMOKING CESSATION AGENTS	
CHANTIX STARTING MONTH BOX	
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)	
nicotine gum	

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
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)	
nicotine transdermal system	
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)	
NICOTROL NS	
QUIT 2 (2 MG CHEWING GUM, 2 MG LOZENGE)	
QUIT 4 (4 MG CHEWING GUM, 4 MG LOZENGE)	
STOP SMOKING AID	
varenicline tartrate (0.5 mg tablet, 1 mg cont month bx, 1 mg tablet, starting month box)	

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
BETA-3-ADRENERGIC AGONISTS	
SELECTIVE BETA-3-ADRENERGIC AGONISTS	
mirabegron er	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
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)	
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)	
albuterol sulfate hfa	QPD 1.2 per day
arformoterol tartrate	
BREO ELLIPTA	QPD 2.0 per day
BREYNA	QPD 1.03 per day
budesonide-formoterol fumarate	QPD 1.03 per day
DULERA	QPD 1.3 per day
fluticasone-salmeterol (55-14, 113-14, 232-14)	QPD 0.034 per day
fluticasone-salmeterol (100-50, 250-50, 500-50)	QPD 2.0 per day
levalbuterol concentrate	
levalbuterol hcl	

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	
SEREVENT DISKUS	QPD	2.0 per day
STRIVERDI RESPIMAT	QPD	0.134 per day
terbutaline sulfate (2.5 mg tab, 5 mg tab)		
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
PYRUKYND 5 MG TAPER PACK	QL	max 7 / 365 days
	S	
	PA	
HEMATOPOIETIC AGENTS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 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)	S	
	PA	
DOPTELET	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
DOPTELET SPRINKLE	S PA QPD 2.0 per day
eltrombopag olamine (12.5 mg susp pkt, 12.5 mg tablet, 25 mg susp packet, 25 mg tablet)	S PA QPD 1.0 per day
eltrombopag olamine (50 mg tablet, 75 mg tablet)	S PA QPD 2.0 per day
EPOGEN	S PA
FULPHILA	S
FYLNETRA	S
MULPLETA	S PA QPD 1.0 per day
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

pentoxifylline er 400 mg tab

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
BRONCHODILATORS	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT)	
BREZTRI AEROSPHERE	QPD 0.357 per day
CALCINEURIN INHIBITORS (90:28)	
CALCINEURIN INHIBITORS, MISC (90:28)	
cyclosporine (25 mg capsule, 100 mg capsule)	S
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	S
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	S
tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	S
CALCIUM-CHANNEL BLOCKING AGENTS	
DIHYDROPYRIDINES	
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	
amlodipine besylate-benazepril	
amlodipine-olmesartan	
amlodipine-valsartan	
amlodipine-valsartan-hctz	
felodipine er	
nifedipine (10 mg capsule, 20 mg capsule)	
nifedipine er (er 30 mg tablet, er 60 mg tablet)	
nifedipine er 90 mg tablet	
nimodipine 30 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
CARDIAC DRUGS	
CARDIAC DRUGS, MISCELLANEOUS	
ATTRUBY	S PA QPD 4.0 per day
ranolazine er	
VYNDAMAX	S PA QPD 1.0 per day
VYNDAQEL	S PA QPD 4.0 per day
CARDIOTONIC AGENTS	
CORLANOR 5 MG/5 ML ORAL SOLN	PA QPD 20.0 per day
DIGITEK	
digoxin 0.05 mg/ml solution	PA
digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)	
digoxin 62.5 mcg tablet	
ivabradine hcl	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
CARDIOVASCULAR DRUGS	
ALPHA-ADRENERGIC BLOCKING AGENTS (24:16)	
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	
prazosin 5 mg capsule	
prazosin hcl (1 mg capsule, 2 mg capsule)	
terazosin hcl	
BETA-ADRENERGIC BLOCKING AGENTS (24:20)	
acebutolol hcl (200 mg capsule, 400 mg capsule)	
atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)	
atenolol-chlorthalidone	
betaxolol hcl (10 mg tablet, 20 mg tablet)	
bisoprolol fumarate 10 mg tab	
bisoprolol fumarate 5 mg tab	
bisoprolol-hydrochlorothiazide	
carvedilol	
HEMANGEOL	S
labetalol hcl (200 mg tablet, 300 mg tablet)	
labetalol hcl 100 mg tablet	
metoprolol succinate	
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	
metoprolol-hydrochlorothiazide	
nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)	
nebivolol hcl	

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
pindolol	
propranolol 40 mg/5 ml soln	PA QPD 80.0 per day
propranolol 60 mg tablet	
propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	
propranolol hcl er (er 120 mg capsule, er 160 mg capsule)	
propranolol hcl er (er 60 mg capsule, er 80 mg capsule)	
sotalol (160 mg tablet, 240 mg tablet)	
sotalol (80 mg tablet, 120 mg tablet)	
SOTALOL AF (80 MG TABLET, 120 MG TABLET)	
SOTALOL AF 160 MG TABLET	
CARDIOVASCULAR DRUGS, NSAID ANTI-INFL	
colchicine 0.6 mg tablet	
CENTRAL ALPHA-AGONISTS	
clonidine	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	
clonidine hcl er 0.1 mg tablet	QPD 4.0 per day
guanfacine hcl	
guanfacine hcl er	QPD 1.0 per day
methyldopa 250 mg tablet	
methyldopa 500 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
CENTRAL NERVOUS SYSTEM AGENTS	
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT	
riluzole	
ANTIMANIC AGENTS	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	
lithium carbonate er	
lithium 8 meq/5 ml solution	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	
carbidopa 25 mg tablet	
memantine hcl (2 mg/ml solution, 10 mg/5 ml cup)	PA QPD 10.0 per day
memantine 5-10 mg titration pk	
memantine hcl (5 mg tablet, 10 mg tablet)	
NUEDEXTA	
OPIOID ANTAGONISTS (28:10)	
KLOXXADO	
naloxone 0.4 mg/ml vial	
naloxone hcl (0.4 mg/ml syringe, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray)	
naltrexone 50 mg tablet	
OPVEE	
REXTOVY	

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
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR	
tetrabenazine 12.5 mg tablet	S PA QPD 8.0 per day
tetrabenazine 25 mg tablet	S PA QPD 4.0 per day
CEPHALOSPORIN ANTIBIOTICS	
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS	
cefadroxil 500 mg capsule	
cefadroxil (250 mg/5 ml susp, 500 mg/5 ml susp)	
cephalexin (250 mg capsule, 500 mg capsule)	
cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp, 750 mg capsule)	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	
cefuroxime axetil 250 mg tab	
cefuroxime axetil 500 mg tab	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS	
cefdinir 300 mg capsule	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp)	
cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)	
cefpodoxime proxetil (100 mg tablet, 200 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
COMPLEMENT INHIBITORS (92:32)	
BRADYKININ RECEPTOR ANTAGONISTS	
icatibant	S PA QPD 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	S PA QPD 2.0 per day
ALYFTREK 4-20-50 MG TABLET	S PA QPD 3.0 per day
SYMDEKO	S PA QPD 2.0 per day
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	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
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	**S** **PA** **QPD** 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)	**S** **PA** **QPD** 2.0 per day
DENTAL AGENTS	
NUTRITIONAL SUPPLEMENTS	
CLINPRO 5000	
DENTA 5000 PLUS	
DENTA 5000 PLUS SENSITIVE	
DENTAGEL	
fluoride	
FLUORIDEX	
FLUORIDEX SENSITIVITY RELIEF	
FLUORIMAX 5000	
FLUORIMAX 5000 SENSITIVE	
FRAICHE 5000	
GEL-KAM	
JUST RIGHT 5000	
PERIOMED	
PREVIDENT 5000 ENAMEL PROTECT	
PREVIDENT 5000 SENSITIVE	

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
SF	
SF 5000 PLUS	
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)	
SODIUM FLUORIDE 5000 DRY MOUTH	
SODIUM FLUORIDE 5000 PLUS	
sodium fluoride enamel protect	
sodium fluoride sensitive	
sodium fluoride-potassium nitr	
DEVICES	
contour solution	
contour next control solution (1 sol, 2 sol)	
dexcom g6 receiver	QL max 1 / 365 days ST
dexcom g6 sensor	ST QPD 0.1 per day
dexcom g6 transmitter	QL max 1 / 90 days ST
dexcom g7 15 day sensor	ST QPD 0.067 per day
dexcom g7 receiver	QL max 1 / 365 days ST
dexcom g7 sensor	ST QPD 0.1 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
freestyle control solution	
ilet infusion kit-inset	PA QPD 2.5 per day
ilet inf-contact detach 23"6mm	PA QPD 3.334 per day
ilet starter kit contact23"6mm	QL max 1 / 720 days PA
ilet insulin pump	QL max 1 / 720 days PA
ilet starter kit-inset	QL max 1 / 720 days PA
inhaler assistance devices and accessories	
lancets	
lancing device/lancets	
medisense (h-l solution, h-m-l soln)	
medisense glucose ketone	
medisense glucose ketone contr	
needles (including pen needles)	
novopen echo	
omnipod 5 (g6/libre 2 plus)	PA QPD 1.0 per day
omnipod 5 dexg7g6 intro(gen 5)	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	
omnipod 5 dexg7g6 pods (gen 5)	PA	
	QPD	1.0 per day
omnipod 5 g6-g7 intro kt(gen5)	QL	max 1 / 720 days
	PA	
omnipod 5 g6-g7 pods (gen 5)	PA	
	QPD	1.0 per day
omnipod 5 intro(g6/libre2plus)	QL	max 1 / 720 days
	PA	
omnipod dash intro kit (gen 4)	QL	max 1 / 720 days
	PA	
omnipod dash pods (gen 4)	PA	
	QPD	1.0 per day
syringes (including insulin syringes)		
twiist refill kt(csst-ndl-syr)	PA	
	QPD	0.034 per day
twiist rfl(infus-csst-ndl-syr)	PA	
	QPD	0.034 per day
twiist starter kit	QL	max 1 / 720 days
	PA	

DIAGNOSTIC AGENTS

DIABETES MELLITUS

contour next test strip	QPD	6.8 per day
contour plus test strip	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
contour test strip	QPD 6.8 per day
freestyle insulinx test strip	QPD 6.8 per day
freestyle insulinx test strips	QPD 6.8 per day
freestyle lite test strip	QPD 6.8 per day
freestyle precision neo	QPD 6.8 per day
freestyle test strips	QPD 6.8 per day
optium ez	QPD 6.8 per day
precision xtra test strips	QPD 6.8 per day

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS

DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC

ENTYVIO PEN	S PA QPD 0.049 per day

MONOCARBOXYLIC ACID AMIDE AGENTS

leflunomide (10 mg tablet, 20 mg tablet)

DIURETICS (40:28)

LOOP DIURETICS (40:28)

bumetanide (0.5 mg tablet, 1 mg tablet)

bumetanide 2 mg tablet

furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)

torsemide

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
POTASSIUM-SPARING DIURETICS (40:28)	
amiloride hcl	
amiloride-hydrochlorothiazide	
triamterene (50 mg capsule, 100 mg capsule)	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	
THIAZIDE DIURETICS (40:28)	
hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)	
THIAZIDE-LIKE DIURETICS (40:28)	
chlorthalidone	
indapamide	
metolazone (5 mg tablet, 10 mg tablet)	
metolazone 2.5 mg tablet	
VASOPRESSIN ANTAGONISTS	
JYNARQUE 30 MG TABLET	**S** **PA** **QPD** 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)	**S** **PA** **QPD** 2.0 per day
tolvaptan 15 mg tablet	**QL** max 30 / 365 days **S**
tolvaptan 30 mg tablet	**QL** max 60 / 365 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
DOPAMINE RECEPTOR AGONISTS	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS	
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	
cabergoline	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST	
apomorphine 30 mg/3 ml cartrdg	S
pramipexole dihydrochloride	
ropinirole hcl	
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	
potassium citrate er	
sodium citrate-citric acid	
AMMONIA DETOXICANTS	
carglumic acid	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	
glycerol phenylbutyrate	S PA
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup)	
sodium phenylbutyrate (500mg tb, powder)	S PA
IRRIGATING SOLUTIONS	
NEBUSAL 3% VIAL	
PULMOSAL	
sodium chloride 3% vial	
sodium chloride 7% vial	
REPLACEMENT PREPARATIONS	
KLOR-CON	
KLOR-CON 10	
KLOR-CON 8	
KLOR-CON M10	
KLOR-CON M15	
KLOR-CON M20	
potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl er 15 meq 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
potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 20 tablet)	
URICOSURIC AGENTS	
probenecid	
probenecid-colchicine	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS	
BASIC LOTIONS AND LINIMENTS	
ammonium lactate 12% lotion	
BASIC OINTMENTS AND PROTECTANTS	
ammonium lactate 12% cream	
calcipotriene 0.005% cream	
ENSTILAR	
nitroglycerin 0.4% ointment	
ENZYMES	
ENZYME COFACTORS/CHAPERONES	
nitisinone	S
NITYR	S
ORFADIN 4 MG/ML SUSPENSION	S
sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)	S PA
ENZYME INHIBITORS	
miglustat	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	S PA QPD 3.0 per day
ZOKINVY	S PA QPD 4.0 per day
REVCOVI	S

ESTROGENS AND ANTIESTROGENS

ESTROGEN AGONIST-ANTAGONISTS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
raloxifene hcl	
SOLTAMOX	
tamoxifen citrate (10 mg tablet, 20 mg tablet)	
toremifene citrate	S

ESTROGENS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ABIGALE	
ABIGALE LO	
AMABELZ	
CLIMARA PRO	QPD 0.143 per day
conjugated estrogens	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	QPD 1.0 per day
DOTTI	QPD 0.286 per day
DUAVEE	
estradiol 0.01% cream	QL 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
estradiol (0.06% 1.25g gel pump, 0.1% (1.25mg) gel pk)	**QPD** 1.25 per day
estradiol ((0.25mg) gel pk, (0.5mg) gel pkt, (0.75mg) gel pk, (1 mg) gel pkt)	**QPD** 1.0 per day
estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	
estradiol 10 mcg vaginal insrt	
estradiol (once weekly)	**QPD** 0.143 per day
estradiol (twice weekly)	**QPD** 0.286 per day
estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)	
estradiol-norethindrone acetat	
ESTRING	**QL** max 1 / 90 days
FYAVOLV	
JINTELI	
LYLLANA	**QPD** 0.286 per day
MIMVEY	
norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)	
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	

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
ANTIALLERGIC AGENTS	
azelastine hcl (hcl 0.05% drops, 0.1% (137 mcg) spry)	
bepotastine besilate	
epinastine hcl	
olopatadine hcl (0.1% drops, 0.2% drop)	
EENT DRUGS, MISCELLANEOUS	
ipratropium bromide (0.03% spray, 0.06% spray)	
LOCAL ANESTHETICS (EENT)	
lidocaine hcl 4% solution	PA QPD 5.0 per day
lidocaine hcl viscous	
MYDRIATICS	
atropine sulfate (drop, drops)	
cyclopentolate hcl (drop, drops)	
FIRST GENERATION ANTIHISTAMINES	
ETHANOLAMINE DERIVATIVES	
DIPHEN (12.5 MG/5 ML ELIXIR, 12.5 MG/5 ML SOLUTION)	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.	
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)	
PHENOTHIAZINE DERIVATIVES	
promethazine hcl (12.5 mg suppos, 25 mg suppository)	
promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg tablet, 25 mg tablet, 50 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
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	
GASTROINTESTINAL DRUGS	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)	
alosetron hcl	
balsalazide disodium	
mesalamine (4 gm/60 ml enema, 800 mg dr tablet, 1,000 mg supp)	
mesalamine dr 1.2 gm tablet	
mesalamine dr	
mesalamine er 0.375 gram cap	
ANTIDIARRHEA AGENTS	
diphenoxylate-atrop 2.5-0.025	
loperamide 2 mg capsule	
VIBERZI	
CATHARTICS AND LAXATIVES	
GAVILYTE-G	
GAVILYTE-N	
peg 3350-electrolyte	
peg-3350 and electrolytes	
sod sulf-potass sulf-mag sulf	
CHOLELITHOLYTIC AGENTS	
CHENODAL	S
CTEXLI	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
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	

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

dronabinol	

IMMUNOMODULATORY AGENTS (56:44)

OMVOH (100 MG/ML SYRINGE, 200 MG DOSE - 2 SYRINGES, 200 MG/2 ML SYRINGE)	S PA QPD 0.072 per day
OMVOH 300 MG DOSE - 2 SYRINGES	S PA QPD 0.108 per day
OMVOH 300 MG DOSE - 2 PENS	S PA QPD 0.108 per day
OMVOH PEN (100 MG/ML PEN, 200 MG DOSE - 2 PENS, 200 MG/2 ML PEN)	S PA QPD 0.072 per day

PROKINETIC AGENTS

metoclopramide 5 mg/5 ml soln	
metoclopramide hcl (5 mg tablet, 10 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
GENITOURINARY SMOOTH MUSCLE RELAXANTS	
ANTIMUSCARINICS	
oxybutynin chloride (5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)	QPD 20.0 per day
oxybutynin 5 mg tablet	QPD 4.0 per day
oxybutynin chloride er (er 10 mg tablet, er 15 mg tablet)	QPD 2.0 per day
oxybutynin cl er 5 mg tablet	QPD 1.0 per day
solifenacin succinate	QPD 1.0 per day
tolterodine tartrate	QPD 2.0 per day
tolterodine tartrate er	QPD 1.0 per day
trospium chloride	QPD 2.0 per day
trospium chloride er	QPD 1.0 per day
GONADOTROPINS AND ANTIGONADOTROPINS	
ANTIGONADTROPINS	
MYFEMBREE	PA / QPD 1.0 per day
ORIAHNN	PA / QPD 2.0 per day
ORILISSA 150 MG TABLET	PA / QPD 1.0 per day
ORILISSA 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		
leuprolide 2wk 14 mg/2.8 ml kt	S	
leuprolide 2wk 14 mg/2.8 ml vl	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 PELLET PKT, 200 MG-50 MG TABLET, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET)	S	
	PA	
	QPD	1.0 per day
HARVONI (33.75-150 MG PELLET PK, 45-200 MG PELLET 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 PELLET PACKET, 200 MG PELLET 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 PELLET 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
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)	S
deferiprone	S
deferiprone (3 times a day)	S
penicillamine 250 mg tablet	S
trientine hcl 250 mg capsule	S
HORMONES AND SYNTHETIC SUBSTITUTES	
ADRENALS	
ARNUITY 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
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	
budesonide 2 mg rectal foam	
budesonide dr	
budesonide ec	
dexamethasone 0.5 mg/5 ml elx	
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)	
dexamethasone 0.1% eye drop	
fludrocortisone 0.1 mg tablet	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	
methylprednisolone (4 mg dosepk, 4 mg tablet, 16 mg tab, 32 mg tab)	
methylprednisolone 8 mg tablet	
prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup)	
prednisolone 15mg/5ml soln cup	
prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)	
prednisone 5 mg/5 ml solution	
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)	
QVAR REDIHALER 40 MCG	QPD 0.354 per day
QVAR REDIHALER 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	
danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)	PA
DEPO-TESTOSTERONE	PA QPD 0.358 per day
methyltestosterone 10 mg cap	PA QPD 20.0 per day
testosterone (1% (25mg/2.5g) pk, 1.62% gel pump)	PA QPD 5.0 per day
testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel)	PA QPD 10.0 per day
testosterone 30 mg/1.5 ml pump	PA QPD 6.0 per day
testosterone cypionate (200 mg/ml, 1,000 mg/10ml, 2,000 mg/10ml)	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	
CAZIANT	
CHARLOTTE 24 FE	
CHATEAL EQ	
CRYSELLE	
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	
desogestr-eth estrad eth estra	
DOLISHALE	
drospirenone-eth estra-levomef	
drospirenone-ethinyl estradiol	
ECONTRA EZ	
ECONTRA ONE-STEP	
ELINEST	
ELLA	
EMZAHH	
ENPRESSE	
ENSKYCE	
ERRIN	
ESTARYLLA	
ethynodiol-eth estra 1mg-35mcg	
ethynodiol-eth estra 1mg-50mcg	
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	
levonor-e estrad 0.1-0.02-0.01	
levonorg-eth estrad eth estrad (levono-e estrad 0.15-0.03-0.01, levonorg 0.15mg-ee 20-25-30mcg)	
levonorgestrel	
levonor-eth estra 0.09-0.02 mg	
levonor-eth estrad 0.15-0.03	
levonorgestrel-eth estradiol (0.1-0.02 mg, triphasic)	
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	
norelgestromin-eth estradiol	
norethin-eth estra-ferrous fum	
norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)	
norethindrone 0.35 mg tablet	
norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(24)-75 chw)	
norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)	
norgestimate-ethinyl estradiol	
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	
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)	
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)	S PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	S PA
PROGESTINS	
GALLIFREY	
medroxyprogesterone 150 mg/ml	QL max 90 days / fill
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	
megestrol acetate (40 mg tablet, acet 40 mg/ml susp, 400 mg/10ml susp cup)	
megestrol 20 mg tablet	
norethindrone 5 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
progesterone 100 mg capsule	
progesterone 200 mg capsule	
progesterone 500 mg/10 ml vial	
IMMUNOMODULATORY AGENTS (90:00)	
COMPLEMENT INHIBITOR AGENTS (90:20)	
EMPAVELI	S PA QPD 5.715 per day
FABHALTA	S PA QPD 2.0 per day
INSULINS	
INTERMEDIATE-ACTING INSULINS	
HUMULIN 70-30	QPD 3.334 per day
HUMULIN 70/30 KWIKPEN	QPD 3.334 per day
HUMULIN N	QPD 3.334 per day
HUMULIN N KWIKPEN	QPD 3.334 per day
NOVOLIN 70-30	QPD 3.334 per day
NOVOLIN 70-30 FLEXPEN	QPD 3.334 per day
NOVOLIN N	QPD 3.334 per day
NOVOLIN N FLEXPEN	QPD 3.334 per day
LONG-ACTING INSULINS	
insulin glargine-yfgn (pen, vl)	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
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)	QL	max 56 days / fill
	S	
	PA	
	QPD	0.072 per day
COSENTYX SENSOREADY (2 PENS)	QL	max 56 days / fill
	S	
	PA	
	QPD	0.072 per day
COSENTYX SENSOREADY PEN	S	
	PA	
	QPD	0.036 per day
COSENTYX 150 MG/ML SYRINGE	S	
	PA	
	QPD	0.036 per day
COSENTYX 75 MG/0.5 ML SYRINGE	S	
	PA	
	QPD	0.018 per day
COSENTYX UNOREADY PEN	S	
	PA	
	QPD	0.072 per day
SELARSDI 90 MG/ML SYRINGE	QL	max 1 / 56 days
	S	
	PA	
SELARSDI (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	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	**QL** max 0.5 / 84 days · **S** · **PA**
STEQEYMA 90 MG/ML SYRINGE	**QL** max 1 / 56 days · **S** · **PA**
TYENNE 162 MG/0.9 ML SYRINGE	**S** · **PA** · **QPD** 0.129 per day
TYENNE AUTOINJECTOR	**S** · **PA** · **QPD** 0.129 per day
YESINTEK 90 MG/ML SYRINGE	**QL** max 1 / 56 days · **S** · **PA**
YESINTEK (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	**QL** max 0.5 / 84 days · **S** · **PA**

ION-REMOVING AGENTS

PHOSPHATE-REMOVING AGENTS

Product	Limits & Restrictions
calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)	
lanthanum carb 1,000 mg tb chw	**QPD** 4.0 per day
lanthanum carb 500 mg tab chew	**QPD** 9.0 per day
lanthanum carb 750 mg tab chew	**QPD** 6.0 per day
sevelamer 2.4 gm powder packet	**QPD** 5.0 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	
sevelamer carbonate (0.8 gm powder packet, carbonate 800 mg tab)	QPD	17.0 per day
sevelamer hcl 400 mg tablet	QPD	32.0 per day
sevelamer hcl 800 mg tablet	QPD	16.0 per day
POTASSIUM-REMOVING AGENTS		
KIONEX		
LOKELMA		
sodium polystyrene sulfonate (sodium polystyrene sulf powder, sps 15 gm/60 ml suspension)		
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 S PA	max 84 / 365 days
RINVOQ LQ	S PA QPD	12.0 per day
XELJANZ 1 MG/ML SOLUTION	QL S PA QPD	max 48 days / fill, 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	QL	max 240 / 365 days
	S	
	PA	
XELJANZ 5 MG TABLET	QL	max 60 days / fill
	S	
	PA	
	QPD	2.0 per day
XELJANZ XR 11 MG TABLET	S	
	PA	
	QPD	1.0 per day
XELJANZ XR 22 MG TABLET	QL	max 120 / 365 days
	S	
	PA	

KALLIKREIN-KININ SYSTEM INHIBITORS

FACTOR XIIA INHIBITORS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS	
ANDEMBRY AUTOINJECTOR	S	
	PA	
	QPD	0.04 per day

KALLIKREIN INHIBITORS (24:48:08)

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS	
DAWNZERA	S	
	PA	
	QPD	0.029 per day
TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	S	
	PA	
	QPD	0.143 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
TAKHZYRO 150 MG/ML SYRINGE	S PA QPD 0.072 per day

MACROLIDE ANTIBIOTICS

ERYTHROMYCIN ANTIBIOTICS

E.E.S. 400

ERY-TAB

ERYTHROCIN STEARATE

erythromycin (250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)

erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)

OTHER MACROLIDE ANTIBIOTICS

azithromycin 1 gm pwd packet

azithromycin (100 mg/5 ml susp, 600 mg tablet)

azithromycin (200 mg/5 ml susp, 250 mg tablet, 500 mg tablet)

clarithromycin (250 mg tablet, 500 mg tablet)

clarithromycin er

DIFICID 40 MG/ML SUSPENSION

fidaxomicin

MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS

STEROIDAL MINERALOCORTICOID RECEPTOR ANT

eplerenone

spironolactone (25 mg tablet, 50 mg tablet, 100 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
spironolactone-hctz	
MISCELLANEOUS THERAPEUTIC AGENTS	
5-ALPHA-REDUCTASE INHIBITORS (92:04)	
dutasteride 0.5 mg capsule	
finasteride 5 mg tablet	
ANTIGOUT AGENTS	
allopurinol (100 mg tablet, 300 mg tablet)	
BONE RESORPTION INHIBITORS	
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	
ibandronate sodium 150 mg tab	
risedronate sodium (35 mg tab, 150 mg tab)	
risedronate sodium 30 mg tab	
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

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
OTHER MISCELLANEOUS THERAPEUTIC AGENTS	
betaine anhydrous	S
CYSTAGON	S
l-glutamine 5 gram powder pkt	S PA
levocarnitine (1 g/10 ml soln, 330 mg tablet)	
levocarnitine sf	
tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)	S
VENXXIVA	S
PROTECTIVE AGENTS	
dalfampridine er	S
MTOR INHIBITORS	
MTOR INHIBITORS, MISCELLANEOUS	
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	S
MULTIPLE SCLEROSIS AGENTS	
AMINO ACID POLYMERS	
glatiramer 20 mg/ml syringe	S QPD 1.0 per day
glatiramer 40 mg/ml syringe	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	
cladribine (10 mg 4 tablet pk, 10 mg 8 tablet pk)	QL max 8 / 301 days · S · PA
cladribine 10 mg x 10 tab pk	QL max 20 / 301 days · S · PA
cladribine 10 mg x 5 tablet pk	QL max 10 / 301 days · S · PA
cladribine 10 mg x 6 tablet pk	QL max 12 / 301 days · S · PA
cladribine 10 mg x 7 tablet pk	QL max 14 / 301 days · S · PA
cladribine 10 mg x 9 tablet pk	QL max 9 / 301 days · S · PA
teriflunomide	S · QPD 1.0 per day
FUMARATES	
dimethyl fumarate 30d start pk	QL max 60 / 180 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
dimethyl fumarate dr 120 mg cp	QL max 56 / 180 days; S
dimethyl fumarate dr 240 mg cp	S; QPD 2.0 per day
VUMERITY	S; PA; QPD 4.0 per day
INTERFERONS	
AVONEX (4 PACK)	S; PA; QPD 0.036 per day
AVONEX PEN (4 PACK)	S; PA; QPD 0.036 per day
BETASERON 0.3 MG KIT	S; PA; QPD 0.5 per day
PLEGRIDY 125 MCG/0.5 ML SYRING	S; PA; QPD 0.036 per day
PLEGRIDY SYRINGE STARTER PACK	QL max 1 / 180 days; S; PA
PLEGRIDY 125 MCG/0.5 ML PEN	S; PA; QPD 0.036 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	
PLEGRIDY PEN INJ STARTER PACK	QL	max 1 / 180 days
	S	
	PA	
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	S	
	PA	
	QPD	0.215 per day
REBIF TITRATION PACK	QL	max 4.2 / 180 days
	S	
	PA	
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	S	
	PA	
	QPD	0.215 per day
REBIF REBIDOSE TITRATION PACK	QL	max 4.2 / 180 days
	S	
	PA	

MONOCLONAL ANTIBODIES (90:04)

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS	
KESIMPTA PEN	S	
	PA	
	QPD	0.015 per day

SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS	
fingolimod	S	
	QPD	1.0 per day
MAYZENT 0.25MG START-1MG MAINT	QL	max 7 / 180 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
MAYZENT 0.25MG START-2MG MAINT	**QL** max 12 / 180 days **S** **PA**
MAYZENT (1 MG TABLET, 2 MG TABLET)	**S** **PA** **QPD** 1.0 per day
MAYZENT 0.25 MG TABLET	**S** **PA** **QPD** 4.0 per day

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

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

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

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
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)	
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)	
ASPIRIN REGIMEN	
aspirin-dipyridamole er	
BAYER CHEWABLE ASPIRIN	
butalbital-aspirin-caffeine cp	QPD 6.0 per day
children's aspirin	
ECOTRIN EC 81 MG TABLET	
LOW DOSE ASPIRIN EC	
ST. JOSEPH ASPIRIN	
ST. JOSEPH ASPIRIN EC	
OXYTOCICS	
methylergonovine 0.2 mg tablet	
PARATHYROID AND ANTIPARATHYROID AGENTS	
ANTIPARATHYROID AGENTS	
calcitonin-salmon 200 unit spr	
calcitonin-salmon 400 unit/2ml	S
cinacalcet hcl	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
PARATHYROID AGENTS	
teriparatide	S / PA / QPD 0.08 per day
TYMLOS	S / PA / QPD 0.052 per day
PENICILLIN ANTIBIOTICS	
AMINOPENICILLIN ANTIBIOTICS	
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)	
amoxicillin-clavulanate pot er	
amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 500-125 mg tablet, 875-125 mg tablet)	
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)	
ampicillin trihydrate	
NATURAL PENICILLIN ANTIBIOTICS	
penicillin v potassium (250 mg tablet, 500 mg tablet)	
PENICILLINASE-RESISTANT PENICILLINS	
dicloxacillin sodium	
PHOSPHODIESTERASE-4 INHIBITORS (90:24)	
PHOSPHODIESTERASE-4 INHIBITORS, MISC	
OTEZLA (10-20 MG STARTER 28, 10-20-30MG START 28)	QL max 55 / 180 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
OTEZLA (20 MG TABLET, 30 MG TABLET)	S PA QPD 2.0 per day
OTEZLA XR 75 MG TABLET	S PA QPD 1.0 per day
OTEZLA XR INITIATION PK 28 DAY	QL max 42 / 180 days S PA

RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB

ANGIOTENSIN II RECEP ANTAGONIST/NEPROLYS

PRODUCT DESCRIPTION	LIMITS & RESTRICTIONS
ENTRESTO SPRINKLE	PA QPD 8.0 per day

sacubitril-valsartan

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan cilexetil

candesartan-hydrochlorothiazid

irbesartan

irbesartan-hydrochlorothiazide

losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)

losartan-hydrochlorothiazide

olmesartan medoxomil

olmesartan-amlodipine-hctz

olmesartan-hydrochlorothiazide

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
telmisartan (20 mg tablet, 80 mg tablet)	
telmisartan 40 mg tablet	
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)	
valsartan-hydrochlorothiazide (320-12.5 mg tab, 320-25 mg tab)	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab)	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	
benazepril-hydrochlorothiazide	
captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	
enalapril 1 mg/ml oral soln	PA QPD 40.0 per day
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	
enalapril-hydrochlorothiazide	
fosinopril sodium	
fosinopril-hydrochlorothiazide	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	
lisinopril-hydrochlorothiazide	
moexipril hcl	
perindopril erbumine (2 mg tab, 4 mg tab)	
quinapril hcl	
quinapril-hctz 20-25 mg tab (greenstone)	
quinapril-hydrochlorothiazide	

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
ramipril	
trandolapril	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS	
KERENDIA (10 MG TABLET, 20 MG TABLET)	ST / QPD 1.0 per day
RESPIRATORY TRACT AGENTS	
ANTIFIBROTIC AGENTS	
pirfenidone (267 mg capsule, 267 mg tablet)	S / PA / QPD 6.0 per day
pirfenidone 801 mg tablet	S / PA / QPD 3.0 per day
ANTITUSSIVES	
benzonatate	
BROMFED DM	
brompheniramine-pseudoephed-dm	
hydrocodone-homatropine soln	
hydrocodone-homatropine 5-1.5	
HYDROMET	
promethazine-codeine	
promethazine-dm	
MUCOLYTIC AGENTS	
PULMOZYME	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
PHOSPHODIESTERASE TYPE 4 INHIBITORS	
roflumilast 250 mcg tablet	
roflumilast 500 mcg tablet	
VASODILATING AGENTS (RESPIRATORY TRACT)	
ambrisentan	S / PA / QPD 1.0 per day
bosentan (62.5 mg tablet, 125 mg tablet)	S / PA / QPD 2.0 per day
bosentan 32 mg tablet for susp	S / PA / QPD 4.0 per day
OPSUMIT	S / PA / QPD 1.0 per day
SKELETAL MUSCLE RELAXANTS	
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	
chlorzoxazone 500 mg tablet	
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	
methocarbamol (500 mg tablet, 750 mg tablet)	
tizanidine hcl (2 mg tablet, 4 mg tablet)	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT	
baclofen (10 mg tablet, 20 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
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT	
orphenadrine citrate er	
SKIN AND MUCOUS MEMBRANE AGENTS	
ANTIPROLIFERANTS	
CARAC	
fluorouracil (cream, topical soln)	
imiquimod 5% cream packet	
VALCHLOR	S
ANTIPRURITICS AND LOCAL ANESTHETICS	
DERMACINRX LIDOCAN	PA / QPD 3.0 per day
lidocaine 5% patch	PA / QPD 3.0 per day
lidocaine 5% ointment	PA / QPD 3.334 per day
lidocaine-prilocaine	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
tretinoin (0.01% gel, 0.025% cream, 0.05% cream, 0.1% cream)	PA

KERATOLYTIC AGENTS

ABSORICA LD	
ACCUTANE	
acitretin	
adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)	PA
AMNESTEEM	
CLARAVIS	
isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	
tazarotene 0.05% cream	
tazarotene (0.05% gel, 0.1% cream, 0.1% gel)	PA
ZENATANE	

SKIN AND MUCOUS MEMBRANE AGENTS, MISC.

adapalene-bnzyl perox 0.1-2.5%	PA
adapalene-bnzyl perox 0.3-2.5%	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	QL max 56 days / fill S PA QPD 0.082 per day
DUPIXENT 300 MG/2 ML SYRINGE	QL max 56 days / fill S PA QPD 0.286 per day
ivermectin 1% cream	

SMOOTH MUSCLE RELAXANTS

RESPIRATORY SMOOTH MUSCLE RELAXANTS

ELIXOPHYLLIN	
theophylline	
theophylline er (er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet)	

SOMATOSTATIN AGONISTS AND ANTAGONISTS

SOMATOSTATIN AGONISTS

| *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)* | S |

SOMATOTROPIN AGONISTS AND ANTAGONISTS

SOMATOTROPIN AGONISTS

INCRELEX	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
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	
ALPHA- AND BETA-ADRENERGIC AGONISTS	
AUVI-Q	
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	
ALPHA-ADRENERGIC AGONISTS (12:12)	
lofexidine hcl	
midodrine hcl	
THYROID AND ANTITHYROID AGENTS	
ANTITHYROID AGENTS	
methimazole (5 mg tablet, 10 mg tablet)	
propylthiouracil 50 mg tablet	
THYROID AGENTS	
EUTHYROX	
LEVO-T	
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)	
LEVOXYL	
LIOMNY (25 MCG TABLET, 50 MCG TABLET)	
LIOMNY 5 MCG TABLET	
liothyronine sod 5 mcg tab	
liothyronine sodium (25 mcg tab, 50 mcg tab)	
SYNTHROID	

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
UNITHROID	
TUMOR NECROSIS FACTOR INHIBITORS	
TUMOR NECROSIS FACTOR INHIBITORS, MISC	
adalimumab-aaty(cf)	S PA QPD 0.072 per day
adalimumab-aaty(cf) ai crohns	QL max 3 / 180 days S PA
adalimumab-aaty(cf) autoinject	S PA QPD 0.072 per day
adalimumab-adaz(cf) 10mg/0.1ml	S PA QPD 0.008 per day
adalimumab-adaz(cf) 20mg/0.2ml	S PA QPD 0.015 per day
adalimumab-adaz(cf) 40 mg syrg	S PA QPD 0.029 per day
adalimumab-adaz(cf) pen 40 mg	S PA QPD 0.029 per day
adalimumab-adaz(cf) pen 80 mg	S PA QPD 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	S / PA / QPD 0.072 per day
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	S / PA / QPD 0.036 per day

VASODILATING AGENTS

CGMP SYNTHESIS AGENT

VERQUVO	PA / QPD 1.0 per day

DIRECT VASODILATORS

hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)

isosorbide dinit-hydralazine

minoxidil (2.5 mg tablet, 10 mg tablet)

NITRATES AND NITRITES

isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)

isosorbide mononitrate

isosorbide mononitrate er

nitroglycerin 400 mcg spray

nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)

nitroglycerin patch

PHOSPHODIESTERASE TYPE 5 INHIBITORS

tadalafil (2.5 mg tablet, 5 mg tablet)	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
VASODILATING AGENTS (RESPIRATORY TRACT)	
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)	
ALYQ	S PA QPD 2.0 per day
sildenafil 10 mg/ml oral susp	S PA QPD 7.467 per day
sildenafil 20 mg tablet	S PA QPD 3.0 per day
tadalafil 20 mg tablet (pah)	S PA QPD 2.0 per day
VITAMINS	
MULTIVITAMIN PREPARATIONS	
PRENATABS RX	
prenatal 19 chewable tablet	
prenatal plus iron tablet	
prenatal-u	
SE-NATAL 19 (19 CHEWABLE TABLET, 19 TABLET)	
TRINATE	
VITAMIN B COMPLEX	
cyanocobalamin injection	
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	
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)	
folic acid 1 mg tablet	
PUREVITA FOLIC ACID 400 MCG TB	
VITAMIN D	
calcitriol 0.25 mcg capsule	
calcitriol 0.5 mcg capsule	
vitamin d2 1.25mg(50,000 unit)	
VITAMIN K ACTIVITY	
phytonadione 5 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.

Index of Covered Drugs

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.