

HPI Preferred Drug List

Our Preferred Drug List promotes appropriate and cost-effective medications covered under the medical plan for our members. Please refer to the Preferred Drug List to confirm the drugs being prescribed are covered by the Plan. Certain plans require some medications to be processed through specialty pharmacies. Please confirm benefits and eligibility.

Preferred Drug List *Effective 1/1/2025*



Acthar	Hizentra	Rystiggo
Alprolix	Idelvion	Simponi Aria
Altuviiiio	Inflectra	Skyla
Alyglo	Infliximab, unbranded	Skyrizi (IV)
Aralast NP	Jivi	Soliris
Aranesp	Kanjinti	Stelara (IV)
Asceniv	Kogenate FS	Supprelin LA
Benefix	Kovaltry	Tezspire
Bivigam	Kyleena	Tremfya (IV)
Botox	Lucentis	Treprostinil
Briumvi	Mirena	Triptodur
Brixadi	Mvasi	Truxima
Byooviz	Neulasta/Neulasta Onpro	Tyruko
Cerezyme	Novoeight	Ultomiris
Cimerli	Nucala	Vpriv
Cutaquig	Nuwiq	Vyjuvek
Elfabrio	Ocrevus	Vyvgart/ Vyvgart Hytrulo
Eloctate	Panzyga	Xeomin
Euflexxa	Procrit	Xolair
Fabrazyme	Remicade	Xyntha
Fensolvi	Retacrit	Zarxio
Fulphila	Ruxience	Zirabev
Glassia	Rykindo	

* This list is updated annually and may not be an all-inclusive list