

Premium 4-Tier 2026 Prescription Drug List



Call Member Services at (888) 333-4742 (TTY: 711)



Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) to:

- Locate a participating retail pharmacy
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options



This list is subject to change at any time. Created: October 1, 2025

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care,
Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

About Harvard Pilgrim's formulary

Harvard Pilgrim's formulary is a list of therapeutically safe and effective medications for treating most common medical conditions. The list is continually updated to incorporate the most recent decisions of Harvard Pilgrim's Pharmacy Services Department and our Pharmacy & Therapeutics Committee.

Harvard Pilgrim's Premium 4-Tier Prescription Drug Program

Covered medications are categorized in one of the four tiers described below. Our tiered benefit structure encourages patients and physicians to discuss pharmaceutical treatment options and choose the drug that is therapeutically appropriate. This kind of patient/physician dialogue is an important component in promoting quality, cost-effective care.

How do I use my Premium 4-Tier Prescription Drug List?

The following list is alphabetical, with a coverage indicator listed to the right of the drug name. To find out how we cover a drug you are currently taking:

1. Under "Drug," look up the name of your medication.
2. Once you find the medication, check the coverage indicator to the right of the drug name.

| Coverage indicator | Description |
|--------------------------|--|
| \$0 | Drug may be covered without member cost sharing for some benefit plans. |
| Tier 1 (\$) | Tier 1 is made up of generics only. These drugs contain the same active ingredients as their brand-name counterparts. |
| Tier 2 (\$\$) | Tier 2 is primarily made up of higher costing generic drugs. These drugs contain the same active ingredients as their brand-name counterparts. Tier 2 may also include brand-name drugs that your plan has determined to be more effective, less costly or to have fewer side effects than similar medications. |
| Tier 3 (\$\$\$) | Tier 3 is primarily made up of brand name drugs that have no generic equivalents available. These drugs have been selected by your plan based on review of the relative safety, effectiveness and cost of the many brand name drugs on the market. Tier 3 may also include generic drugs that your plan has determined to be more costly than their brand name alternatives. |
| Tier 4 (\$\$\$\$) | Tier 4 is made up of drugs that your plan has not included in Tier 1, Tier 2, or Tier 3. |
| Medical (MD) | Drug covered under medical benefit and may be obtained at a retail pharmacy. |

Please note: Some plans may require you to pay a deductible for prescription medications before copayments and/or coinsurance apply. Refer to your Prescription Drug Brochure for details.

Maintenance medication opportunities

You can fill a 90-day supply of maintenance medications at retail pharmacies. Ask your pharmacist if your prescription is able to be converted to a 90-day supply to decrease your trips to the pharmacy.

Mail Order Pharmacy available from Optum Home Delivery

You can use Optum® Home Delivery to have a 90-day supply of maintenance medications delivered to your home. Standard shipping is free. To get started, visit harvardpilgrim.org/rx or call Optum Home Delivery at (855) 258-1561 (TTY: 711). Be sure to have your Harvard Pilgrim ID number, prescription number(s) and credit card information ready when you call.

Request an Exception

If your doctor decides it is medically necessary for you to take a drug not listed, they can submit a coverage request to Harvard Pilgrim through the Medical Review Process. If your doctor wants you to take a medication that your plan doesn't cover or limits, visit harvardpilgrim.org/rx or call Member Services.

Medical Review

Harvard Pilgrim has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-To-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Program (ST), or Quantity Limitations Program (QL) should be completed by the physician and sent to Harvard Pilgrim. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Harvard Pilgrim will approve the request if it meets coverage guidelines. If Harvard Pilgrim does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

Glossary of Notes

In this drug list, some medications are noted with letters next to them to help you see which drugs may have coverage requirements or limitations. Your benefit plan determines how these medications may be covered for you.

| Keyword | Description |
|---------|--|
| ACA | Affordable Care Act. This medication is eligible for \$0 cost share under most benefit plans. Age restrictions may apply. |
| AL | Age Limit. Medications may be limited to a certain age. |
| AM | Affordability Mandate. In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents. |
| CM | Cancer Mandate. For plans subject to the cancer mandate, this drug may have a cost share of up to \$200. Please check your benefit document. |
| DIAB | Diabetes State Mandate. In accordance with state laws under certain benefit plans; member cost sharing for medications and/or supplies used to treat diabetes may not exceed a certain dollar amount. Check your plan documents. |
| EPI | Epinephrine State Mandate. In accordance with state law under certain benefit plans; a two (2) pack of covered epinephrine auto-injectors or cartridges may be covered once every Plan Year or Calendar Year with no Member Cost Sharing. Check your plan documents. |
| FM | Fertility Medication. This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. |
| HCD | High Cost Specialty Drugs. In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs, will not exceed a certain dollar amount. Check your benefit documents. |
| HSA | HSA Preventive Drug. If your plan includes the Preventive Drug Benefit, covered preventive health drugs will not be subject to your plan deductible. Applicable copayment will apply. |
| NTM | New-To-Market Drug Evaluation Process (NTM). This drug is under review by the plan. During the review process, if your physician believes you have a medical need for the New-To-Market drug, your doctor can submit a request for coverage. Drugs approved through the Medical Review Process may be subject to the highest copayment. |
| PA | Prior Authorization. Some medications require Prior Authorization. |
| QL | Quantity Limit. Medications may be limited to a certain quantity. |
| SPP | Specialty Pharmacy. Must use Optum® Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island plans. |
| ST | Step Therapy. Your plan may require that members first try one drug to treat a condition before we will cover another drug for that condition. This ensures that certain medications are used safely and effectively for members in specified age groups. |
| WH | Women's Health. Certain medications may be covered without cost share under Women's Health Preventive Services Initiative. Generics preferred. Check your benefit documents. |
| WLM | Weight Loss Medication. This medication is only covered if your plan includes weight loss medication coverage. Additional restrictions may apply. Check your benefit documents. |

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Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care,

Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| Analgesics - Drugs for Pain and Inflammation | | |
| aspirin 81 oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| aspirin adult low dose oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| aspirin adult low strength oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| aspirin childrens oral tablet chewable 81 mg | \$0 | HSA; ACA |
| aspirin ec adult low dose oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| aspirin ec low dose oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| aspirin ec low strength oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| aspirin low dose oral tablet chewable 81 mg | \$0 | HSA; ACA |
| aspirin low dose oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| aspirin oral tablet chewable 81 mg | \$0 | HSA; ACA |
| aspirin oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| aspirin regimen oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg | 2 | |
| diclofenac potassium oral capsule 25 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| diclofenac potassium oral tablet 50 mg | 2 | |
| diclofenac sodium er oral tablet extended release 24 hour 100 mg | 2 | |
| diclofenac sodium external solution 1.5 % | 2 | |
| diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg | 2 | |
| diflunisal oral tablet 500 mg | 2 | |
| ec-naproxen oral tablet delayed release 375 mg, 500 mg | 2 | |
| etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg | 2 | |
| etodolac oral capsule 200 mg, 300 mg | 2 | |
| etodolac oral tablet 400 mg, 500 mg | 2 | |
| flurbiprofen oral tablet 100 mg, 50 mg | 2 | |
| ft aspirin low dose oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| ft aspirin oral tablet chewable 81 mg | \$0 | HSA; ACA |
| ft ibuprofen childrens oral suspension 100 mg/5ml | 1 | |
| ft ibuprofen infants oral suspension 50 mg/1.25ml | 1 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|------------------------------------|
| goodsense aspirin low dose oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| goodsense ibuprofen childrens oral suspension 100 mg/5ml | 1 | |
| ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml | 1 | |
| ibuprofen infants oral suspension 50 mg/1.25ml | 1 | |
| ibuprofen oral suspension 200 mg/10ml | 2 | Institutional product not covered. |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| ibuprofen suspension 100 mg/5ml oral (rx) | 2 | |
| ibuprofen suspension 100 mg/5ml oral (rx) | 2 | Institutional product not covered. |
| indomethacin er oral capsule extended release 75 mg | 2 | |
| indomethacin oral capsule 25 mg, 50 mg | 1 | |
| ketoprofen oral capsule 50 mg | 2 | |
| ketorolac tromethamine oral tablet 10 mg | 2 | |
| meloxicam oral tablet 15 mg, 7.5 mg | 1 | |
| mm aspirin oral tablet delayed release 81 mg | \$0 | HSA; ACA |
| nabumetone oral tablet 500 mg, 750 mg | 2 | |
| naproxen dr oral tablet delayed release 500 mg | 2 | |
| naproxen oral tablet 250 mg, 375 mg, 500 mg | 1 | |
| naproxen oral tablet delayed release 375 mg, 500 mg | 2 | |
| naproxen sodium er oral tablet extended release 24 hour 750 mg | 4 | |
| naproxen sodium oral tablet 275 mg, 550 mg | 2 | |
| naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg | 3 | PA |
| oxaprozin oral tablet 600 mg | 2 | |
| piroxicam oral capsule 10 mg, 20 mg | 2 | |
| sulindac oral tablet 150 mg, 200 mg | 2 | |
| Analgesics - Drugs for Pain | | |
| acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml | 2 | |
| acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg | 2 | |
| ALLZITAL ORAL TABLET 25-325 MG | 4 | |
| ascomp-codeine oral capsule 50-325-40-30 mg | 2 | |
| bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg | 2 | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 75 MCG | 4 | PA; QL: Max. 2 per day |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| BELBUCA BUCCAL FILM 450 MCG, 600 MCG, 750 MCG, 900 MCG | 4 | PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr | 3 | PA; QL: Max. 4 per 28 days |
| butalbital-acetaminophen oral tablet 50-325 mg | 2 | |
| butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg | 2 | |
| butalbital-apap-cafeine oral capsule 50-300-40 mg | 2 | |
| BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML | 4 | |
| butalbital-apap-cafeine oral tablet 50-325-40 mg | 2 | |
| butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg | 2 | |
| butalbital-aspirin-cafeine oral capsule 50-325-40 mg | 2 | |
| butorphanol tartrate nasal solution 10 mg/ml | 2 | |
| codeine sulfate oral tablet 15 mg, 30 mg, 60 mg | 2 | |
| endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 2 | |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 2 | PA; QL: Max. 10 per 30 days |
| fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr | 3 | PA; QL: Max. 10 per 30 days |
| hydrocodone-acetaminophen oral solution 10-300 mg/15ml | 4 | |
| hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml | 2 | |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 2 | |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 2 | |
| hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg | 3 | PA; QL: Max. 1 per day |
| hydromorphone hcl er oral tablet extended release 24 hour 32 mg | 3 | PA; QL: Max. 2 per day |
| hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg | 2 | |
| JOURNAVX ORAL TABLET 50 MG | 4 | QL: Max 30 tabs per 14 days in a 90 day period |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| levorphanol tartrate oral tablet 2 mg | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| levorphanol tartrate oral tablet 3 mg | 4 | PA |
| meperidine hcl oral solution 50 mg/5ml | 2 | |
| methadone hcl intensol oral concentrate 10 mg/ml | 2 | PA; QL: Max. 2 per day |
| methadone hcl oral concentrate 10 mg/ml | 2 | PA; QL: Max. 2 per day |
| methadone hcl oral solution 10 mg/5ml | 2 | PA; QL: Max. 10mL per day |
| methadone hcl oral solution 5 mg/5ml | 2 | PA; QL: Max. 20mL per day |
| methadone hcl oral tablet 10 mg | 2 | PA; QL: Max. 2 per day |
| methadone hcl oral tablet 5 mg | 2 | PA; QL: Max. 4 per day |
| morphine sulfate (concentrate) oral solution 100 mg/5ml | 2 | |
| morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg | 2 | PA; QL: Max. 1 per day |
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | 2 | PA; QL: Max. 2 per day |
| morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg | 2 | PA; QL: Max. 90 per 30 days |
| morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml | 2 | |
| morphine sulfate oral tablet 15 mg, 30 mg | 2 | |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| oxycodone hcl oral capsule 5 mg | 2 | |
| oxycodone hcl oral concentrate 100 mg/5ml | 2 | |
| oxycodone hcl oral solution 5 mg/5ml | 2 | |
| oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg | 2 | |
| OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG | 2 | QL: 6 tablets per day |
| OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 30 MG | 2 | QL: 2 tablets per day |
| OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 5 MG | 2 | QL: 12 tablets per day |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 2 | |
| oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg | 2 | PA; QL: Max. 2 per day |
| oxymorphone hcl er oral tablet extended release 12 hour 40 mg | 2 | PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| oxymorphone hcl oral tablet 10 mg, 5 mg | 2 | |
| pentazocine-naloxone hcl oral tablet 50-0.5 mg | 2 | |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG | 4 | QL: 6 per day |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG | 4 | QL: Max. 6 per day |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG | 4 | QL: Max. 2 per day |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG | 4 | QL: Max. 12 per day |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg | 2 | PA; QL: Max. 1 per day |
| tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg | 2 | PA; QL: Max. 1 per day; Generic Ultram ER |
| tramadol hcl oral tablet 100 mg | 2 | |
| tramadol hcl oral tablet 50 mg | 2 | Generic Ultram |
| tramadol-acetaminophen oral tablet 37.5-325 mg | 2 | |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 9 MG | 3 | PA; QL: Max. 2 per day |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG, 27 MG, 36 MG | 3 | PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| Anesthetics | | |
| ethyl chloride external aerosol | 2 | |
| ft pain relief max strength external patch 4 % | 1 | |
| glydo external prefilled syringe 2 % | 2 | |
| lidocaine external cream 3 % | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--------------------------------------|
| lidocaine external ointment 5 % | 2 | |
| lidocaine external patch 4 % | 1 | |
| lidocaine external patch 5 % | 2 | PA |
| lidocaine hcl external solution 4 % | 2 | |
| lidocaine hcl urethral/mucosal external gel 2 % | 2 | |
| lidocaine hcl urethral/mucosal external prefilled syringe 2 % | 2 | |
| lidocaine max st 24 hours external patch 4 % | 1 | |
| lidocaine pain relief external patch 4 % | 1 | |
| lidocaine pain relief max st external patch 4 % | 1 | |
| lidocaine pain relieving external patch 4 % | 1 | |
| lidocaine-prilocaine external cream 2.5-2.5 % | 2 | |
| pain relief max str external patch 4 % | 1 | |
| pain relief maximum strength external patch 4 % | 1 | |
| pain relieving lidocaine external patch 4 % | 1 | |
| THERACARE PAIN RELIEF EXTERNAL PATCH 4 % | 1 | |
| welmate lidocaine pain reliev external patch 4 % | 1 | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| acamprosate calcium oral tablet delayed release 333 mg | 2 | |
| buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg | 2 | |
| buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg | 2 | |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg | 2 | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg | \$0 | HSA; ACA |
| disulfiram oral tablet 250 mg, 500 mg | 2 | |
| ft naloxone hcl nasal liquid 4 mg/0.1ml | \$0 | QL: Max. 1 box (2 sprays) in 15 days |
| ft nicotine mini mouth/throat lozenge 2 mg, 4 mg | \$0 | HSA; ACA |
| ft nicotine mouth/throat gum 2 mg, 4 mg | \$0 | HSA; ACA |
| ft nicotine mouth/throat lozenge 2 mg, 4 mg | \$0 | HSA; ACA |
| ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | \$0 | HSA; ACA |
| goodsense nicotine mouth/throat gum 2 mg, 4 mg | \$0 | HSA; ACA |
| goodsense nicotine mouth/throat lozenge 4 mg | \$0 | HSA; ACA |
| habitrol transdermal patch 24 hour 21 mg/24hr | \$0 | HSA; ACA |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | MD | QL: Max. 1 box (2 sprays) in 15 days |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| lofexidine hcl oral tablet 0.18 mg | 4 | QL: Max 224 per fill. Max of 14 days supply per fill.; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | MD | |
| naloxone hcl injection solution cartridge 0.4 mg/ml | MD | |
| naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml | MD | |
| naloxone hcl liquid 4 mg/0.1ml nasal (otc) | \$0 | QL: Max. 1 box (2 sprays) in 15 days |
| naloxone hcl liquid 4 mg/0.1ml nasal (otc) | MD | QL: Max. 1 box (2 sprays) in 15 days |
| naloxone hcl liquid 4 mg/0.1ml nasal (rx) | MD | QL: Max. 1 box (2 sprays) in 15 days |
| naltrexone hcl oral tablet 50 mg | 2 | |
| nicotine mini mouth/throat lozenge 2 mg, 4 mg | \$0 | HSA; ACA |
| nicotine polacrilex mini mouth/throat lozenge 2 mg | \$0 | HSA; ACA |
| nicotine polacrilex mouth/throat gum 2 mg, 4 mg | \$0 | HSA; ACA |
| nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg | \$0 | HSA; ACA |
| nicotine step 1 transdermal patch 24 hour 21 mg/24hr | \$0 | HSA; ACA |
| nicotine step 2 transdermal patch 24 hour 14 mg/24hr | \$0 | HSA; ACA |
| nicotine step 3 transdermal patch 24 hour 7 mg/24hr | \$0 | HSA; ACA |
| nicotine transdermal kit 21-14-7 mg/24hr | \$0 | HSA; ACA |
| nicotine transdermal patch 24 hour 21 mg/24hr | \$0 | HSA; ACA |
| NICOTROL INHALATION INHALER 10 MG | \$0 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA; HCD |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | \$0 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA; HCD |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML | 4 | QL: Maximum of 2 sprays per fill |
| REXTOVY NASAL LIQUID 4 MG/0.25ML | MD | QL: 1 box per 15 days; Max 2 boxes per 30 days. |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42 | \$0 | HSA; ACA |
| varenicline tartrate oral tablet 0.5 mg | \$0 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA; HCD |
| varenicline tartrate oral tablet 1 mg | \$0 | HSA; ACA |
| varenicline tartrate(continue) oral tablet 1 mg | \$0 | HSA; ACA |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG | 4 | PA |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 8.6-2.1 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| Antibacterials | | |
| amoxicillin oral capsule 250 mg, 500 mg | 1 | |
| amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml | 1 | |
| amoxicillin oral tablet 500 mg, 875 mg | 1 | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | 2 | |
| amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg | 2 | |
| amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml | 2 | |
| amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg | 2 | |
| ampicillin oral capsule 500 mg | 2 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 3 | |
| AVIDOXY ORAL TABLET 100 MG | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|----------------------|
| azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml | 2 | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 2 | |
| cefaclor er oral tablet extended release 12 hour 500 mg | 2 | |
| cefaclor oral capsule 250 mg, 500 mg | 2 | |
| cefaclor oral suspension reconstituted 250 mg/5ml | 2 | |
| cefadroxil oral capsule 500 mg | 2 | |
| cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml | 2 | |
| cefadroxil oral tablet 1 gm | 2 | |
| cefdinir oral capsule 300 mg | 2 | |
| cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | 2 | |
| cefixime oral capsule 400 mg | 2 | |
| cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml | 2 | |
| cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml | 2 | |
| cefpodoxime proxetil oral tablet 100 mg, 200 mg | 2 | |
| cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | 2 | |
| cefprozil oral tablet 250 mg, 500 mg | 2 | |
| cefuroxime axetil oral tablet 250 mg, 500 mg | 2 | |
| cephalexin oral capsule 250 mg, 500 mg | 2 | |
| cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | 2 | |
| cephalexin oral tablet 250 mg, 500 mg | 2 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 2 | |
| clarithromycin er oral tablet extended release 24 hour 500 mg | 2 | |
| clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | 2 | |
| clarithromycin oral tablet 250 mg, 500 mg | 2 | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | 4 | |
| clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg | 2 | |
| clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml | 2 | |
| clindamycin phosphate vaginal cream 2 % | 2 | |
| CLINDESSE VAGINAL CREAM 2 % | 4 | |
| demeclocycline hcl oral tablet 150 mg, 300 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| dicloxacillin sodium oral capsule 250 mg, 500 mg | 2 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML | 3 | PA; QL: Max. 136 ml per 10 days |
| DIFICID ORAL TABLET 200 MG | 3 | PA; QL: Max. 20 per 10 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| doxycycline hyclate oral capsule 100 mg, 50 mg | 2 | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 2 | |
| doxycycline hyclate oral tablet 150 mg, 75 mg | 3 | |
| doxycycline hyclate oral tablet 50 mg | 3 | QL: Max. 2 per day |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 2 | |
| doxycycline monohydrate oral suspension reconstituted 25 mg/5ml | 2 | |
| doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg | 2 | |
| erythromycin base oral capsule delayed release particles 250 mg | 2 | |
| erythromycin base oral tablet 250 mg | 2 | |
| erythromycin base oral tablet 500 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg | 2 | |
| erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| fidaxomicin oral tablet 200 mg | 3 | PA; QL: Max. 20 per 10 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| fosfomycin tromethamine oral packet 3 gm | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| gentamicin sulfate external cream 0.1 % | 2 | |
| gentamicin sulfate external ointment 0.1 % | 2 | |
| levofloxacin oral solution 25 mg/ml | 2 | |
| levofloxacin oral tablet 250 mg, 500 mg, 750 mg | 2 | |
| linezolid oral suspension reconstituted 100 mg/5ml | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| linezolid oral tablet 600 mg | 2 | |
| methenamine hippurate oral tablet 1 gm | 2 | |
| metronidazole oral tablet 250 mg, 500 mg | 1 | |
| metronidazole vaginal gel 0.75 % | 2 | |
| minocycline hcl oral capsule 100 mg, 50 mg, 75 mg | 2 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | 2 | |
| moxifloxacin hcl oral tablet 400 mg | 2 | |
| mupirocin external ointment 2 % | 2 | |
| neomycin sulfate oral tablet 500 mg | 2 | |
| nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg | 2 | |
| nitrofurantoin monohydrate macrocrystals oral capsule 100 mg | 2 | |
| NUVESSA VAGINAL GEL 1.3 % | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| NUZYRA ORAL TABLET 150 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ofloxacin oral tablet 300 mg, 400 mg | 2 | |
| penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml | 2 | |
| penicillin v potassium oral tablet 250 mg, 500 mg | 1 | |
| silver nitrate external solution 0.5 % | 2 | |
| silver sulfadiazine external cream 1 % | 2 | |
| SOLOSEC ORAL PACKET 2 GM | 4 | QL: Max. quantity of 1 per fill |
| ssd external cream 1 % | 2 | |
| sulfadiazine oral tablet 500 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 2 | |
| sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg | 1 | |
| sulfatrim pediatric oral suspension 200-40 mg/5ml | 2 | |
| tetracycline hcl oral capsule 250 mg, 500 mg | 2 | |
| tinidazole oral tablet 250 mg, 500 mg | 2 | |
| trimethoprim oral tablet 100 mg | 2 | |
| vancomycin hcl oral capsule 125 mg, 250 mg | 2 | |
| vancomycin hcl oral solution reconstituted 25 mg/ml | 3 | QL: Max 300 mL per 10 days |
| vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml | 3 | QL: Maximum quantity of 300 per 10 days |
| XIFAXAN ORAL TABLET 200 MG | 4 | PA; QL: Max Daily Dose of 0.3 |
| XIFAXAN ORAL TABLET 550 MG | 3 | PA; QL: Max Daily Dose of 2; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| Anticoagulants | | |
| dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg | 4 | HSA |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | 3 | HSA |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 3 | HSA |
| enoxaparin sodium injection solution 300 mg/3ml | 2 | This drug is not available through home delivery; HSA |
| enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml | 2 | This drug is not available through home delivery; HSA |
| fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml | 3 | This drug is not available through home delivery; HSA |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML | 3 | HSA |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | 3 | This drug is not available through home delivery; HSA |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML | 3 | This drug is not available through home delivery; HSA |
| heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 2 | HSA |
| heparin sodium (porcine) pf injection solution 5000 unit/ml | 2 | HSA |
| jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg | 2 | HSA |
| rivaroxaban oral suspension reconstituted 1 mg/ml | 3 | HSA |
| rivaroxaban oral tablet 2.5 mg | 3 | HSA |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG | 4 | HSA |
| warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | 3 | HSA |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | 3 | HSA |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 3 | HSA |
| Anticonvulsants - Drugs for Seizures | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| BRIVIACT ORAL TABLET 10 MG, 25 MG | 4 | |
| BRIVIACT ORAL TABLET 100 MG, 50 MG, 75 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg | 2 | |
| carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg | 2 | |
| carbamazepine oral suspension 100 mg/5ml | 2 | |
| carbamazepine oral tablet 200 mg | 2 | |
| carbamazepine oral tablet chewable 100 mg | 2 | |
| clobazam oral suspension 2.5 mg/ml | 2 | |
| clobazam oral tablet 10 mg, 20 mg | 2 | |
| diazepam rectal gel 10 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| diazepam rectal gel 2.5 mg, 20 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| DILANTIN ORAL CAPSULE 30 MG | 3 | |
| divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg | 2 | |
| divalproex sodium oral capsule delayed release sprinkle 125 mg | 2 | |
| divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg | 2 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ethosuximide oral capsule 250 mg | 2 | |
| ethosuximide oral solution 250 mg/5ml | 2 | |
| felbamate oral suspension 600 mg/5ml | 2 | |
| felbamate oral tablet 400 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| felbamate oral tablet 600 mg | 2 | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| gabapentin oral capsule 100 mg, 300 mg, 400 mg | 1 | |
| gabapentin oral solution 250 mg/5ml, 300 mg/6ml | 2 | |
| gabapentin oral tablet 600 mg, 800 mg | 2 | |
| lacosamide oral solution 10 mg/ml | 3 | |
| lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg | 3 | |
| lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 300 mg, 50 mg | 2 | |
| lamotrigine er oral tablet extended release 24 hour 250 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg | 4 | |
| lamotrigine oral kit 25 & 50 & 100 mg | 2 | |
| lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg | 1 | |
| lamotrigine oral tablet chewable 25 mg, 5 mg | 2 | |
| lamotrigine oral tablet dispersible 100 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| lamotrigine oral tablet dispersible 200 mg, 25 mg, 50 mg | 2 | |
| lamotrigine starter kit-blue oral kit 35 x 25 mg | 2 | |
| lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg | 2 | |
| levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg | 2 | |
| levetiracetam oral solution 100 mg/ml, 500 mg/5ml | 2 | |
| levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg | 2 | |
| methsuximide oral capsule 300 mg | 3 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | 4 | PA; QL: Maximum 10 doses per 30 days.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| oxcarbazepine oral suspension 300 mg/5ml | 2 | |
| oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg | 2 | |
| perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml | 2 | |
| phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg | 2 | |
| phenytoin infatabs oral tablet chewable 50 mg | 1 | |
| phenytoin oral suspension 125 mg/5ml | 2 | |
| phenytoin oral tablet chewable 50 mg | 1 | |
| phenytoin sodium extended oral capsule 100 mg | 2 | |
| primidone oral tablet 250 mg, 50 mg | 2 | |
| roweepra oral tablet 500 mg | 2 | |
| rufinamide oral suspension 40 mg/ml | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| rufinamide oral tablet 200 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| rufinamide oral tablet 400 mg | 3 | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG | 4 | |
| subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg | 1 | |
| subvenite starter kit-blue oral kit 35 x 25 mg | 2 | |
| subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg | 2 | |
| tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg | 2 | |
| topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg | 2 | |
| topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| topiramate oral capsule sprinkle 15 mg, 25 mg | 2 | |
| topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | 2 | |
| valproic acid oral capsule 250 mg | 2 | |
| valproic acid oral solution 250 mg/5ml | 2 | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | 4 | PA; QL: 10 dose per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | 4 | PA; QL: 10 dose per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | 4 | PA; QL: 10 dose per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | 4 | PA; QL: 10 dose per 30 days |
| vigabatrin oral packet 500 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| vigabatrin oral tablet 500 mg | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VIGADRONE ORAL PACKET 500 MG | 4 | This drug is not available through home delivery |
| VIGADRONE ORAL TABLET 500 MG | 4 | This drug is not available through home delivery |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| XCOPRI ORAL TABLET 25 MG | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 4 | |
| zonisamide oral capsule 100 mg, 25 mg, 50 mg | 2 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 4 | PA |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| donepezil hcl oral tablet 10 mg, 23 mg, 5 mg | 2 | |
| donepezil hcl oral tablet dispersible 10 mg, 5 mg | 2 | |
| galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg | 2 | |
| galantamine hydrobromide oral solution 4 mg/ml | 2 | |
| galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg | 2 | |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg | 2 | |
| memantine hcl oral solution 2 mg/ml | 2 | |
| memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg | 2 | |
| memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg | 4 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG | 4 | |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg | 2 | |
| Antidepressants | | |
| amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg | 1 | PA: Prior Authorization required for members 12 and younger; HSA |
| amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg | 2 | PA; HSA |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| bupropion hcl oral tablet 100 mg, 75 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg | 2 | |
| citalopram hydrobromide oral solution 10 mg/5ml | 2 | HSA |
| citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg | 1 | HSA |
| clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg | 2 | HSA |
| desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG | 3 | PA: Prior Authorization required for members 12 and younger; HSA |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg | 2 | PA: Prior Authorization required for members 12 and younger; Generic Pristiq; HSA |
| doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| doxepin hcl oral concentrate 10 mg/ml | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | 1 | HSA |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | 4 | PA: Prior Authorization required for members 12 and younger; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml | 2 | HSA |
| escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg | 1 | HSA |
| fluoxetine hcl oral capsule 10 mg, 20 mg | 1 | HSA |
| fluoxetine hcl oral capsule 40 mg | 2 | HSA |
| fluoxetine hcl oral capsule delayed release 90 mg | 2 | HSA |
| fluoxetine hcl oral solution 20 mg/5ml | 2 | HSA |
| fluoxetine hcl oral tablet 10 mg, 60 mg | 2 | HSA |
| fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg | 3 | HSA |
| fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg | 2 | HSA |
| imipramine hcl oral tablet 10 mg, 25 mg, 50 mg | 2 | HSA |
| imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| MARPLAN ORAL TABLET 10 MG | 4 | PA: Prior Authorization required for members 12 and younger; HSA |
| mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| nortriptyline hcl oral solution 10 mg/5ml | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg | 2 | |
| paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| paroxetine hcl oral suspension 10 mg/5ml | 3 | PA; HSA |
| paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg | 2 | |
| phenelzine sulfate oral tablet 15 mg | 2 | PA; HSA |
| protriptyline hcl oral tablet 10 mg, 5 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| sertraline hcl oral concentrate 20 mg/ml | 1 | HSA |
| sertraline hcl oral tablet 100 mg, 25 mg, 50 mg | 1 | HSA |
| tranylcypromine sulfate oral tablet 10 mg | 3 | PA: Prior Authorization required for members 12 and younger; HSA |
| trazodone hcl oral tablet 100 mg, 50 mg | 1 | PA: Prior Authorization required for members 12 and younger; HSA |
| trazodone hcl oral tablet 150 mg, 300 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg | 2 | PA: Prior Authorization required for members 12 and younger; HSA |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 4 | ST; HSA |
| venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg | 2 | HSA |
| venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg | 2 | HSA |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | 3 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | 2 | HSA |
| vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg | 2 | ST; HSA |
| ZURZUVAE ORAL CAPSULE 20 MG | 4 | PA; QL: Max 2 per day; HSA |
| ZURZUVAE ORAL CAPSULE 25 MG | 4 | PA; QL: Max 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| ZURZUVAE ORAL CAPSULE 30 MG | 4 | PA; QL: Max 1 per day; HSA |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| ANZEMET ORAL TABLET 50 MG | 4 | |
| aprepitant oral 80 & 125 mg | 3 | QL: 12 capsules per 28 days |
| aprepitant oral capsule 125 mg | 3 | QL: 4 capsules per 28 days |
| aprepitant oral capsule 40 mg | 3 | QL: 1 capsule per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| aprepitant oral capsule 80 & 125 mg | 3 | QL: 12 capsules per 28 days |
| aprepitant oral capsule 80 mg | 3 | QL: 8 capsules per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| COMPRO RECTAL SUPPOSITORY 25 MG | 2 | |
| doxylamine-pyridoxine oral tablet delayed release 10-10 mg | 2 | PA |
| dronabinol oral capsule 10 mg, 2.5 mg, 5 mg | 2 | |
| granisetron hcl oral tablet 1 mg | 2 | |
| meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg | 1 | |
| metoclopramide hcl oral solution 5 mg/5ml | 2 | |
| metoclopramide hcl oral tablet 10 mg, 5 mg | 1 | |
| metoclopramide hcl oral tablet dispersible 5 mg | 2 | |
| ondansetron hcl oral solution 4 mg/5ml | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|----------------------------|
| ondansetron hcl oral tablet 4 mg, 8 mg | 2 | |
| ondansetron odt oral tablet dispersible 16 mg, 4 mg, 8 mg | 2 | |
| perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg | 2 | |
| prochlorperazine maleate oral tablet 10 mg, 5 mg | 2 | |
| prochlorperazine rectal suppository 25 mg | 2 | |
| promethazine hcl oral solution 6.25 mg/5ml | 2 | |
| promethazine hcl oral syrup 6.25 mg/5ml | 2 | |
| promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg | 1 | |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | 2 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG | 2 | |
| scopolamine transdermal patch 72 hour 1 mg/3days | 2 | QL: 10 patches per 30 days |
| SYNDROS ORAL SOLUTION 5 MG/ML | 4 | |
| trimethobenzamide hcl oral capsule 300 mg | 2 | |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG | 4 | QL: 8 tablets per 28 days |
| Antifungals | | |
| antifungal (clotrimazole) external cream 1 % | 1 | |
| antifungal external cream 2 % | 1 | |
| antifungal maximum strength external solution 1 % | 1 | |
| athletes foot (clotrimazole) external cream 1 % | 1 | |
| ciclodan external solution 8 % | 2 | |
| ciclopirox external gel 0.77 % | 2 | |
| ciclopirox external shampoo 1 % | 2 | |
| ciclopirox external solution 8 % | 2 | |
| ciclopirox olamine external cream 0.77 % | 2 | |
| ciclopirox olamine external suspension 0.77 % | 2 | |
| clotrimazole 3 vaginal cream 2 % | 1 | |
| clotrimazole anti-fungal external cream 1 % | 1 | |
| clotrimazole athletes foot external cream 1 % | 1 | |
| clotrimazole cream 1 % external (otc) | 1 | |
| clotrimazole cream 1 % external (rx) | 2 | |
| clotrimazole external solution 1 % | 2 | |
| clotrimazole mouth/throat troche 10 mg | 2 | |
| clotrimazole vaginal cream 1 % | 1 | |
| clotrimazole-betamethasone external cream 1-0.05 % | 2 | |
| clotrimazole-betamethasone external lotion 1-0.05 % | 2 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 4 | PA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| cvs clotrimazole 3 vaginal cream 2 % | 1 | |
| econazole nitrate external cream 1 % | 2 | |
| fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml | 2 | |
| fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg | 2 | |
| flucytosine oral capsule 250 mg, 500 mg | 2 | |
| ft 7 day vaginal vaginal cream 1 % | 1 | |
| ft antifungal external cream 1 %, 2 % | 1 | |
| ft athletes foot (clotrimaz) external cream 1 % | 1 | |
| ft clotrimazole 3 vaginal cream 2 % | 1 | |
| ft clotrimazole vaginal cream 1 % | 1 | |
| ft miconazole 7 vaginal cream 2 % | 1 | |
| fungal nail eraser external solution 1 % | 1 | |
| goodsense athletes foot external cream 1 % | 1 | |
| griseofulvin microsize oral suspension 125 mg/5ml | 3 | |
| griseofulvin microsize oral tablet 500 mg | 3 | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | 3 | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | 4 | |
| itraconazole oral capsule 100 mg | 2 | |
| itraconazole oral solution 10 mg/ml | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ketoconazole external cream 2 % | 2 | |
| ketoconazole external shampoo 2 % | 2 | |
| ketoconazole oral tablet 200 mg | 2 | |
| klayesta external powder 100000 unit/gm | 2 | |
| micaderm external cream 2 % | 1 | |
| miconazole 3 vaginal suppository 200 mg | 2 | |
| miconazole 7 vaginal cream 2 % | 1 | |
| miconazole nitrate external cream 2 % | 1 | |
| MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 % | 3 | |
| naftifine hcl external gel 2 % | 3 | |
| nyamyc external powder 100000 unit/gm | 2 | |
| nystatin external cream 100000 unit/gm | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| nystatin external ointment 100000 unit/gm | 2 | |
| nystatin external powder 100000 unit/gm | 2 | |
| nystatin mouth/throat suspension 100000 unit/ml | 2 | |
| nystatin oral tablet 500000 unit | 2 | |
| nystatin-triamcinolone external cream 100000-0.1 unit/gm-% | 2 | |
| nystatin-triamcinolone external ointment 100000-0.1 unit/gm-% | 2 | |
| nystop external powder 100000 unit/gm | 2 | |
| posaconazole oral suspension 40 mg/ml | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| posaconazole oral tablet delayed release 100 mg | 3 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| terbinafine hcl oral tablet 250 mg | 1 | |
| terconazole vaginal cream 0.4 %, 0.8 % | 2 | |
| terconazole vaginal suppository 80 mg | 2 | |
| tolnaftate antifungal external cream 1 % | 1 | |
| tolnaftate external cream 1 % | 1 | |
| voriconazole oral suspension reconstituted 40 mg/ml | 2 | |
| voriconazole oral tablet 200 mg, 50 mg | 2 | |
| Antigout Agents | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |
| colchicine oral capsule 0.6 mg | 2 | |
| colchicine oral tablet 0.6 mg | 2 | |
| colchicine-probenecid oral tablet 0.5-500 mg | 2 | |
| febuxostat oral tablet 40 mg, 80 mg | 2 | ST |
| probenecid oral tablet 500 mg | 2 | |
| Antimigraine Agents | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 3 | PA; QL: Max. 1 syringe per 30 day(s); This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| dihydroergotamine mesylate injection solution 1 mg/ml | 3 | |
| dihydroergotamine mesylate nasal solution 4 mg/ml | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| eletriptan hydrobromide oral tablet 20 mg, 40 mg | 2 | QL: 18 tablets per 30 days |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 3 | PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; QL: Max. 3 pens per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 3 | PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG | 3 | |
| ergotamine-cafeine oral tablet 1-100 mg | 2 | |
| frovatriptan succinate oral tablet 2.5 mg | 3 | QL: 18 tablets per 30 days |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| naratriptan hcl oral tablet 1 mg, 2.5 mg | 2 | QL: 18 tablets per 30 days |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | 3 | PA; QL: 16 tablets/30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| rizatriptan benzoate oral tablet 10 mg, 5 mg | 2 | QL: 18 tablets per 30 days |
| rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg | 2 | QL: 18 tablets per 30 days |
| sumatriptan nasal solution 20 mg/act, 5 mg/act | 2 | QL: 12 nasal sprays per 30 days |
| sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg | 2 | QL: 18 tablets per 30 days |
| sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml | 2 | QL: 12 cartridges (6 mL) per 30 days |
| sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 6 mg/0.5ml | 2 | QL: 12 cartridges (6 mL) per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 3 | QL: 12 vials (6 mL) per 30 days |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml | 3 | QL: 12 pens (6 mL) per 30 days |
| sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml | 3 | QL: 12 pens (6 mL) per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| UBRELVY ORAL TABLET 100 MG | 3 | PA; QL: 16 tablets per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| UBRELVY ORAL TABLET 50 MG | 3 | PA; QL: 18 tablets per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| zolmitriptan nasal solution 5 mg | 4 | QL: 12 nasal sprays per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| zolmitriptan oral tablet 2.5 mg, 5 mg | 2 | QL: 18 tablets per 30 days |
| zolmitriptan oral tablet dispersible 2.5 mg, 5 mg | 2 | QL: 18 tablets per 30 days |
| Antimyasthenic Agents | | |
| pyridostigmine bromide er oral tablet extended release 180 mg | 2 | |
| pyridostigmine bromide oral solution 60 mg/5ml | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| pyridostigmine bromide oral tablet 30 mg, 60 mg | 2 | |
| Antimycobacterials | | |
| cycloserine oral capsule 250 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| dapsone oral tablet 100 mg, 25 mg | 2 | |
| ethambutol hcl oral tablet 100 mg, 400 mg | 2 | |
| isoniazid oral syrup 50 mg/5ml | 2 | |
| isoniazid oral tablet 100 mg, 300 mg | 1 | |
| PRIFTIN ORAL TABLET 150 MG | 4 | |
| pyrazinamide oral tablet 500 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| rifabutin oral capsule 150 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| rifampin oral capsule 150 mg, 300 mg | 2 | |
| SIRTURO ORAL TABLET 100 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SIRTURO ORAL TABLET 20 MG | 4 | PA |
| Antineoplastics - Drugs for Cancer | | |
| abiraterone acetate oral tablet 250 mg, 500 mg | 3 | SPP; PA; This drug is not available through home delivery; CM |
| ALECENSA ORAL CAPSULE 150 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ALUNBRIG ORAL TABLET 180 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| ALUNBRIG ORAL TABLET 30 MG, 90 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| anastrozole oral tablet 1 mg | 2 | HSA; ACA |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG | 4 | SPP; PA; CM |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| AYVAKIT ORAL TABLET 25 MG, 50 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| bexarotene external gel 1 % | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| bexarotene oral capsule 75 mg | 2 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| bicalutamide oral tablet 50 mg | 2 | This drug is not available through home delivery; CM |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | 4 | SPP; PA; CM |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| BRAFTOVI ORAL CAPSULE 75 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| BRUKINSA ORAL CAPSULE 80 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| CALQUENCE ORAL TABLET 100 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| capecitabine oral tablet 150 mg, 500 mg | 2 | SPP; This drug is not available through home delivery; CM |
| CAPRELSA ORAL TABLET 100 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| CAPRELSA ORAL TABLET 300 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| COPIKTRA ORAL CAPSULE 15 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| COPIKTRA ORAL CAPSULE 25 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| COTELLIC ORAL TABLET 20 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| cyclophosphamide oral capsule 25 mg, 50 mg | 3 | This drug is not available through home delivery; CM |
| dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| DAURISMO ORAL TABLET 100 MG, 25 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 4 | |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG | 4 | PA; QL: Maximum of 30 days supply per fill |
| ERIVEDGE ORAL CAPSULE 150 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ERLEADA ORAL TABLET 240 MG | 4 | SPP; PA; QL: Max: 1 tablet per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| ERLEADA ORAL TABLET 60 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg | 3 | SPP; This drug is not available through home delivery; CM |
| etoposide oral capsule 50 mg | 2 | SPP; This drug is not available through home delivery; CM |
| EULEXIN ORAL CAPSULE 125 MG | 4 | PA; CM |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| everolimus oral tablet soluble 2 mg, 3 mg, 5 mg | 3 | SPP; PA; This drug is not available through home delivery; CM |
| exemestane oral tablet 25 mg | 2 | HSA; ACA |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| FRUZAQLA ORAL CAPSULE 1 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| FRUZAQLA ORAL CAPSULE 5 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| GAVRETO ORAL CAPSULE 100 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| gefitinib oral tablet 250 mg | 4 | SPP; This drug is not available through home delivery; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|-------------------------------------|------|--|
| GILOTRIF ORAL TABLET 20 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| GILOTRIF ORAL TABLET 30 MG, 40 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| GLEOSTINE ORAL CAPSULE 10 MG | 4 | SPP; This drug is not available through home delivery; CM |
| GLEOSTINE ORAL CAPSULE 100 MG | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| GLEOSTINE ORAL CAPSULE 40 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG | 4 | PA; QL: Maximum of 30 days supply per fill |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG | 4 | PA; QL: Maximum of 30 days supply per fill |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | 4 | SPP; This drug is not available through home delivery; CM |
| hydroxyurea oral capsule 500 mg | 2 | CM |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| IBRANCE ORAL CAPSULE 75 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ICLUSIG ORAL TABLET 10 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 3 | SPP; PA; This drug is not available through home delivery; CM |
| imatinib mesylate oral tablet 100 mg | 3 | SPP; This drug is not available through home delivery; CM |
| imatinib mesylate oral tablet 400 mg | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| IMBRUVICA ORAL CAPSULE 140 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| IMBRUVICA ORAL CAPSULE 70 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 4 | SPP; PA; This drug is not available through home delivery; CM |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| INLYTA ORAL TABLET 1 MG, 5 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| INQOVI ORAL TABLET 35-100 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| INREBIC ORAL CAPSULE 100 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| ITOVEBI ORAL TABLET 3 MG, 9 MG | 4 | SPP; PA; CM |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| JAKAFI ORAL TABLET 25 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| JAYPIRCA ORAL TABLET 100 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| JAYPIRCA ORAL TABLET 50 MG | 4 | SPP; PA; CM |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| KRAZATI ORAL TABLET 200 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| lapatinib ditosylate oral tablet 250 mg | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| letrozole oral tablet 2.5 mg | 2 | HSA; CM |
| leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg | 2 | |
| leucovorin calcium oral tablet 25 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LEUKERAN ORAL TABLET 2 MG | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| LORBRENA ORAL TABLET 100 MG, 25 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| LUMAKRAS ORAL TABLET 120 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| LUMAKRAS ORAL TABLET 240 MG, 320 MG | 4 | SPP; PA; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| LYSODREN ORAL TABLET 500 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 4 | PA; CM |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 4 | PA; CM |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| MATULANE ORAL CAPSULE 50 MG | 3 | QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | 4 | SPP; PA |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| MEKTOVI ORAL TABLET 15 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| mercaptopurine oral suspension 2000 mg/100ml | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| mercaptopurine oral tablet 50 mg | 2 | CM |
| mesna oral tablet 400 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| MYLERAN ORAL TABLET 2 MG | 3 | CM |
| NERLYNX ORAL TABLET 40 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| nilotinib hcl oral capsule 150 mg, 200 mg | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| nilotinib hcl oral capsule 50 mg | 3 | SPP; This drug is not available through home delivery; CM |
| nilutamide oral tablet 150 mg | 2 | CM |
| NINLARO ORAL CAPSULE 2.3 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| NINLARO ORAL CAPSULE 3 MG, 4 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| NUBEQA ORAL TABLET 300 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ODOMZO ORAL CAPSULE 200 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| OGSIVEO ORAL TABLET 50 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| OJEMDA ORAL TABLET 100 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| OJJAARA ORAL TABLET 100 MG, 150 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| OJJAARA ORAL TABLET 200 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ONUREG ORAL TABLET 200 MG, 300 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| ORGOVYX ORAL TABLET 120 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ORSERDU ORAL TABLET 345 MG, 86 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| PANRETIN EXTERNAL GEL 0.1 % | 4 | |
| pazopanib hcl oral tablet 200 mg | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| QINLOCK ORAL TABLET 50 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG | 4 | SPP; PA; CM |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| REZLIDHIA ORAL CAPSULE 150 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 4 | PA; QL: Maximum of 30 days supply per fill |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| ROZLYTREK ORAL PACKET 50 MG | 4 | SPP; PA; CM |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 3 | SPP; PA; This drug is not available through home delivery; CM |
| RYDAPT ORAL CAPSULE 25 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| SCEMBLIX ORAL TABLET 100 MG | 4 | PA; QL: 30 day supply max; CM |
| SCEMBLIX ORAL TABLET 20 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| SCEMBLIX ORAL TABLET 40 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA; HCD |
| sorafenib tosylate oral tablet 200 mg | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| STIVARGA ORAL TABLET 40 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TABLOID ORAL TABLET 40 MG | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TABRECTA ORAL TABLET 150 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| TABRECTA ORAL TABLET 200 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TAFINLAR ORAL CAPSULE 50 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| TAFINLAR ORAL CAPSULE 75 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | 4 | SPP; PA |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG | 4 | SPP; PA; CM |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| tamoxifen citrate oral tablet 10 mg, 20 mg | 2 | HSA; ACA |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TASIGNA ORAL CAPSULE 50 MG | 3 | SPP; This drug is not available through home delivery; CM |
| TAZVERIK ORAL TABLET 200 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| temozolomide oral capsule 100 mg, 140 mg | 2 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg | 2 | SPP; This drug is not available through home delivery; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| TEPMETKO ORAL TABLET 225 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TIBSOVO ORAL TABLET 250 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| toremifene citrate oral tablet 60 mg | 3 | HSA; CM |
| torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| tretinoin oral capsule 10 mg | 2 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TRUQAP ORAL TABLET 200 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|-------------------------------------|------|--|
| TUKYSA ORAL TABLET 150 MG, 50 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| TURALIO ORAL CAPSULE 125 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| VALCHLOR EXTERNAL GEL 0.016 % | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VANFLYTA ORAL TABLET 17.7 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VANFLYTA ORAL TABLET 26.5 MG | 4 | PA; QL: Maximum of 30 days supply per fill |
| VENCLEXTA ORAL TABLET 10 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| VENCLEXTA ORAL TABLET 100 MG, 50 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 50 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| VERZENIO ORAL TABLET 200 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| VIJOICE ORAL PACKET 50 MG | 4 | SPP; PA |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG | 4 | SPP; PA; This drug is not available through home delivery |
| VIJOICE ORAL TABLET THERAPY PACK 50 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| VIZIMPRO ORAL TABLET 15 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| VIZIMPRO ORAL TABLET 30 MG, 45 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| VONJO ORAL CAPSULE 100 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| WELIREG ORAL TABLET 40 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG | 4 | SPP; PA; CM |
| XOSPATA ORAL TABLET 40 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | 4 | PA; QL: Maximum of 30 days supply per fill |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM |
| XTANDI ORAL CAPSULE 40 MG | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| XTANDI ORAL TABLET 40 MG, 80 MG | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| YONSA ORAL TABLET 125 MG | 4 | SPP; PA; CM |
| ZEJULA ORAL TABLET 100 MG, 200 MG | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| ZEJULA ORAL TABLET 300 MG | 3 | SPP; PA; CM |
| ZELBORAF ORAL TABLET 240 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ZOLINZA ORAL CAPSULE 100 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 4 | SPP; PA; This drug is not available through home delivery; CM |
| ZYKADIA ORAL TABLET 150 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD |
| Antiparasitics | | |
| albendazole oral tablet 200 mg | 2 | |
| atovaquone oral suspension 750 mg/5ml | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg | 2 | HSA |
| BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG | 4 | |
| chloroquine phosphate oral tablet 250 mg, 500 mg | 2 | HSA |
| COARTEM ORAL TABLET 20-120 MG | 4 | QL: 24 units per 30 days; HSA |
| EMVERM ORAL TABLET CHEWABLE 100 MG | 4 | QL: Maximum quantity of 6 per 21 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg | 2 | HSA |
| IMPAVIDO ORAL CAPSULE 50 MG | 4 | |
| ivermectin oral tablet 3 mg | 2 | QL: Max. 20 per fill. Max. 1 fill per 90 days |
| ivermectin oral tablet 6 mg | 2 | QL: Max 20 per fill; 1 fill per 90 days |
| LAMPIT ORAL TABLET 120 MG, 30 MG | 4 | |
| malathion external lotion 0.5 % | 2 | |
| mefloquine hcl oral tablet 250 mg | 2 | HSA |
| nitazoxanide oral tablet 500 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| pentamidine isethionate inhalation solution reconstituted 300 mg | 3 | |
| permethrin external cream 5 % | 2 | |
| praziquantel oral tablet 600 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| primaquine phosphate oral tablet 26.3 (15 base) mg | 2 | HSA |
| pyrimethamine oral tablet 25 mg | 3 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| quinine sulfate oral capsule 324 mg | 2 | HSA |
| spinosad external suspension 0.9 % | 2 | |
| Antiparkinson Agents | | |
| amantadine hcl oral capsule 100 mg | 2 | |
| amantadine hcl oral solution 50 mg/5ml | 2 | |
| amantadine hcl oral tablet 100 mg | 2 | |
| apomorphine hcl subcutaneous solution cartridge 30 mg/3ml | 4 | PA; This drug is not available through home delivery |
| benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg | 1 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| bromocriptine mesylate oral capsule 5 mg | 2 | |
| bromocriptine mesylate oral tablet 2.5 mg | 2 | |
| carbidopa oral tablet 25 mg | 2 | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 2 | |
| carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg | 2 | |
| carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg | 2 | |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 2 | |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML | 4 | QL: Max. 2800 ML per 28 day(s); This drug is not available through home delivery |
| entacapone oral tablet 200 mg | 2 | |
| INBRIJA INHALATION CAPSULE 42 MG | 4 | PA; QL: Max. 10 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | 4 | |
| pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg | 2 | |
| rasagiline mesylate oral tablet 0.5 mg, 1 mg | 2 | |
| ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg | 2 | |
| ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg | 2 | |
| selegiline hcl oral capsule 5 mg | 2 | |
| selegiline hcl oral tablet 5 mg | 2 | |
| tolcapone oral tablet 100 mg | 2 | |
| trihexyphenidyl hcl oral solution 0.4 mg/ml | 2 | |
| trihexyphenidyl hcl oral tablet 2 mg, 5 mg | 2 | |
| Antiplatelets | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | HSA |
| cilostazol oral tablet 100 mg, 50 mg | 2 | HSA |
| clopidogrel bisulfate oral tablet 300 mg, 75 mg | 2 | HSA |
| dipyridamole oral tablet 25 mg, 50 mg, 75 mg | 2 | HSA |
| prasugrel hcl oral tablet 10 mg, 5 mg | 2 | HSA |
| TAVALISSE ORAL TABLET 100 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TAVALISSE ORAL TABLET 150 MG | 4 | SPP; PA |
| ticagrelor oral tablet 60 mg, 90 mg | 3 | HSA |
| Antipsychotics - Drugs for Mood Disorders | | |
| aripiprazole oral solution 1 mg/ml | 2 | |
| aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg | 2 | |
| aripiprazole oral tablet dispersible 10 mg, 15 mg | 2 | |
| asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg | 3 | |
| chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml | 2 | |
| chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg | 2 | |
| clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg | 2 | |
| clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg | 2 | |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 4 | PA; QL: 2 tablets per day |
| FANAPT ORAL TABLET 1 MG, 6 MG, 8 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG | 4 | |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG | 4 | |
| FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG | 4 | |
| fluphenazine hcl oral concentrate 5 mg/ml | 2 | |
| fluphenazine hcl oral elixir 2.5 mg/5ml | 2 | |
| fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg | 2 | |
| haloperidol lactate oral concentrate 2 mg/ml | 2 | |
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg | 2 | |
| loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg | 2 | |
| | | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg | 2 | |
| molindone hcl oral tablet 10 mg, 25 mg, 5 mg | 2 | |
| | | PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NUPLAZID ORAL CAPSULE 34 MG | 4 | |
| | | PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NUPLAZID ORAL TABLET 10 MG | 4 | |
| | | PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg | 2 | |
| olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg | 2 | |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg | 3 | ST |
| pimozide oral tablet 1 mg, 2 mg | 2 | |
| quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg | 2 | |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg | 2 | |
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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 4 | QL: Max. 1 per day; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| risperidone oral solution 1 mg/ml | 2 | |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg | 2 | |
| risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg | 2 | |
| thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg | 2 | |
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg | 2 | |
| trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg | 2 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 4 | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 4 | QL: Max. 1 per day; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg | 2 | |
| Antivirals | | |
| abacavir sulfate oral solution 20 mg/ml | 2 | This drug is not available through home delivery |
| abacavir sulfate oral tablet 300 mg | 2 | This drug is not available through home delivery |
| abacavir sulfate-lamivudine oral tablet 600-300 mg | 2 | This drug is not available through home delivery |
| acyclovir external ointment 5 % | 2 | |
| acyclovir oral capsule 200 mg | 2 | |
| acyclovir oral suspension 200 mg/5ml | 2 | |
| acyclovir oral tablet 400 mg, 800 mg | 2 | |
| adefovir dipivoxil oral tablet 10 mg | 2 | This drug is not available through home delivery |
| APTIVUS ORAL CAPSULE 250 MG | 4 | This drug is not available through home delivery |
| atazanavir sulfate oral capsule 150 mg | 2 | This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| atazanavir sulfate oral capsule 200 mg, 300 mg | 3 | This drug is not available through home delivery |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| CIMDUO ORAL TABLET 300-300 MG | 3 | |
| COMPLERA ORAL TABLET 200-25-300 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| darunavir oral tablet 600 mg, 800 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| DESCOVY ORAL TABLET 120-15 MG | 4 | PA; ACA |
| DESCOVY ORAL TABLET 200-25 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; ACA; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| DOVATO ORAL TABLET 50-300 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EDURANT ORAL TABLET 25 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EDURANT PED ORAL TABLET SOLUBLE 2.5 MG | 4 | |
| efavirenz oral tablet 600 mg | 2 | This drug is not available through home delivery |
| efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg | 3 | |
| emtricitabine oral capsule 200 mg | 3 | This drug is not available through home delivery |
| emtricitabine-tenofovir df oral tablet 100-150 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg | 3 | This drug is not available through home delivery |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; ACA; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| emtricitab-rilpivir-tenofovir oral tablet 200-25-300 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | This drug is not available through home delivery |
| entecavir oral tablet 0.5 mg, 1 mg | 2 | This drug is not available through home delivery |
| EPCLUSA ORAL PACKET 150-37.5 MG | 3 | SPP; PA; QL: Max 1 tab per day; This drug is not available through home delivery |
| EPCLUSA ORAL PACKET 200-50 MG | 3 | SPP; PA; QL: Max 2 tabs per day; This drug is not available through home delivery |
| EPCLUSA ORAL TABLET 200-50 MG | 3 | SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery |
| EPCLUSA ORAL TABLET 400-100 MG | 3 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| etravirine oral tablet 100 mg | 3 | This drug is not available through home delivery |
| etravirine oral tablet 200 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EVOTAZ ORAL TABLET 300-150 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| famciclovir oral tablet 125 mg, 250 mg, 500 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| fosamprenavir calcium oral tablet 700 mg | 3 | This drug is not available through home delivery |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | 4 | This drug is not available through home delivery |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG | 3 | SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery |
| HARVONI ORAL TABLET 45-200 MG | 3 | SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery |
| HARVONI ORAL TABLET 90-400 MG | 3 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| INTELENCE ORAL TABLET 25 MG | 4 | This drug is not available through home delivery |
| ISENTRESS HD ORAL TABLET 600 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ISENTRESS ORAL PACKET 100 MG | 3 | This drug is not available through home delivery |
| ISENTRESS ORAL TABLET 400 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG | 3 | This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| JULUCA ORAL TABLET 50-25 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LAGEVRIO ORAL CAPSULE 200 MG | 4 | QL: Maximum of 40 per fill; Coverage refers to Lagevrio under Emergency Use Authorization |
| lamivudine oral solution 10 mg/ml | 2 | This drug is not available through home delivery |
| lamivudine oral tablet 100 mg, 150 mg, 300 mg | 2 | This drug is not available through home delivery |
| lamivudine-zidovudine oral tablet 150-300 mg | 2 | This drug is not available through home delivery |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG | 3 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LIVTENCITY ORAL TABLET 200 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg | 3 | This drug is not available through home delivery |
| maraviroc oral tablet 150 mg, 300 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| MAVYRET ORAL PACKET 50-20 MG | 3 | SPP; PA; QL: Max 5 per day; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| MAVYRET ORAL TABLET 100-40 MG | 3 | SPP; PA; QL: Max. 3 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| nevirapine er oral tablet extended release 24 hour 400 mg | 2 | This drug is not available through home delivery |
| nevirapine oral suspension 50 mg/5ml | 2 | This drug is not available through home delivery |
| nevirapine oral tablet 200 mg | 2 | This drug is not available through home delivery |
| NORVIR ORAL PACKET 100 MG | 4 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| oseltamivir phosphate oral capsule 30 mg | 2 | QL: 20 capsules per fill |
| oseltamivir phosphate oral capsule 45 mg, 75 mg | 2 | QL: 10 capsules per fill |
| oseltamivir phosphate oral suspension reconstituted 6 mg/ml | 2 | QL: 180 mL per fill |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG | 3 | QL: Maximum quantity of 20 per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG | 3 | QL: Max of 11 per fill |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG | 3 | QL: Maximum quantity of 30 per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| penciclovir external cream 1 % | 4 | PA; QL: Max. 5 grams per 30 day(s) |
| PIFELTRO ORAL TABLET 100 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PREZCOBIX ORAL TABLET 800-150 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 4 | This drug is not available through home delivery |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 4 | This drug is not available through home delivery |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4 | QL: 20 units per fill |
| REYATAZ ORAL PACKET 50 MG | 4 | This drug is not available through home delivery |
| ribavirin inhalation solution reconstituted 6 gm | 3 | |
| ribavirin oral capsule 200 mg | 2 | SPP; This drug is not available through home delivery |
| ribavirin oral tablet 200 mg | 2 | SPP; This drug is not available through home delivery |
| rimantadine hcl oral tablet 100 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| ritonavir oral tablet 100 mg | 2 | In accordance with state laws under certain benefit plans; For select plans in RI this medication will be covered at a lower cost share (\$0). Check your plan documents. |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | 4 | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 4 | |
| SITAVIG BUCCAL TABLET 50 MG | 4 | QL: 2 tablets per 30 days |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | 3 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SOVALDI ORAL PACKET 150 MG, 200 MG | 3 | SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery |
| SOVALDI ORAL TABLET 200 MG | 3 | SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery |
| SOVALDI ORAL TABLET 400 MG | 3 | SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SUNLENCA ORAL TABLET 300 MG | 4 | |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG | 4 | |
| SYM TUZA ORAL TABLET 800-150-200-10 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| tenofovir disoproxil fumarate oral tablet 300 mg | 2 | This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| TIVICAY ORAL TABLET 50 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | 4 | This drug is not available through home delivery |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | 4 | |
| TYBOST ORAL TABLET 150 MG | 4 | This drug is not available through home delivery |
| valacyclovir hcl oral tablet 1 gm, 500 mg | 2 | |
| valganciclovir hcl oral solution reconstituted 50 mg/ml | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| valganciclovir hcl oral tablet 450 mg | 2 | |
| VEMLIDY ORAL TABLET 25 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 4 | This drug is not available through home delivery |
| VIREAD ORAL POWDER 40 MG/GM | 4 | This drug is not available through home delivery |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 4 | This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| VOSEVI ORAL TABLET 400-100-100 MG | 3 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | QL: 1 tablet per fill |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | QL: 1 tablet per fill |
| ZEPATIER ORAL TABLET 50-100 MG | 3 | SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery |
| zidovudine oral capsule 100 mg | 2 | This drug is not available through home delivery |
| zidovudine oral syrup 50 mg/5ml | 2 | This drug is not available through home delivery |
| zidovudine oral tablet 300 mg | 2 | This drug is not available through home delivery |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg | 2 | |
| alprazolam intensol oral concentrate 1 mg/ml | 4 | |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 | |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg | 2 | |
| buspirone hcl oral tablet 10 mg, 5 mg | 1 | |
| buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg | 2 | |
| chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg | 2 | |
| clonazepam oral tablet 0.5 mg, 1 mg, 2 mg | 1 | |
| clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg | 2 | |
| clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg | 2 | |
| diazepam intensol oral concentrate 5 mg/ml | 2 | |
| diazepam oral concentrate 5 mg/ml | 2 | |
| diazepam oral solution 5 mg/5ml | 2 | |
| diazepam oral tablet 10 mg, 2 mg, 5 mg | 1 | |
| estazolam oral tablet 1 mg, 2 mg | 2 | |
| hydroxyzine hcl oral syrup 10 mg/5ml | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg | 1 | |
| hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg | 2 | |
| lorazepam intensol oral concentrate 2 mg/ml | 2 | |
| lorazepam oral concentrate 2 mg/ml | 2 | |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg | 1 | |
| meprobamate oral tablet 200 mg, 400 mg | 2 | |
| midazolam hcl oral syrup 2 mg/ml | 2 | |
| oxazepam oral capsule 10 mg, 15 mg, 30 mg | 2 | |
| quazepam oral tablet 15 mg | 2 | |
| triazolam oral tablet 0.125 mg, 0.25 mg | 2 | |
| Bipolar Agents - Drugs for Mood Disorders | | |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | 4 | |
| lithium carbonate er oral tablet extended release 300 mg, 450 mg | 2 | |
| lithium carbonate oral capsule 150 mg, 300 mg, 600 mg | 1 | |
| lithium carbonate oral tablet 300 mg | 2 | |
| lithium oral solution 8 meq/5ml | 2 | |
| Blood Products and Modifiers - Drugs for Blood Disorders | | |
| aminocaproic acid oral solution 0.25 gm/ml | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| aminocaproic acid oral tablet 1000 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| aminocaproic acid oral tablet 500 mg | 2 | |
| anagrelide hcl oral capsule 0.5 mg, 1 mg | 3 | HSA |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 4 | SPP; PA; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION REFILLED SYRINGE 10 MCG/0.4ML, 150 MCG/0.3ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML | 4 | SPP; PA; This drug is not available through home delivery |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION REFILLED SYRINGE 100 MCG/0.5ML, 200 MCG/0.4ML, 60 MCG/0.3ML | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| DOPTLET ORAL TABLET 20 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| eltrombopag olamine oral packet 12.5 mg | 4 | SPP; This drug is not available through home delivery; HSA |
| eltrombopag olamine oral packet 25 mg | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| eltrombopag olamine oral tablet 12.5 mg | 4 | SPP; This drug is not available through home delivery; HSA |
| eltrombopag olamine oral tablet 25 mg, 50 mg, 75 mg | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | SPP; PA; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 3 | SPP; QL: Max Daily Dose of 0.043; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 4 | SPP; PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML | 4 | SPP; PA; This drug is not available through home delivery |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML | 4 | PA |
| MULPLETA ORAL TABLET 3 MG | 4 | SPP; PA; This drug is not available through home delivery; HSA |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML | 3 | SPP; QL: Max Daily Dose of 0.043; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 3 | SPP; QL: Max Daily Dose of 0.043; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML | 4 | SPP; PA; This drug is not available through home delivery |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML | 4 | SPP; PA; This drug is not available through home delivery |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML | 4 | SPP; PA; This drug is not available through home delivery |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 4 | SPP; PA; CM |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 4 | SPP; PA; QL: Max Daily Dose of 0.043; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 3 | SPP; PA; This drug is not available through home delivery |
| PROMACTA ORAL PACKET 12.5 MG | 4 | SPP; This drug is not available through home delivery; HSA |
| PROMACTA ORAL PACKET 25 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| PROMACTA ORAL TABLET 12.5 MG | 4 | SPP; This drug is not available through home delivery; HSA |
| PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 4 | PA; This drug is not available through home delivery |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | SPP; PA; This drug is not available through home delivery |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 4 | PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery |
| tranexamic acid oral tablet 650 mg | 2 | QL: Max. 1 per day |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 4 | SPP; PA; QL: 2 syringes per 30 days |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML | 4 | SPP; PA; QL: 2 pens (1.2 mL) per 30 days |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 4 | SPP; PA; QL: 2 pens (1.2 mL) per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 4 | SPP; PA; QL: Max Daily Dose 0.043 mL; This drug is not available through home delivery |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| acebutolol hcl oral capsule 200 mg, 400 mg | 2 | HSA |
| aliskiren fumarate oral tablet 150 mg, 300 mg | 3 | HSA |
| amiloride hcl oral tablet 5 mg | 2 | HSA |
| amiloride-hydrochlorothiazide oral tablet 5-50 mg | 2 | HSA |
| amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg | 2 | HSA |
| amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg | 1 | HSA |
| amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg | 2 | HSA |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg | 2 | HSA |
| amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg | 2 | HSA |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg | 2 | HSA |
| amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg | 3 | HSA |
| atenolol oral tablet 100 mg, 25 mg, 50 mg | 1 | HSA |
| atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg | 2 | HSA |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 2 | HSA; ACA |
| atorvastatin calcium oral tablet 40 mg, 80 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| ATTRUBY ORAL TABLET THERAPY PACK 356 MG | 4 | PA; QL: Max daily dose of 4; 30 day supply max |
| benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | HSA |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg | 2 | HSA |
| betaxolol hcl oral tablet 10 mg, 20 mg | 2 | HSA |
| bisoprolol fumarate oral tablet 10 mg, 5 mg | 2 | HSA |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg | 2 | HSA |
| bumetanide oral tablet 0.5 mg, 1 mg, 2 mg | 2 | HSA |
| candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg | 2 | HSA |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg | 2 | HSA |
| captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg | 2 | HSA |
| cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg | 2 | HSA |
| carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg | 2 | HSA |
| chlorthalidone oral tablet 25 mg, 50 mg | 2 | HSA |
| cholestyramine light oral packet 4 gm | 2 | HSA |
| cholestyramine light oral powder 4 gm/dose | 2 | HSA |
| cholestyramine oral packet 4 gm | 2 | HSA |
| cholestyramine oral powder 4 gm/dose | 2 | HSA |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg | 1 | HSA |
| colesevelam hcl oral tablet 625 mg | 2 | HSA |
| colestipol hcl oral granules 5 gm | 2 | HSA |
| colestipol hcl oral packet 5 gm | 2 | HSA |
| colestipol hcl oral tablet 1 gm | 2 | HSA |
| CORLANOR ORAL SOLUTION 5 MG/5ML | 3 | HSA |
| digoxin oral solution 0.05 mg/ml | 2 | HSA |
| digoxin oral tablet 125 mcg, 250 mcg | 2 | HSA |
| digoxin oral tablet 62.5 mcg | 4 | HSA |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 2 | HSA |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg | 2 | HSA |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg | 2 | HSA |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg | 2 | HSA |
| diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg | 2 | HSA |
| disopyramide phosphate oral capsule 100 mg, 150 mg | 3 | HSA |
| DIURIL ORAL SUSPENSION 250 MG/5ML | 4 | HSA |
| dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg | 2 | This drug is not available through home delivery; HSA |
| doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg | 2 | HSA |
| droxidopa oral capsule 100 mg, 300 mg | 3 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| droxidopa oral capsule 200 mg | 3 | PA; This drug is not available through home delivery; HSA |
| EDARBI ORAL TABLET 40 MG, 80 MG | 4 | HSA |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 4 | HSA |
| enalapril maleate oral solution 1 mg/ml | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | 2 | HSA |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg | 2 | HSA |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG | 3 | QL: 8 per day; HSA |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 3 | HSA |
| eplerenone oral tablet 25 mg, 50 mg | 2 | HSA |
| ethacrynic acid oral tablet 25 mg | 2 | HSA |
| ezetimibe oral tablet 10 mg | 2 | HSA |
| ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg | 2 | HSA |
| felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg | 2 | HSA |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | 2 | HSA |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | 2 | HSA |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| fenofibric acid oral capsule delayed release 135 mg, 45 mg | 2 | HSA |
| flecainide acetate oral tablet 100 mg, 150 mg, 50 mg | 2 | HSA |
| fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg | 2 | HSA |
| fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg | 2 | HSA |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 | HSA |
| furosemide oral tablet 20 mg, 40 mg, 80 mg | 1 | HSA |
| gemfibrozil oral tablet 600 mg | 2 | HSA |
| guanfacine hcl oral tablet 1 mg, 2 mg | 2 | HSA |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg | 1 | HSA |
| hydrochlorothiazide oral capsule 12.5 mg | 1 | HSA |
| hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg | 1 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| icosapent ethyl oral capsule 0.5 gm, 1 gm | 3 | HSA |
| indapamide oral tablet 1.25 mg, 2.5 mg | 2 | HSA |
| irbesartan oral tablet 150 mg, 300 mg, 75 mg | 2 | HSA |
| irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg | 2 | HSA |
| isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | 3 | HSA |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | 2 | HSA |
| isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg | 2 | HSA |
| isosorbide mononitrate oral tablet 10 mg, 20 mg | 2 | HSA |
| isradipine oral capsule 2.5 mg, 5 mg | 2 | HSA |
| ivabradine hcl oral tablet 5 mg, 7.5 mg | 3 | HSA |
| labetalol hcl oral tablet 100 mg, 200 mg, 300 mg | 2 | HSA |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg | 1 | HSA |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| losartan potassium oral tablet 100 mg, 25 mg, 50 mg | 1 | HSA |
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg | 2 | HSA |
| lovastatin oral tablet 10 mg, 20 mg, 40 mg | 2 | HSA; ACA |
| methyldopa oral tablet 250 mg, 500 mg | 2 | HSA |
| metolazone oral tablet 10 mg, 2.5 mg, 5 mg | 2 | HSA |
| metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg | 2 | HSA |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | 2 | HSA |
| metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg | 2 | HSA |
| metyrosine oral capsule 250 mg | 3 | HSA |
| mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg | 2 | HSA |
| midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg | 2 | HSA |
| minoxidil oral tablet 10 mg, 2.5 mg | 2 | HSA |
| moexipril hcl oral tablet 15 mg, 7.5 mg | 2 | HSA |
| MULTAQ ORAL TABLET 400 MG | 3 | HSA |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | 2 | HSA |
| nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | 3 | HSA |
| NEXLETOL ORAL TABLET 180 MG | 4 | PA; HSA |
| NEXLIZET ORAL TABLET 180-10 MG | 4 | PA; HSA |
| niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg | 2 | HSA |
| nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg | 2 | HSA |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg | 2 | HSA |
| nifedipine oral capsule 10 mg, 20 mg | 2 | HSA |
| nimodipine oral capsule 30 mg | 2 | HSA |
| NIMODIPINE ORAL SOLUTION 60 MG/20ML | 4 | HSA |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| nitroglycerin rectal ointment 0.4 % | 4 | |
| nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr | 2 | HSA |
| nitroglycerin translingual solution 0.4 mg/spray | 2 | HSA |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG | 4 | HSA |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 4 | HSA |
| olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg | 2 | HSA |
| olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg | 2 | HSA |
| olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg | 3 | HSA |
| omega-3-acid ethyl esters oral capsule 1 gm | 2 | HSA |
| pentoxifylline er oral tablet extended release 400 mg | 2 | HSA |
| perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg | 2 | HSA |
| phenoxybenzamine hcl oral capsule 10 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| pindolol oral tablet 10 mg, 5 mg | 2 | HSA |
| pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg | 4 | HSA |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML | 4 | PA; QL: Max. 2 pens per 28 day(s); HSA |
| pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg | 2 | HSA; ACA |
| prazosin hcl oral capsule 1 mg, 2 mg, 5 mg | 2 | HSA |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG | 4 | HSA |
| prevalite oral packet 4 gm | 2 | HSA |
| prevalite oral powder 4 gm/dose | 2 | HSA |
| propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg | 2 | HSA |
| propafenone hcl oral tablet 150 mg, 225 mg, 300 mg | 2 | HSA |
| propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg | 2 | HSA |
| propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml | 2 | HSA |
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| QBRELIS ORAL SOLUTION 1 MG/ML | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | HSA |
| quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg | 2 | HSA |
| quinidine gluconate er oral tablet extended release 324 mg | 4 | HSA |
| quinidine sulfate oral tablet 200 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| quinidine sulfate oral tablet 300 mg | 2 | HSA |
| ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg | 2 | HSA |
| ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg | 3 | HSA |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | 3 | PA; QL: Max. 1 system per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | 3 | PA; QL: Max. 2 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | PA; QL: Max. 2 pens per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | 2 | HSA; ACA |
| rosuvastatin calcium oral tablet 20 mg, 40 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg | 3 | HSA |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA |
| simvastatin oral tablet 80 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg | 2 | HSA |
| sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg | 2 | HSA |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | 3 | HSA |
| spironolactone oral tablet 100 mg, 25 mg, 50 mg | 2 | HSA |
| spironolactone-hctz oral tablet 25-25 mg | 2 | HSA |
| telmisartan oral tablet 20 mg, 40 mg, 80 mg | 2 | HSA |
| telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg | 2 | HSA |
| THALITONE ORAL TABLET 15 MG | 4 | HSA |
| tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 2 | HSA |
| timolol maleate oral tablet 10 mg, 20 mg, 5 mg | 2 | HSA |
| torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg | 2 | HSA |
| trandolapril oral tablet 1 mg, 2 mg, 4 mg | 2 | HSA |
| trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg | 2 | HSA |
| triamterene oral capsule 100 mg, 50 mg | 3 | HSA |
| triamterene-hctz oral capsule 37.5-25 mg | 1 | HSA |
| triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg | 1 | HSA |
| valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg | 2 | HSA |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg | 2 | HSA |
| VECAMYL ORAL TABLET 2.5 MG | 4 | HSA |
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg | 2 | HSA |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| verapamil hcl oral tablet 120 mg, 40 mg, 80 mg | 1 | HSA |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | HSA |
| VYNDAMAX ORAL CAPSULE 61 MG | 4 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VYNDAQEL ORAL CAPSULE 20 MG | 4 | SPP; PA; QL: Max. 4 per day; This drug is not available through home delivery |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| amphetamine sulfate oral tablet 10 mg, 5 mg | 2 | PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply. |
| amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply. |
| amphetamine-dextroamphetamine er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2; State/Federal limits on prescription drug dispensing may apply. |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg | 2 | PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply. |
| amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg | 3 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply. |
| atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg | 2 | |
| clonidine hcl er oral tablet extended release 12 hour 0.1 mg | 2 | |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg | 2 | PA: Prior Authorization required for members 25 and older |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 5; State/Federal limits on prescription drug dispensing may apply. |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 4; State/Federal limits on prescription drug dispensing may apply. |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply. |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg | 2 | PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply. |
| dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg | 3 | PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply. |
| dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg | 4 | PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply. |
| DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML | 4 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 8; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg | 2 | |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG | 4 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| lisdexamfetamine dimesylate oral capsule 10 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg | 3 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply. |
| lisdexamfetamine dimesylate oral capsule 20 mg | 3 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| lisdexamfetamine dimesylate oral tablet chewable 10 mg | 3 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| lisdexamfetamine dimesylate oral tablet chewable 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | 3 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply. |
| methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg | 3 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |
| methylphenidate hcl er (osm) oral tablet extended release 36 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2 |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | 3 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| methylphenidate hcl er oral tablet extended release 10 mg, 20 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |
| methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |
| methylphenidate hcl er oral tablet extended release 24 hour 36 mg | 2 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2 |
| methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml | 2 | PA: Prior Authorization required for members 25 and older |
| methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg | 2 | PA: Prior Authorization required for members 25 and older |
| methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg | 2 | PA: Prior Authorization required for members 25 and older |
| methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr | 4 | PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1 |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG | 4 | PA; QL: Max of 1 per day |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG | 4 | PA; QL: Max 3 capsules a day |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | 3 | SPP; QL: Max. 1 kit (4 syringes) per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | 3 | SPP; QL: Max. 1 kit (4 syringes) per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG | 3 | SPP; QL: Max. 4 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 3 | SPP; QL: Max. 1 box per month; This drug is not available through home delivery |
| dalfampridine er oral tablet extended release 12 hour 10 mg | 3 | SPP; QL: Max. 2 per day; This drug is not available through home delivery |
| dimethyl fumarate oral capsule delayed release 120 mg, 240 mg | 3 | SPP; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg | 3 | SPP; QL: Max. 2 packs per year; This drug is not available through home delivery |
| fingolimod hcl oral capsule 0.5 mg | 4 | SPP; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml | 3 | SPP; QL: Max. 1 syringe per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml | 3 | SPP; QL: Max. 12 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| glatopa subcutaneous solution prefilled syringe 20 mg/ml | 3 | SPP; QL: Max. 1 syringe per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| glatopa subcutaneous solution prefilled syringe 40 mg/ml | 3 | SPP; QL: Max. 12 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | 3 | SPP; QL: Max. 1 per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| MAVENCLAD ORAL TABLET THERAPY PACK 10 MG | 4 | SPP; QL: 40 caps per Lifetime; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| MAVENCLAD ORAL TABLET THERAPY PACK 10 MG | 4 | SPP; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery |
| MAYZENT ORAL TABLET 0.25 MG | 4 | SPP; QL: Max. 4 per day; This drug is not available through home delivery |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 4 | SPP; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 4 | SPP; QL: Max. 2 packs per year; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | 4 | SPP; QL: Maximum quantity of 14 per 365 Days. Max. 2 packs per year; This drug is not available through home delivery |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML | 4 | SPP; QL: Max. 12 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | 4 | SPP; QL: Max. 1 pack per 365 days; This drug is not available through home delivery |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML | 4 | SPP; QL: Max. 12 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG | 4 | SPP; QL: Max. 1 pack per 365 days; This drug is not available through home delivery |
| teriflunomide oral tablet 14 mg, 7 mg | 4 | SPP; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG | 3 | SPP; QL: Max. 4 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG | 4 | SPP; PA; QL: Max. 2 packs per 365 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ZEPOSIA ORAL CAPSULE 0.92 MG | 4 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 4 | SPP; PA; QL: Maximum quantity of 28 per 365 days. Max. 1 kit per 365 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| Central Nervous System Agents - Miscellaneous | | |
| ADDYI ORAL TABLET 100 MG | 4 | PA; QL: Max. 1 per day |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 3 | SPP; PA; QL: Max. 4 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| AUSTEDO ORAL TABLET 6 MG | 3 | SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG | 3 | SPP; PA; QL: 60 tablets/30 days |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG | 3 | SPP; PA; QL: 60 tablets/30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG | 3 | SPP; PA; QL: 30 tablets/30 days |
| CONTRACE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG | 4 | PA; WLM |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 4 | PA; QL: Max. 1 per day. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents. |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | 4 | PA; QL: Max. 1 per day. Max. 1 pack per 365 days. Maximum 30 days supply per fill |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 3 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg | 2 | WLM |
| phendimetrazine tartrate oral tablet 35 mg | 2 | WLM |
| phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg | 2 | WLM |
| phentermine hcl oral tablet 37.5 mg | 2 | WLM |
| pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg | 2 | |
| pregabalin oral solution 20 mg/ml | 2 | |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML | 4 | SPP; PA; QL: 50 mL per 24 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML | 4 | SPP; PA; QL: 1 per lifetime; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| riluzole oral tablet 50 mg | 2 | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | ST |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | 3 | ST |
| TEGLUTIK ORAL SUSPENSION 50 MG/10ML | 4 | QL: Maximum of 30 days supply per fill |
| tetrabenazine oral tablet 12.5 mg, 25 mg | 2 | SPP; QL: Max. 3 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML | 4 | QL: Maximum of 30 days supply per fill |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML | 4 | PA; QL: 1 injection per month; 30 day supply max |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 3 | PA; QL: Max. 4 pens (2 mL) per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD; WLM |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| cevimeline hcl oral capsule 30 mg | 2 | |
| chlorhexidine gluconate mouth/throat solution 0.12 % | 1 | |
| CLINPRO 5000 DENTAL PASTE 1.1 % | 4 | |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % | 4 | |
| DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 % | 4 | |
| DENTAGEL DENTAL GEL 1.1 % | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|----------------------|
| FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION | 4 | |
| FLUORIDEX DENTAL PASTE 1.1 % | 4 | |
| FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % | 4 | |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % | 4 | |
| FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 % | 4 | |
| FRAICHE 5000 DENTAL DENTAL GEL 1.1 % | 4 | |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % | 4 | |
| KOURZEQ MOUTH/THROAT PASTE 0.1 % | 2 | |
| lidocaine viscous hcl mouth/throat solution 2 % | 2 | |
| ORALONE MOUTH/THROAT PASTE 0.1 % | 2 | |
| periogard mouth/throat solution 0.12 % | 1 | |
| pilocarpine hcl oral tablet 5 mg, 7.5 mg | 2 | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % | 4 | |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % | 4 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % | 4 | |
| PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % | 4 | |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % | 4 | |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % | 4 | |
| PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % | 4 | |
| PREVIDENT DENTAL GEL 1.1 % | 4 | |
| PREVIDENT MOUTH/THROAT SOLUTION 0.2 % | 2 | |
| sf 5000 plus dental cream 1.1 % | 2 | |
| sf dental gel 1.1 % | 2 | |
| sod fluoride-potassium nitrate dental gel 1.1-5 % | 2 | |
| sodium fluoride 5000 enamel dental gel 1.1-5 % | 2 | |
| sodium fluoride 5000 plus dental cream 1.1 % | 2 | |
| sodium fluoride 5000 ppm dental cream 1.1 % | 2 | |
| sodium fluoride 5000 ppm dental gel 1.1 % | 2 | |
| sodium fluoride 5000 ppm dental paste 1.1 % | 2 | |
| sodium fluoride 5000 sensitive dental gel 1.1-5 % | 2 | |
| sodium fluoride dental cream 1.1 % | 2 | |
| sodium fluoride dental gel 1.1 % | 2 | |
| sodium fluoride mouth/throat solution 0.2 % | 2 | |
| triamcinolone acetone mouth/throat paste 0.1 % | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| Dermatological Agents - Drugs for Skin Conditions | | |
| acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 3 | |
| acitretin oral capsule 10 mg, 17.5 mg, 25 mg | 2 | |
| adapalene external cream 0.1 % | 2 | PA: Prior Authorization required for members 26 years of age and older |
| adapalene external gel 0.1 %, 0.3 % | 2 | PA: Prior Authorization required for members 26 years of age and older |
| ADAPALENE EXTERNAL SOLUTION 0.1 % | 2 | PA: Prior Authorization required for members 26 years of age and older |
| adapalene-benzoyl peroxide external gel 0.1-2.5 % | 2 | PA: Prior Authorization required for members 26 years of age and older |
| adapalene-benzoyl peroxide external gel 0.3-2.5 % | 3 | PA: Prior Authorization required for members 26 years of age and older |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 3 | SPP; PA; QL: 2 auto-injectors [4 mL] per 28 days |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 3 | SPP; PA; QL: Max 4 per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ala-cort external cream 1 % | 1 | |
| alclometasone dipropionate external cream 0.05 % | 3 | |
| alclometasone dipropionate external ointment 0.05 % | 3 | |
| ammonium lactate external cream 12 % | 2 | |
| ammonium lactate external lotion 12 % | 2 | |
| amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 3 | |
| azelaic acid external gel 15 % | 2 | |
| benzoyl peroxide-erythromycin external gel 5-3 % | 2 | |
| betamethasone dipropionate aug external cream 0.05 % | 2 | |
| betamethasone dipropionate aug external gel 0.05 % | 3 | |
| betamethasone dipropionate aug external lotion 0.05 % | 2 | |
| betamethasone dipropionate aug external ointment 0.05 % | 3 | |
| betamethasone dipropionate external cream 0.05 % | 2 | |
| betamethasone dipropionate external lotion 0.05 % | 2 | |
| betamethasone dipropionate external ointment 0.05 % | 3 | |
| betamethasone valerate external cream 0.1 % | 2 | |
| betamethasone valerate external foam 0.12 % | 3 | |
| betamethasone valerate external lotion 0.1 % | 3 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| betamethasone valerate external ointment 0.1 % | 2 | |
| BIONECT EXTERNAL CREAM 0.2 % | 4 | |
| calcipotriene external cream 0.005 % | 3 | |
| calcipotriene external ointment 0.005 % | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| calcipotriene external solution 0.005 % | 3 | |
| calcipotriene-betameth diprop external suspension 0.005-0.064 % | 3 | |
| calcitriol external ointment 3 mcg/gm | 2 | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG | 3 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 3 | |
| clindacin etz external swab 1 % | 2 | |
| clindacin-p external swab 1 % | 2 | |
| clindamycin phos (once-daily) external gel 1 % | 2 | |
| clindamycin phos (twice-daily) external gel 1 % | 2 | |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 % | 2 | |
| clindamycin phosphate external lotion 1 % | 2 | |
| clindamycin phosphate external solution 1 % | 2 | |
| clindamycin phosphate external swab 1 % | 2 | |
| clindamycin-tretinoin external gel 1.2-0.025 % | 3 | PA: Prior Authorization required for members 26 years of age and older |
| clobetasol propionate e external cream 0.05 % | 3 | |
| clobetasol propionate external cream 0.05 % | 2 | |
| clobetasol propionate external foam 0.05 % | 2 | |
| clobetasol propionate external gel 0.05 % | 2 | |
| clobetasol propionate external liquid 0.05 % | 3 | |
| clobetasol propionate external lotion 0.05 % | 3 | |
| clobetasol propionate external ointment 0.05 % | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| clobetasol propionate external shampoo 0.05 % | 3 | |
| clobetasol propionate external solution 0.05 % | 2 | |
| clodan external shampoo 0.05 % | 3 | |
| desonide external cream 0.05 % | 3 | |
| desonide external lotion 0.05 % | 3 | |
| desonide external ointment 0.05 % | 2 | |
| desoximetasone external cream 0.25 % | 2 | |
| desoximetasone external liquid 0.25 % | 3 | |
| desoximetasone external ointment 0.25 % | 2 | |
| diclofenac sodium external gel 3 % | 2 | |
| DIFFERIN EXTERNAL LOTION 0.1 % | 4 | PA: Prior Authorization required for members 26 years of age and older |
| doxycycline oral capsule delayed release 40 mg | 2 | ST |
| DRYSOL EXTERNAL SOLUTION 20 % | 3 | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | 3 | SPP; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 3 | SPP; PA; QL: Max. 2 pens per 28 day(s); This drug is not available through home delivery |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 3 | SPP; PA; QL: Max. 2 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| erythromycin external gel 2 % | 2 | |
| erythromycin external solution 2 % | 2 | |
| EUCRISA EXTERNAL OINTMENT 2 % | 3 | QL: 60 grams per month; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| FABIOR EXTERNAL FOAM 0.1 % | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| FILSUEVZ EXTERNAL GEL 10 % | 4 | PA; QL: 1 tube per day; Maximum of 30 days supply per fill |
| FINACEA EXTERNAL FOAM 15 % | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| fluocinolone acetonide body external oil 0.01 % | 2 | |
| fluocinolone acetonide external ointment 0.025 % | 3 | |
| fluocinolone acetonide external solution 0.01 % | 2 | |
| fluocinolone acetonide scalp external oil 0.01 % | 2 | |
| fluocinonide emulsified base external cream 0.05 % | 3 | |
| fluocinonide external cream 0.05 %, 0.1 % | 2 | |
| fluocinonide external gel 0.05 % | 2 | |
| fluocinonide external ointment 0.05 % | 2 | |
| fluocinonide external solution 0.05 % | 2 | |
| fluorouracil external cream 5 % | 2 | |
| fluorouracil external solution 2 %, 5 % | 2 | |
| fluticasone propionate external cream 0.05 % | 2 | |
| fluticasone propionate external ointment 0.005 % | 2 | |
| ft itch relief max strength external cream 1 % | 1 | |
| ft itch relief max strength external ointment 1 % | 1 | |
| ft itch relief/aloe max str external cream 1 % | 1 | |
| goodsense anti-itch maximum st external ointment 1 % | 1 | |
| halobetasol propionate external cream 0.05 % | 3 | |
| halobetasol propionate external ointment 0.05 % | 2 | |
| HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 % | 4 | |
| hydrocortisone anti-itch external cream 1 % | 1 | |
| hydrocortisone cream 1 % external (otc) | 1 | |
| hydrocortisone cream 1 % external (rx) | 2 | |
| hydrocortisone external cream 2.5 % | 1 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| hydrocortisone external lotion 1 % | 1 | |
| hydrocortisone external lotion 2.5 % | 2 | |
| hydrocortisone external ointment 1 % | 2 | |
| hydrocortisone external ointment 2.5 % | 1 | |
| hydrocortisone max st external cream 1 % | 1 | |
| hydrocortisone ultra-moisture external cream 1 % | 1 | |
| hydrocortisone valerate external cream 0.2 % | 2 | |
| hydrocortisone valerate external ointment 0.2 % | 3 | |
| hydrocortisone/aloe max str external cream 1 % | 1 | |
| HYFTOR EXTERNAL GEL 0.2 % | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| imiquimod external cream 3.75 % | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| imiquimod external cream 5 % | 2 | |
| imiquimod pump external cream 3.75 % | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 3 | |
| ivermectin external cream 1 % | 3 | |
| lactic acid e external cream 10-3500 %-unt/30gm | 2 | |
| LITFULO ORAL CAPSULE 50 MG | 4 | SPP; PA; QL: 1 tablet per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| methoxsalen rapid oral capsule 10 mg | 2 | |
| metronidazole external cream 0.75 % | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| metronidazole external gel 0.75 %, 1 % | 2 | |
| metronidazole external lotion 0.75 % | 2 | |
| MICORT HC EXTERNAL CREAM 2.5 % | 4 | |
| mometasone furoate external cream 0.1 % | 2 | |
| mometasone furoate external ointment 0.1 % | 1 | |
| mometasone furoate external solution 0.1 % | 2 | |
| neuac external gel 1.2-5 % | 2 | |
| OPZELURA EXTERNAL CREAM 1.5 % | 3 | QL: Max 8.6gm per day; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| pimecrolimus external cream 1 % | 3 | ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| podofilox external gel 0.5 % | 4 | |
| podofilox external solution 0.5 % | 2 | |
| QBREXZA EXTERNAL PAD 2.4 % | 4 | PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| REGENECARE EXTERNAL GEL 2 % | 4 | |
| SAFRYCYN EXTERNAL CREAM 0.2 % | 4 | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 3 | |
| selenium sulfide external lotion 2.5 % | 2 | |
| sulfacetamide sodium (acne) external lotion 10 % | 2 | |
| tacrolimus external ointment 0.03 %, 0.1 % | 2 | |
| tazarotene external cream 0.05 % | 4 | PA |
| tazarotene external cream 0.1 % | 2 | PA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| TAZAROTENE EXTERNAL FOAM 0.1 % | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| tazarotene external gel 0.05 %, 0.1 % | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TOLAK EXTERNAL CREAM 4 % | 3 | |
| tretinoin external cream 0.025 %, 0.05 %, 0.1 % | 2 | PA: Prior Authorization required for members 26 years of age and older |
| tretinoin external gel 0.01 %, 0.025 %, 0.05 % | 2 | PA: Prior Authorization required for members 26 years of age and older |
| tretinoin microsphere external gel 0.04 %, 0.1 % | 3 | PA: Prior Authorization required for members 26 years of age and older |
| tretinoin microsphere pump external gel 0.04 %, 0.1 % | 3 | PA: Prior Authorization required for members 26 years of age and older |
| triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 % | 1 | |
| triamcinolone acetonide external lotion 0.025 %, 0.1 % | 2 | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 2 | |
| triderm external cream 0.5 % | 1 | |
| VTAMA EXTERNAL CREAM 1 % | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 3 | |
| ZORYVE EXTERNAL CREAM 0.3 % | 4 | PA |
| Diabetes - Antidiabetic Agents | | |
| acarbose oral tablet 100 mg, 25 mg, 50 mg | 2 | HSA |
| CYCLOSET ORAL TABLET 0.8 MG | 4 | HSA |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 3 | HSA |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | 1 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg | 2 | HSA |
| glipizide oral tablet 10 mg, 5 mg | 1 | HSA |
| glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg | 2 | HSA |
| glyburide micronized oral tablet 1.5 mg | 2 | HSA |
| glyburide micronized oral tablet 3 mg, 6 mg | 1 | HSA |
| glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg | 1 | HSA |
| glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg | 2 | HSA |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 3 | HSA |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | 3 | HSA |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG | 3 | HSA |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | HSA |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | HSA |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | 3 | HSA |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 3 | HSA |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg | 3 | PA; HSA |
| metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg | 2 | PA; HSA |
| metformin hcl er (osm) oral tablet extended release 24 hour 500 mg | 2 | PA; Generic Fortamet; HSA |
| metformin hcl er oral tablet extended release 24 hour 500 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| metformin hcl er oral tablet extended release 24 hour 750 mg | 2 | Generic Glucophage XR; HSA |
| metformin hcl oral solution 500 mg/5ml | 3 | HSA |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | Generic Glucophage; HSA |
| miglitol oral tablet 100 mg, 25 mg, 50 mg | 2 | HSA |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 3 | PA; QL: 4 pens (2 mL) per 28 days; HSA; HCD |
| nateglinide oral tablet 120 mg, 60 mg | 2 | HSA |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML | 3 | PA; QL: 1 pen (3 mL) per 28 days; HSA |
| pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg | 2 | HSA |
| pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg | 2 | HSA |
| pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg | 2 | HSA |
| repaglinide oral tablet 0.5 mg, 1 mg, 2 mg | 2 | HSA |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; QL; HSA |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 3 | HSA |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG | 3 | HSA |
| TRADJENTA ORAL TABLET 5 MG | 3 | HSA |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG | 3 | HSA |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 3 | PA; QL: Max. 4 pens per 28 day(s); HSA |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG | 3 | HSA |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | 4 | PA; HSA |
| Diabetes - Glucose Monitoring | | |
| ADVOCATE SAFETY LANCETS 21G | 3 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| ADVOCATE SAFETY LANCETS 23G | 3 | HSA |
| ADVOCATE SAFETY LANCETS 28G | 3 | HSA |
| CARESENS LANCETS 30G | 3 | HSA |
| CEQUR SIMPLICITY 2U DEVICE | 4 | PA; QL: Maximum of 1 box per 30 days; HSA |
| CEQUR SIMPLICITY INSERTER | 4 | PA; QL: Maximum of 1 per year; HSA |
| CHEMSTRIP 10 MD IN VITRO STRIP | 3 | DIAB |
| CHEMSTRIP 10/SG IN VITRO STRIP | 3 | DIAB |
| CHEMSTRIP 2 GP IN VITRO STRIP | 3 | DIAB |
| CHEMSTRIP 5 OB IN VITRO STRIP | 3 | DIAB |
| CHEMSTRIP 7 IN VITRO STRIP | 3 | DIAB |
| CHEMSTRIP 9 IN VITRO STRIP | 3 | DIAB |
| CHEMSTRIP K IN VITRO STRIP | 3 | HSA |
| CHEMSTRIP UGK IN VITRO STRIP | 3 | HSA; DIAB |
| CHOSEN LANCETS 30G | 3 | HSA |
| CHOSEN SAFETY LANCETS 28G | 3 | HSA |
| CLEVER CHOICE COMFORT EZ | 3 | HSA |
| COMFORT TOUCH TWIST LANCET 30G | 3 | HSA |
| DIASTIX REAGENT IN VITRO STRIP | 3 | HSA; DIAB |
| DROPSAFE ACTI-LANCE 23G | 3 | HSA |
| FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP | 4 | HSA; DIAB |
| FREESTYLE FREEDOM LITE KIT W/DEVICE | MD | QL: 1 per 365 days; HSA |
| FREESTYLE INSULINX TEST IN VITRO STRIP | 3 | QL: 204 per 30 days; HSA |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 4 | PA; QL: Max. 1 in 365 days; HSA |
| FREESTYLE LIBRE 14 DAY SENSOR | 4 | PA; QL: Maximum 2 per 28 days; HSA |
| FREESTYLE LIBRE 2 PLUS SENSOR | 4 | PA; QL: 2 sensors per 30 days; HSA |
| FREESTYLE LIBRE 2 READER DEVICE | 4 | PA; QL: Max. 1 in 365 days; HSA |
| FREESTYLE LIBRE 2 SENSOR | 4 | PA; QL: Maximum 2 per 28 days; HSA |
| FREESTYLE LIBRE 3 PLUS SENSOR | 4 | PA; QL: 2 sensors/30 days; HSA |
| FREESTYLE LIBRE 3 READER DEVICE | 4 | PA; QL: 1 reader per year; HSA |
| FREESTYLE LIBRE 3 SENSOR | 4 | PA; QL: Maximum 2 per 28 days; HSA |
| FREESTYLE LITE TEST IN VITRO STRIP | 3 | QL: 204 per 30 days; HSA |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP | 3 | QL: 204 per 30 days; HSA |
| FREESTYLE TEST IN VITRO STRIP | 3 | QL: 204 per 30 days; HSA |
| KETO-DIASTIX IN VITRO STRIP | 3 | HSA; DIAB |
| KETONE CARE IN VITRO STRIP | 3 | HSA; DIAB |
| KETOSTIX IN VITRO STRIP | 3 | HSA |
| LANCETS | 3 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--------------------------|
| LANCETS 28G THIN | 3 | HSA |
| LANCETS SUPER THIN | 3 | HSA |
| MOBILE LANCETS 30G | 3 | HSA |
| PERFECT POINT SAFETY LANCETS | 3 | HSA |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP | 3 | QL: 204 per 30 days; HSA |
| TECHLITE LANCETS 26G | 3 | HSA |
| VERIFINE SAFE LANCET MINI 21G | 3 | HSA |
| VERIFINE SAFE LANCET MINI 23G | 3 | HSA |
| VERIFINE SAFE LANCET MINI 28G | 3 | HSA |
| VERIFINE SAFE LANCET MINI 30G | 3 | HSA |
| VIVAGUARD LANCETS 30G | 3 | HSA |
| VIVAGUARD SAFETY LANCETS 28G | 3 | HSA |

Diabetes - Glycemic Agents

| | | |
|---|---|---|
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| diazoxide oral suspension 50 mg/ml | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| glucagon emergency kit injection kit 1 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML | 3 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML | 3 | HSA |
| GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML | 3 | HSA |
| GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| Diabetes - Insulins | | |
| AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | HSA |
| BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML | 3 | HSA |
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | 3 | HSA |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML | 3 | HSA |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | HSA |
| EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 3 | HSA |
| EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML | 3 | HSA |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | 3 | HSA |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB |
| HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB |
| HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB |
| INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML | 3 | HSA; DIAB |
| INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | HSA; DIAB |
| INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | 3 | HSA; DIAB |
| INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | 3 | HSA |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | HSA; DIAB |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB |
| LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML | 3 | HSA; DIAB |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB |
| ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | HSA |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | HSA |
| Electrolytes / Minerals / Metals / Vitamins | | |
| carglumic acid oral tablet soluble 200 mg | 3 | SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| CHEMET ORAL CAPSULE 100 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| cyanocobalamin injection solution 1000 mcg/ml | 2 | |
| deferasirox granules oral packet 180 mg, 360 mg, 90 mg | 4 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| deferasirox oral packet 180 mg, 360 mg, 90 mg | 4 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| deferasirox oral tablet 180 mg | 3 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| deferasirox oral tablet 360 mg, 90 mg | 3 | QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| deferasirox oral tablet soluble 125 mg, 250 mg | 3 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| deferasirox oral tablet soluble 500 mg | 3 | QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | 4 | |
| effer-k oral tablet effervescent 25 meq | 2 | |
| ergocalciferol oral capsule 1.25 mg (50000 ut) | 1 | |
| ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml | \$0 | ACA |
| folate oral tablet 400 mcg | 1 | ACA; AL (Min 12 Years and Max 52 Years) |
| folic acid oral tablet 1 mg | 1 | ACA |
| folic acid oral tablet 400 mcg, 800 mcg | 1 | ACA; AL (Min 12 Years and Max 52 Years) |
| ft folic acid oral tablet 400 mcg, 800 mcg | 1 | ACA; AL (Min 12 Years and Max 52 Years) |
| GALZIN ORAL CAPSULE 25 MG, 50 MG | 4 | |
| hydroxocobalamin acetate intramuscular solution 1000 mcg/ml | 2 | |
| iodine strong oral solution 5 % | 2 | |
| klor-con 10 oral tablet extended release 10 meq | 2 | |
| klor-con m10 oral tablet extended release 10 meq | 2 | |
| klor-con m15 oral tablet extended release 15 meq | 2 | |
| klor-con m20 oral tablet extended release 20 meq | 2 | |
| klor-con oral packet 20 meq | 3 | |
| klor-con oral tablet extended release 8 meq | 2 | |
| levocarnitine oral solution 1 gm/10ml | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| levocarnitine oral tablet 330 mg | 2 | |
| levocarnitine sf oral solution 1 gm/10ml | 2 | |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 4 | |
| phytonadione oral tablet 5 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| pnv 27-ca/fe/fa oral tablet 60-1 mg | 2 | HSA |
| potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq | 2 | |
| potassium chloride er oral capsule extended release 10 meq, 8 meq | 2 | |
| potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq | 2 | |
| potassium chloride oral packet 20 meq | 3 | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | 2 | |
| potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg) | 2 | |
| prenatal oral tablet 27-1 mg | 2 | HSA |
| prenatal plus vitamin/mineral oral tablet 27-1 mg | 2 | HSA |
| sodium chloride irrigation solution 0.9 % | 2 | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | \$0 | ACA |
| sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg | 2 | |
| sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg | \$0 | ACA |
| sodium polystyrene sulfonate oral powder | 2 | |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML | 2 | |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML | 2 | |
| tolvaptan oral tablet 15 mg, 30 mg | 4 | SPP; This drug is not available through home delivery |
| trientine hcl oral capsule 250 mg | 3 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| trientine hcl oral capsule 500 mg | 3 | PA |
| VELTASSA ORAL PACKET 1 GM | 4 | |
| VELTASSA ORAL PACKET 16.8 GM, 8.4 GM | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VELTASSA ORAL PACKET 25.2 GM | 4 | This drug is not available through home delivery |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 | |
| yl folic acid oral tablet 400 mcg | 1 | ACA; AL (Min 12 Years and Max 52 Years) |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| acid controller oral tablet 10 mg | 1 | |
| acid reducer maximum strength oral tablet 20 mg | 1 | |
| acid reducer oral tablet 10 mg | 1 | |
| cimetidine hcl oral solution 300 mg/5ml | 2 | |
| cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg | 2 | |
| esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg | 2 | |
| esomeprazole magnesium oral packet 10 mg | 3 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| esomeprazole magnesium oral packet 2.5 mg, 20 mg, 40 mg, 5 mg | 3 | PA |
| famotidine maximum strength oral tablet 20 mg | 1 | |
| famotidine oral suspension reconstituted 40 mg/5ml | 2 | |
| famotidine oral tablet 10 mg | 1 | |
| famotidine oral tablet 40 mg | 2 | |
| famotidine orig st oral tablet 10 mg | 1 | |
| famotidine tablet 20 mg oral (otc) | 1 | |
| famotidine tablet 20 mg oral (rx) | 2 | |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML | 4 | |
| FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| ft acid reducer max strength oral tablet 20 mg | 1 | |
| ft acid reducer oral capsule delayed release 20 mg | 2 | |
| ft acid reducer oral tablet 10 mg | 1 | |
| lansoprazole oral capsule delayed release 15 mg, 30 mg | 2 | |
| lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg | 3 | PA |
| misoprostol oral tablet 100 mcg, 200 mcg | 2 | This drug may be covered at \$0 for certain indications |
| mm acid-pep maximum strength oral tablet 20 mg | 1 | |
| NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG | 1 | |
| nizatidine oral capsule 150 mg, 300 mg | 2 | |
| omeprazole oral capsule delayed release 10 mg, 20 mg | 1 | |
| omeprazole oral capsule delayed release 40 mg | 2 | |
| omeprazole-sodium bicarbonate oral packet 20-1680 mg | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| omeprazole-sodium bicarbonate oral packet 40-1680 mg | 4 | PA |
| pantoprazole sodium oral packet 40 mg | 3 | PA |
| pantoprazole sodium oral tablet delayed release 20 mg, 40 mg | 2 | |
| PRILOSEC ORAL PACKET 10 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PRILOSEC ORAL PACKET 2.5 MG | 4 | PA |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG | 3 | |
| rabeprazole sodium oral tablet delayed release 20 mg | 2 | |
| sucralfate oral tablet 1 gm | 2 | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | 4 | PA; QL: 30 tablets per 30 days |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| alosetron hcl oral tablet 0.5 mg, 1 mg | 2 | |
| alvimopan oral capsule 12 mg | 3 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg | 2 | |
| bis subcit-metronid-tetracyc oral capsule 140-125-125 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| bisacodyl ec oral tablet delayed release 5 mg | 1 | |
| bisacodyl rectal suppository 10 mg | 1 | |
| bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| CHENODAL ORAL TABLET 250 MG | 4 | This drug is not available through home delivery |
| citroma oral solution 1.745 gm/30ml | 1 | |
| clearlax oral powder 17 gm/scoop | 1 | |
| constulose oral solution 10 gm/15ml | 2 | |
| cromolyn sodium oral concentrate 100 mg/5ml | 2 | HSA |
| CTEXLI ORAL TABLET 250 MG | 4 | This drug is not available through home delivery |
| cvs gentle laxative rectal suppository 10 mg | 1 | |
| dicyclomine hcl oral capsule 10 mg | 2 | |
| dicyclomine hcl oral solution 10 mg/5ml | 2 | |
| dicyclomine hcl oral tablet 20 mg | 2 | |
| diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml | 2 | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 2 | |
| enulose oral solution 10 gm/15ml | 2 | |
| fiber oral powder 25 %, 28.3 %, 51.7 % | 1 | |
| ft clearlax oral powder 17 gm/scoop | 1 | |
| ft enema saline rectal enema 7-19 gm/118ml | 1 | |
| ft fiber oral powder 25 %, 43 %, 51.7 % | 1 | |
| ft gentle laxative rectal suppository 10 mg | 1 | |
| ft laxative oral tablet delayed release 5 mg | 1 | |
| ft magnesium citrate oral solution 1.745 gm/30ml | 1 | |
| ft senna laxative oral tablet 8.6 mg | 1 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| ft senna laxatives oral tablet 8.6 mg | 1 | |
| GATTEX SUBCUTANEOUS KIT 5 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| gavilax oral powder 17 gm/scoop | 1 | |
| gavilyte-c oral solution reconstituted 240 gm | 2 | ACA |
| gavilyte-g oral solution reconstituted 236 gm | 2 | ACA |
| gavilyte-n with flavor pack oral solution reconstituted 420 gm | 2 | ACA |
| generlac oral solution 10 gm/15ml | 2 | |
| gentle laxative oral tablet delayed release 5 mg | 1 | |
| gentle laxative rectal suppository 10 mg | 1 | |
| geri-kot oral tablet 8.6 mg | 1 | |
| GLYCATE ORAL TABLET 1.5 MG | 2 | |
| glycolax oral powder 17 gm/scoop | 1 | |
| glycopyrrolate oral solution 1 mg/5ml | 3 | This drug is not available through home delivery |
| glycopyrrolate oral tablet 1 mg, 2 mg | 2 | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | 2 | |
| goodsense enema rectal enema 7-19 gm/118ml | 1 | |
| goodsense senna laxative oral tablet 8.6 mg | 1 | |
| IQIRVO ORAL TABLET 80 MG | 4 | SPP; PA; QL: 1 per day |
| lactulose encephalopathy oral solution 10 gm/15ml | 2 | |
| lactulose oral solution 10 gm/15ml, 20 gm/30ml | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | |
| LIVDELZI ORAL CAPSULE 10 MG | 4 | PA; QL: 1 per day; 30 day supply max |
| loperamide hcl oral capsule 2 mg | 2 | |
| lubiprostone oral capsule 24 mcg | 2 | |
| lubiprostone oral capsule 8 mcg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| magnesium citrate oral solution 1.745 gm/30ml | 1 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| methscopolamine bromide oral tablet 2.5 mg, 5 mg | 2 | |
| mm clearlax oral powder 17 gm/scoop | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG | 3 | |
| MOVANTIK ORAL TABLET 25 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG | 4 | ST |
| na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml | 2 | ACA; AL (Min 45 Years and Max 75 Years) |
| natural fiber laxative oral powder 28.3 % | 1 | |
| natural senna laxative oral tablet 8.6 mg | 1 | |
| OMECLAMOX-PAK ORAL 500-500-20 MG | 4 | |
| opium oral tincture 10 mg/ml (1%) | 2 | |
| peg 3350 oral powder 17 gm/scoop | 1 | |
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm | 2 | ACA |
| peg-3350/electrolytes oral solution reconstituted 236 gm | 2 | ACA |
| peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm | 2 | ACA |
| peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm | 2 | ACA |
| polyethylene glycol 3350 oral powder 17 gm/scoop | 1 | |
| prucalopride succinate oral tablet 1 mg, 2 mg | 4 | ST |
| reguloid oral powder 28.3 %, 43 %, 51.7 % | 1 | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | 4 | SPP; PA; QL: 1 per day |
| senna oral tablet 8.6 mg | 1 | |
| senna-lax oral tablet 8.6 mg | 1 | |
| sennosides oral tablet 8.6 mg | 1 | |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG | 3 | SPP; PA; This drug is not available through home delivery |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 6 MG | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| smooth lax oral powder 17 gm/scoop | 1 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| SYMPROIC ORAL TABLET 0.2 MG | 3 | |
| true laxative oral powder 17 gm/scoop | 1 | |
| ursodiol oral capsule 300 mg | 2 | |
| ursodiol oral tablet 250 mg, 500 mg | 2 | |
| VIBERZI ORAL TABLET 100 MG, 75 MG | 3 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG | 4 | PA |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG | 4 | PA |
| VOWST ORAL CAPSULE | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| wal-mucil oral powder 43 %, 51.7 % | 1 | |
| XERMELO ORAL TABLET 250 MG | 4 | PA; QL: Max. 3 per day. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| betaine oral powder | 4 | This drug is not available through home delivery |
| CERDELGA ORAL CAPSULE 84 MG | 3 | SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT | 3 | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 4 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | 4 | PA; QL: 2 bottles per 24 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EVRYSDI ORAL TABLET 5 MG | 4 | PA; QL: 1 tablet per day; max 30 days supply per fill |
| miglustat oral capsule 100 mg | 3 | SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG | 4 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| OCALIVA ORAL TABLET 10 MG | 4 | SPP; PA; QL: Max. 1 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| OCALIVA ORAL TABLET 5 MG | 4 | SPP; PA; QL: Max. 1 per day. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT | 4 | ST |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT, 21000-54700 UNIT | 4 | ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 4000-14375 UNIT, 8000-28750 UNIT | 4 | ST |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT | 4 | ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG | 4 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG | 4 | QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| RAVICTI ORAL LIQUID 1.1 GM/ML | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| sapropterin dihydrochloride oral packet 100 mg, 500 mg | 4 | SPP; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| sapropterin dihydrochloride oral tablet 100 mg | 4 | SPP; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| sodium phenylbutyrate oral powder 3 gm/tsp | 4 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| sodium phenylbutyrate oral tablet 500 mg | 4 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML | 4 | QL: Max. 24 vials per 28 days. Maximum 30 days supply per fill; This drug is not available through home delivery |
| STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML | 4 | QL: Max. 24 vials per 28 days. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| VIOKACE ORAL TABLET 10440-39150 UNIT | 4 | ST |
| VIOKACE ORAL TABLET 20880-78300 UNIT | 4 | ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| XURIDEN ORAL PACKET 2 GM | 4 | |
| yargesa oral capsule 100 mg | 3 | SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT, 5000-24000 UNIT, 60000- 189600 UNIT | 3 | |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| avanafil oral tablet 100 mg, 200 mg, 50 mg | 4 | QL: Max 4 per 30 days |
| bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg | 2 | |
| calcium acetate (phos binder) oral capsule 667 mg | 2 | |
| calcium acetate (phos binder) oral tablet 667 mg | 2 | |
| calcium acetate oral tablet 667 mg | 2 | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 20 MCG | 4 | QL: Max. 6 vials per 30 day(s) |
| CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL | 4 | QL |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG | 4 | QL: Max. 6 vials per 30 day(s) |
| darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg | 2 | |
| EDEX INTRACAVERNOSAL KIT 20 MCG, 40 MCG | 4 | QL: Max. 6 vials per 30 day(s) |
| EDEX KIT 10 MCG INTRACAVERNOSAL | 4 | QL |
| ELMIRON ORAL CAPSULE 100 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| FERRIC CITRATE ORAL TABLET 1 GM 210 MG(FE) | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| FILSPARI ORAL TABLET 200 MG, 400 MG | 4 | PA; QL: 1 unit per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| flavoxate hcl oral tablet 100 mg | 2 | |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG | 4 | |
| INTRAROSA VAGINAL INSERT 6.5 MG | 4 | |
| lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LITHOSTAT ORAL TABLET 250 MG | 4 | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML | 3 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 3 | |
| oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg | 2 | |
| oxybutynin chloride oral solution 5 mg/5ml | 2 | |
| oxybutynin chloride oral tablet 5 mg | 2 | |
| penicillamine oral tablet 250 mg | 2 | PA |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 2 | |
| sevelamer carbonate oral packet 0.8 gm, 2.4 gm | 3 | |
| sevelamer carbonate oral tablet 800 mg | 2 | |
| sevelamer hcl oral tablet 400 mg, 800 mg | 3 | |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 2 | QL: Max 4 per 30 days |
| solifenacin succinate oral tablet 10 mg, 5 mg | 2 | |
| tadalafil oral tablet 10 mg, 20 mg | 2 | QL: Max 4 per 30 days |
| tadalafil oral tablet 2.5 mg, 5 mg | 2 | QL: Prior Authorization required for Quantity exceeding 4 per 30 days |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| tiopronin oral tablet 100 mg | 3 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg | 2 | |
| tolterodine tartrate oral tablet 1 mg, 2 mg | 2 | |
| tropium chloride er oral capsule extended release 24 hour 60 mg | 2 | |
| tropium chloride oral tablet 20 mg | 2 | |
| VANRAFIA ORAL TABLET 0.75 MG | 4 | PA; QL: 1 tablet per day |
| varafenil hcl oral tablet dispersible 10 mg | 3 | QL: Max 4 per 30 days |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er oral tablet extended release 24 hour 10 mg | 2 | |
| dutasteride oral capsule 0.5 mg | 2 | |
| dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg | 2 | |
| finasteride oral tablet 5 mg | 2 | |
| silodosin oral capsule 4 mg, 8 mg | 2 | |
| tamsulosin hcl oral capsule 0.4 mg | 2 | |
| terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg | 2 | HSA |
| Hormonal Agents - Adrenal | | |
| dexamethasone intensol oral concentrate 1 mg/ml | 2 | |
| dexamethasone oral elixir 0.5 mg/5ml | 2 | |
| dexamethasone oral solution 0.5 mg/5ml | 2 | |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg | 1 | |
| dexamethasone sod phos +rfd injection solution prefilled syringe 4 mg/ml | MD | |
| dexamethasone sod phosphate pf injection solution 10 mg/ml | MD | |
| dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml | MD | |
| dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml | MD | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION | MD | |
| dexamethasone sodium phosphate solution 10 mg/ml injection | MD | |
| DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION | MD | |
| dexamethasone sodium phosphate solution 4 mg/ml injection | MD | |
| fludrocortisone acetate oral tablet 0.1 mg | 2 | |
| hydrocortisone oral tablet 10 mg, 20 mg, 5 mg | 2 | |
| hydrocortisone sod suc (pf) injection solution reconstituted 100 mg | 3 | |
| MEDROL ORAL TABLET 2 MG | 4 | |
| methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg | 2 | |
| methylprednisolone oral tablet therapy pack 4 mg | 2 | |
| prednisolone oral solution 15 mg/5ml | 2 | |
| prednisolone oral tablet 5 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml | 2 | |
| prednisone oral solution 5 mg/5ml | 2 | |
| prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg | 1 | |
| prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48) | 2 | |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG | 3 | |
| Hormonal Agents - Men's Health | | |
| danazol oral capsule 100 mg, 200 mg, 50 mg | 2 | |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG | 4 | PA |
| METHITEST ORAL TABLET 10 MG | 4 | PA |
| methyltestosterone oral capsule 10 mg | 2 | PA |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 2 | |
| testosterone enanthate intramuscular solution 200 mg/ml | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%) | 2 | |
| testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%) | 3 | |
| testosterone transdermal solution 30 mg/act | 2 | |
| Hormonal Agents - Pituitary | | |
| ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML | 3 | SPP; PA |
| ACTHAR INJECTION GEL 80 UNIT/ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| cabergoline oral tablet 0.5 mg | 2 | |
| cetorelix acetate subcutaneous kit 0.25 mg | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| clomid oral tablet 50 mg | 3 | |
| clomiphene citrate oral tablet 50 mg | 3 | |
| CORTROPHIN INJECTION GEL 80 UNIT/ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG | 4 | PA; QL: Max daily dose of 2; 30 day supply max |
| CRENESSITY ORAL SOLUTION 50 MG/ML | 4 | PA; QL: Max daily dose of 2; 30 day supply max |
| desmopressin ace spray refrig nasal solution 0.01 % | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| desmopressin acetate oral tablet 0.1 mg, 0.2 mg | 2 | |
| desmopressin acetate spray nasal solution 0.01 % | 2 | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG | 4 | SPP; PA |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | 4 | SPP; This drug is not available through home delivery; CM |
| FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT | 3 | SPP; PA; This drug is not available through home delivery; FM |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 3 | PA; This drug is not available through home delivery |
| leuprolide acetate injection kit 1 mg/0.2ml | 2 | SPP; This drug is not available through home delivery; FM |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 7.5 MG | 4 | SPP; This drug is not available through home delivery |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG | 4 | CM |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG | 4 | PA; QL: Max. 4 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT | 3 | SPP; PA; This drug is not available through home delivery; FM |
| octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 500 mcg/ml | 4 | SPP; This drug is not available through home delivery |
| octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml | 4 | SPP; This drug is not available through home delivery |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ORILISSA ORAL TABLET 150 MG, 200 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML | 3 | SPP; PA; This drug is not available through home delivery; FM |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| RECORLEV ORAL TABLET 150 MG | 4 | PA; QL: Max. 8 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | 4 | QL: Max. 2 ampules per day. Maximum 30 days supply per fill; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 20 MG, 30 MG | 4 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG, 25 MG | 4 | SPP; This drug is not available through home delivery |
| SYNAREL NASAL SOLUTION 2 MG/ML | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| Hormonal Agents - Prostaglandins | | |
| mifepristone oral tablet 200 mg | \$0 | |
| mifepristone oral tablet 300 mg | 4 | PA; QL: Max. 4 per day. Maximum 30 days supply per fill; This drug is not available through home delivery; HSA |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA ORAL TABLET 60 MG | 4 | |
| raloxifene hcl oral tablet 60 mg | 2 | HSA; ACA |
| Hormonal Agents - Sex Hormones and Birth Control | | |
| abigale lo oral tablet 0.5-0.1 mg | 2 | |
| abigale oral tablet 1-0.5 mg | 2 | |
| afirmelle oral tablet 0.1-20 mg-mcg | \$0 | WH |
| aftera oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| AFTERPILL ORAL TABLET 1.5 MG | \$0 | Member may be able to access without a prescription; WH |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 4 | HSA |
| altavera oral tablet 0.15-30 mg-mcg | \$0 | WH |
| alyacen 1/35 oral tablet 1-35 mg-mcg | \$0 | WH |
| alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg | \$0 | WH |
| amethyst oral tablet 90-20 mcg | \$0 | WH |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | 4 | |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR | \$0 | WH |
| apri oral tablet 0.15-30 mg-mcg | \$0 | WH |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| aranelle oral tablet 0.5/1/0.5-35 mg-mcg | \$0 | WH |
| ashlyna oral tablet 0.15-0.03 & 0.01 mg | \$0 | WH |
| aubra eq oral tablet 0.1-20 mg-mcg | \$0 | WH |
| aurovela 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| aurovela 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| aurovela 24 fe oral tablet 1-20 mg-mcg(24) | \$0 | WH |
| aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| aurovela fe 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| AVERI ORAL TABLET 0.15-0.03 MG | \$0 | WH |
| aviane oral tablet 0.1-20 mg-mcg | \$0 | WH |
| ayuna oral tablet 0.15-30 mg-mcg | \$0 | WH |
| azurette oral tablet 0.15-0.02/0.01 mg (21/5) | \$0 | WH |
| balziva oral tablet 0.4-35 mg-mcg | \$0 | WH |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG | 4 | |
| blisovi 24 fe oral tablet 1-20 mg-mcg(24) | \$0 | WH |
| blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| blisovi fe 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| briellyn oral tablet 0.4-35 mg-mcg | \$0 | WH |
| camila oral tablet 0.35 mg | \$0 | WH |
| camrese lo oral tablet 0.1-0.02 & 0.01 mg | \$0 | WH |
| camrese oral tablet 0.15-0.03 & 0.01 mg | \$0 | WH |
| charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24) | \$0 | WH |
| chateal eq oral tablet 0.15-30 mg-mcg | \$0 | WH |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY | 3 | |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | 4 | |
| CRINONE VAGINAL GEL 4 % | 3 | This drug is not available through home delivery; FM |
| CRINONE VAGINAL GEL 8 % | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| cryselle-28 oral tablet 0.3-30 mg-mcg | \$0 | WH |
| cyred eq oral tablet 0.15-30 mg-mcg | \$0 | WH |
| dasetta 1/35 (28) oral tablet 1-35 mg-mcg | \$0 | WH |
| dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg | \$0 | WH |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| daysee oral tablet 0.15-0.03 & 0.01 mg | \$0 | WH |
| deblitane oral tablet 0.35 mg | \$0 | WH |
| delyla oral tablet 0.1-20 mg-mcg | \$0 | WH |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | \$0 | WH |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | \$0 | WH |
| dolishale oral tablet 90-20 mcg | \$0 | WH |
| dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | 2 | HSA |
| drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg | \$0 | WH |
| drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg | \$0 | WH |
| DUAVEE ORAL TABLET 0.45-20 MG | 4 | HSA |
| econtra one-step oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) | 4 | |
| elinest oral tablet 0.3-30 mg-mcg | \$0 | WH |
| ELLA ORAL TABLET 30 MG | \$0 | Member may be able to access without a prescription; WH |
| eluryng vaginal ring 0.12-0.015 mg/24hr | \$0 | WH |
| emzahh oral tablet 0.35 mg | \$0 | WH |
| ENDOMETRIN VAGINAL INSERT 100 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD |
| enilloring vaginal ring 0.12-0.015 mg/24hr | \$0 | WH |
| enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg | \$0 | WH |
| enskyce oral tablet 0.15-30 mg-mcg | \$0 | WH |
| errin oral tablet 0.35 mg | \$0 | WH |
| estarylla oral tablet 0.25-35 mg-mcg | \$0 | WH |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg | 1 | |
| estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm | 3 | |
| estradiol transdermal gel 0.75 mg/1.25 gm (0.06%) | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | 2 | HSA |
| estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | 2 | HSA |
| estradiol vaginal cream 0.1 mg/gm | 2 | |
| estradiol vaginal tablet 10 mcg | 2 | |
| estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml | 2 | |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg | 2 | |
| ESTRING VAGINAL RING 7.5 MCG/24HR | 3 | |
| ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg | \$0 | WH |
| etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr | \$0 | WH |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY | 4 | |
| falmina oral tablet 0.1-20 mg-mcg | \$0 | WH |
| feirza 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| feirza 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| finzala oral tablet chewable 1-20 mg-mcg(24) | \$0 | WH |
| FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG | 4 | |
| fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | 2 | |
| galbriela oral tablet chewable 0.8-25 mg-mcg | \$0 | WH |
| gallifrey oral tablet 5 mg | 2 | |
| gemmily oral capsule 1-20 mg-mcg(24) | \$0 | WH |
| hailey 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| hailey 24 fe oral tablet 1-20 mg-mcg(24) | \$0 | WH |
| hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| hailey fe 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| haloette vaginal ring 0.12-0.015 mg/24hr | \$0 | WH |
| heather oral tablet 0.35 mg | \$0 | WH |
| her style oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| iclevia oral tablet 0.15-0.03 mg | \$0 | WH |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG | 4 | |
| incassia oral tablet 0.35 mg | \$0 | WH |
| introvale oral tablet 0.15-0.03 mg | \$0 | WH |
| isibloom oral tablet 0.15-30 mg-mcg | \$0 | WH |
| jaimiess oral tablet 0.15-0.03 & 0.01 mg | \$0 | WH |
| jasmiel oral tablet 3-0.02 mg | \$0 | WH |
| jencycla oral tablet 0.35 mg | \$0 | WH |
| jinteli oral tablet 1-5 mg-mcg | 2 | |
| jolessa oral tablet 0.15-0.03 mg | \$0 | WH |
| joyeaux oral tablet 0.1-20 mg-mcg(21) | \$0 | WH |
| juleber oral tablet 0.15-30 mg-mcg | \$0 | WH |
| junel 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| junel 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| junel fe 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| junel fe 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| junel fe 24 oral tablet 1-20 mg-mcg(24) | \$0 | WH |
| kaitlib fe oral tablet chewable 0.8-25 mg-mcg | \$0 | WH |
| kalliga oral tablet 0.15-30 mg-mcg | \$0 | WH |
| kariva oral tablet 0.15-0.02/0.01 mg (21/5) | \$0 | WH |
| kelnor 1/35 oral tablet 1-35 mg-mcg | \$0 | WH |
| kurvelo oral tablet 0.15-30 mg-mcg | \$0 | WH |
| larin 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| larin 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| larin 24 fe oral tablet 1-20 mg-mcg(24) | \$0 | WH |
| larin fe 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| larin fe 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| leena oral tablet 0.5/1/0.5-35 mg-mcg | \$0 | WH |
| lessina oral tablet 0.1-20 mg-mcg | \$0 | WH |
| levonest oral tablet 50-30/75-40/ 125-30 mcg | \$0 | WH |
| levonorgest-eth est & eth est oral tablet 42-21-21-7 days | \$0 | WH |
| levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg | \$0 | WH |
| levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21) | \$0 | WH |
| levonorgestrel oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg | \$0 | WH |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg | \$0 | WH |
| levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg | \$0 | WH |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG | \$0 | WH |
| lojaimiess oral tablet 0.1-0.02 & 0.01 mg | \$0 | WH |
| loryna oral tablet 3-0.02 mg | \$0 | WH |
| low-ogestrel oral tablet 0.3-30 mg-mcg | \$0 | WH |
| lo-zumandimine oral tablet 3-0.02 mg | \$0 | WH |
| luteru oral tablet 0.1-20 mg-mcg | \$0 | WH |
| lyleq oral tablet 0.35 mg | \$0 | WH |
| lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | 2 | HSA |
| lyza oral tablet 0.35 mg | \$0 | WH |
| marlissa oral tablet 0.15-30 mg-mcg | \$0 | WH |
| medroxyprogesterone acetate intramuscular suspension 150 mg/ml | \$0 | WH |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml | \$0 | WH |
| medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg | 1 | |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml | 2 | CM |
| megestrol acetate oral tablet 20 mg, 40 mg | 2 | CM |
| meleya oral tablet 0.35 mg | \$0 | WH |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | 3 | |
| merzee oral capsule 1-20 mg-mcg(24) | \$0 | WH |
| mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24) | \$0 | WH |
| microgestin 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| microgestin 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg | \$0 | WH |
| microgestin fe 1/20 oral tablet 1-20 mg-mcg | \$0 | WH |
| mili oral tablet 0.25-35 mg-mcg | \$0 | WH |
| mimvey oral tablet 1-0.5 mg | 2 | |
| minzoya oral tablet 0.1-20 mg-mcg(21) | \$0 | WH |
| mono-lynyah oral tablet 0.25-35 mg-mcg | \$0 | WH |
| my choice oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| my way oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | 3 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG | \$0 | WH |
| necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg | \$0 | WH |
| new day oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG | \$0 | WH |
| nikki oral tablet 3-0.02 mg | \$0 | WH |
| nora-be oral tablet 0.35 mg | \$0 | WH |
| norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr | \$0 | WH |
| norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24) | \$0 | WH |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | \$0 | WH |
| norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24) | \$0 | WH |
| norethindrone acetate oral tablet 5 mg | 2 | |
| norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | \$0 | WH |
| norethindrone oral tablet 0.35 mg | \$0 | WH |
| norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | 2 | |
| norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg | \$0 | WH |
| norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg | \$0 | WH |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | \$0 | WH |
| norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg | \$0 | WH |
| norlyroc oral tablet 0.35 mg | \$0 | WH |
| nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg | \$0 | WH |
| nortrel 1/35 (21) oral tablet 1-35 mg-mcg | \$0 | WH |
| nortrel 1/35 (28) oral tablet 1-35 mg-mcg | \$0 | WH |
| nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg | \$0 | WH |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| nylia 1/35 oral tablet 1-35 mg-mcg | \$0 | WH |
| nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg | \$0 | WH |
| ocella oral tablet 3-0.03 mg | \$0 | WH |
| opcicon one-step oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| OPILL ORAL TABLET 0.075 MG | \$0 | Member may be able to access without a prescription; WH |
| option 2 oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG | 4 | PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| orquidea oral tablet 0.35 mg | \$0 | WH |
| philith oral tablet 0.4-35 mg-mcg | \$0 | WH |
| pimtrea oral tablet 0.15-0.02/0.01 mg (21/5) | \$0 | WH |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG | \$0 | Member may be able to access without a prescription; WH |
| portia-28 oral tablet 0.15-30 mg-mcg | \$0 | WH |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG | 3 | HSA |
| PREMARIN ORAL TABLET 1.25 MG | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 3 | |
| PREMPHASE ORAL TABLET 0.625-5 MG | 3 | HSA |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | HSA |
| progesterone intramuscular oil 50 mg/ml | 2 | This drug is not available through home delivery; FM |
| progesterone oral capsule 100 mg, 200 mg | 2 | |
| react oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| reclipsen oral tablet 0.15-30 mg-mcg | \$0 | WH |
| rivelsa oral tablet 42-21-21-7 days | \$0 | WH |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| rosyrah oral tablet 42-21-21-7 days | \$0 | WH |
| setlakin oral tablet 0.15-0.03 mg | \$0 | WH |
| sharobel oral tablet 0.35 mg | \$0 | WH |
| simliya oral tablet 0.15-0.02/0.01 mg (21/5) | \$0 | WH |
| simpesse oral tablet 0.15-0.03 & 0.01 mg | \$0 | WH |
| SLYND ORAL TABLET 4 MG | \$0 | WH |
| sprintec 28 oral tablet 0.25-35 mg-mcg | \$0 | WH |
| sronyx oral tablet 0.1-20 mg-mcg | \$0 | WH |
| syeda oral tablet 3-0.03 mg | \$0 | WH |
| take action oral tablet 1.5 mg | \$0 | Member may be able to access without a prescription; WH |
| tarina 24 fe oral tablet 1-20 mg-mcg(24) | \$0 | WH |
| tarina fe 1/20 eq oral tablet 1-20 mg-mcg | \$0 | WH |
| taysofy oral capsule 1-20 mg-mcg(24) | \$0 | WH |
| tilia fe oral tablet 1-20/1-30/1-35 mg-mcg | \$0 | WH |
| tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg | \$0 | WH |
| tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg | \$0 | WH |
| tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg | \$0 | WH |
| tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg | \$0 | WH |
| tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg | \$0 | WH |
| tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg | \$0 | WH |
| tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg | \$0 | WH |
| tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg | \$0 | WH |
| tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg | \$0 | WH |
| tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg | \$0 | WH |
| tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg | \$0 | WH |
| turqoz oral tablet 0.3-30 mg-mcg | \$0 | WH |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR | \$0 | WH |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG | \$0 | WH |
| tydemy oral tablet 3-0.03-0.451 mg | \$0 | WH |
| valtya 1/50 oral tablet 1-50 mg-mcg | \$0 | WH |
| velivet oral tablet 0.1/0.125/0.15 -0.025 mg | \$0 | WH |
| vestura oral tablet 3-0.02 mg | \$0 | WH |
| vienva oral tablet 0.1-20 mg-mcg | \$0 | WH |
| viorele oral tablet 0.15-0.02/0.01 mg (21/5) | \$0 | WH |
| volnea oral tablet 0.15-0.02/0.01 mg (21/5) | \$0 | WH |
| vyfemla oral tablet 0.4-35 mg-mcg | \$0 | WH |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|----------------------|
| vylibra oral tablet 0.25-35 mg-mcg | \$0 | WH |
| wera oral tablet 0.5-35 mg-mcg | \$0 | WH |
| wymzya fe oral tablet chewable 0.4-35 mg-mcg | \$0 | WH |
| xarah fe oral tablet 1-20/1-30/1-35 mg-mcg | \$0 | WH |
| xelria fe oral tablet chewable 0.4-35 mg-mcg | \$0 | WH |
| xulane transdermal patch weekly 150-35 mcg/24hr | \$0 | WH |
| yuvaferm vaginal tablet 10 mcg | 2 | |
| zafemy transdermal patch weekly 150-35 mcg/24hr | \$0 | WH |
| zovia 1/35 (28) oral tablet 1-35 mg-mcg | \$0 | WH |
| zumandimine oral tablet 3-0.03 mg | \$0 | WH |
| Hormonal Agents - Thyroid | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | 3 | |
| ERMEZA ORAL SOLUTION 150 MCG/5ML | 4 | |
| levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg | 1 | |
| LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 4 | |
| levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg | 1 | |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | 1 | |
| liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg | 2 | |
| methimazole oral tablet 10 mg, 5 mg | 2 | |
| np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | 2 | |
| propylthiouracil oral tablet 50 mg | 2 | |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| thyroid tablet 120 mg oral | 2 | |
| thyroid tablet 120 mg oral | 3 | |
| thyroid tablet 15 mg oral | 2 | |
| thyroid tablet 15 mg oral | 3 | |
| thyroid tablet 30 mg oral | 2 | |
| thyroid tablet 30 mg oral | 3 | |
| thyroid tablet 60 mg oral | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| thyroid tablet 60 mg oral | 3 | |
| thyroid tablet 90 mg oral | 2 | |
| thyroid tablet 90 mg oral | 3 | |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG | 4 | |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | 4 | |
| unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg | 1 | |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | 4 | SPP; PA; QL: Max. 4 pens per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | 4 | SPP; PA; QL: Max. 4 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | 4 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG | 4 | This drug is not available through home delivery |
| azathioprine oral tablet 50 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | 4 | SPP; PA; QL: Max. 4 auto injector per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | 4 | SPP; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML | 4 | SPP; PA; QL: 2 injections per 56 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML | 4 | SPP; PA; QL: 1 injection per 56 days; Maximum of 56 days supply |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML | 4 | SPP; PA; QL: 2 injections per 56 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML | 4 | SPP; PA; QL: 1 injection per 56 days; Maximum of 56 days supply |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | 3 | SPP; PA; QL: Max. 1 in 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | 3 | SPP; PA; QL; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg | 2 | This drug is not available through home delivery |
| cyclosporine modified oral solution 100 mg/ml | 2 | This drug is not available through home delivery |
| cyclosporine oral capsule 100 mg, 25 mg | 2 | This drug is not available through home delivery |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | 3 | SPP; PA; QL: Max. 4 pens per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 3 | SPP; PA; QL: Max. 4 vials per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | 3 | SPP; PA; QL: Max. 8 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML | 3 | SPP; PA; QL: Max. 4 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | 3 | SPP; PA; QL: Max. 4 pens per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG | 4 | This drug is not available through home delivery |
| ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg | 4 | This drug is not available through home delivery |
| everolimus oral tablet 1 mg | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| gengraf oral capsule 100 mg, 25 mg | 2 | This drug is not available through home delivery |
| gengraf oral solution 100 mg/ml | 2 | This drug is not available through home delivery |
| HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | 3 | SPP; PA; QL: Max. 1 kit per 365 day(s); Select manufacturers may not be covered |
| HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | 3 | SPP; PA; QL: Max. 2 pens per 28 day(s); Select manufacturers may not be covered |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | 3 | SPP; PA; QL: Max. 2 pens per 28 day(s); Select manufacturers may not be covered |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 3 | SPP; PA; QL: Max. 2 pens per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 3 | SPP; PA; QL: Max. 1 kit per 365 day(s); Select manufacturers may not be covered |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 3 | SPP; PA; QL: Max. 1 kit per 365 day(s); Select manufacturers may not be covered |
| HYPERRAB INJECTION SOLUTION 900 UNIT/3ML | MD | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml | 3 | SPP; PA; QL: Max. 2 syringes per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| JOENJA ORAL TABLET 70 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML | MD | |
| leflunomide oral tablet 10 mg, 20 mg | 2 | |
| LUPKYNIS ORAL CAPSULE 7.9 MG | 4 | PA; QL: Max. 6 per day. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml | MD | This drug is not available through home delivery |
| methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml | MD | This drug is not available through home delivery |
| methotrexate sodium injection solution reconstituted 1 gm | MD | This drug is not available through home delivery |
| methotrexate sodium oral tablet 2.5 mg | 2 | |
| mycophenolate mofetil oral capsule 250 mg | 2 | This drug is not available through home delivery |
| mycophenolate mofetil oral suspension reconstituted 200 mg/ml | 2 | This drug is not available through home delivery |
| mycophenolate mofetil oral tablet 500 mg | 2 | This drug is not available through home delivery |
| mycophenolate sodium oral tablet delayed release 180 mg, 360 mg | 2 | This drug is not available through home delivery |
| mycophenolic acid oral tablet delayed release 180 mg, 360 mg | 2 | This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | 4 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML | 3 | PA |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML | 3 | PA |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 3 | SPP; PA |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | SPP; PA |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML | 4 | SPP; PA; QL: Max. 4 auto injector per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | 4 | SPP; PA; QL: Max. 4 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML | 4 | SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery |
| ORLADEYO ORAL CAPSULE 110 MG | 4 | PA; QL: Max. 1 per day. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ORLADEYO ORAL CAPSULE 150 MG | 4 | PA; QL: Max. 1 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| OTEZLA ORAL TABLET 20 MG | 3 | SPP; PA; QL: 2 per day |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| OTEZLA ORAL TABLET 30 MG | 3 | SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG | 3 | SPP; PA; QL: Limit fills to 1 in 365 days; Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG | 3 | SPP; PA; QL: 2 per day; max 1 fill per 365 days |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | 4 | |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | This drug is not available through home delivery |
| REZUROCK ORAL TABLET 200 MG | 4 | PA; QL: Max. 1 per day. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| RIDAURA ORAL CAPSULE 3 MG | 4 | |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 3 | SPP; PA; QL: 6 mL per day |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG | 3 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT | 4 | PA; QL: 4 vials per fill; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML | 3 | SPP; PA; QL: Max. 1 pen per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | SPP; PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | 3 | SPP; PA; QL: Max. 1 pen per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| sirolimus oral solution 1 mg/ml | 3 | This drug is not available through home delivery |
| sirolimus oral tablet 0.5 mg, 1 mg | 2 | This drug is not available through home delivery |
| sirolimus oral tablet 2 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 3 | SPP; PA; QL: Max. 1 pen per 84 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | 3 | SPP; PA; QL: Max. 1 cartridge per 56 days.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 3 | SPP; PA; QL: Maximum quantity of 0.043 per 1 Day[s]. Maximum of 56 days supply per fill. Max. 1 pen per 56 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 3 | SPP; PA; QL: Max. 1 prefilled syringes per 84 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML | 4 | PA; QL: Two syringes per 28 days; 30 day supply max |
| tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg | 2 | This drug is not available through home delivery |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML | 4 | SPP; PA; QL: MAX 2 vials (4mL) per 28 days.; This drug is not available through home delivery |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 4 | SPP; PA; QL: 2 syringes per 28 days; This drug is not available through home delivery |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 4 | SPP; PA; QL: Max. 2 pre-filled syringes (4mL) per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML | 3 | SPP; PA; QL: Max. 1 auto injector per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML | 3 | SPP; PA; QL: 1 prefilled syringe per 28 days |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | 3 | SPP; PA; QL: Max. 1 syringe per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 3 | SPP; PA; QL: 1 per 28 days |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 3 | SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 3 | SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 3 | SPP; PA; QL: 1 per 28 days |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | SPP; PA; QL: Max. 1 syringe or injector per 56 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | 3 | SPP; PA; QL: 1 per 28 days |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | 4 | |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | |
| XELJANZ ORAL SOLUTION 1 MG/ML | 3 | SPP; PA; QL: Max. 10 ml per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 3 | SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 3 | SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 3 | SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 3 | SPP; PA; QL: Max. 1 syringe per 84 days |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | 3 | SPP; PA; QL: Max. 1 syringe per 84 days |
| Immunological Agents - Drugs for Vaccination | | |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 4 | |
| Inflammatory Bowel Disease Agents | | |
| balsalazide disodium oral capsule 750 mg | 2 | |
| budesonide er oral tablet extended release 24 hour 9 mg | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| budesonide oral capsule delayed release particles 3 mg | 2 | |
| budesonide rectal foam 2 mg, 2 mg/act | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| CORTIFOAM EXTERNAL FOAM 10 % | 4 | |
| DIPENTUM ORAL CAPSULE 250 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| hydrocortisone (perianal) external cream 1 %, 2.5 % | 2 | |
| hydrocortisone ace-pramoxine external cream 1-1 % | 2 | |
| hydrocortisone rectal enema 100 mg/60ml | 3 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| mesalamine er oral capsule extended release 24 hour 0.375 gm | 3 | |
| mesalamine oral capsule delayed release 400 mg | 3 | |
| mesalamine oral tablet delayed release 1.2 gm | 3 | |
| mesalamine rectal enema 4 gm | 2 | |
| mesalamine rectal suppository 1000 mg | 3 | |
| mesalamine-cleanser rectal kit 4 gm | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| procto-med hc external cream 2.5 % | 2 | |
| PROCTOSOL HC EXTERNAL CREAM 2.5 % | 2 | |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 % | 2 | |
| sulfasalazine oral tablet 500 mg | 2 | |
| sulfasalazine oral tablet delayed release 500 mg | 2 | |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG | 4 | PA; QL: Max. 4 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| alendronate sodium oral solution 70 mg/75ml | 4 | QL: Max. 300 ML per 28 day(s); HSA |
| alendronate sodium oral tablet 10 mg, 35 mg, 70 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| calcitonin (salmon) nasal solution 200 unit/act | 2 | HSA |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT | 4 | QL: Max. 4 tabs per 28 day(s); HSA |
| ibandronate sodium oral tablet 150 mg | 2 | HSA |
| risedronate sodium oral tablet 150 mg, 35 mg, 5 mg | 2 | HSA |
| risedronate sodium oral tablet 30 mg | 2 | QL: Max. 1 tab per day; HSA |
| risedronate sodium oral tablet delayed release 35 mg | 2 | HSA |
| teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous | 3 | SPP; PA; QL: Max. 1 pen per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS | 3 | SPP; PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery; HSA |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 3 | PA; QL: Max. 1 pen per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral capsule 0.25 mcg, 0.5 mcg | 2 | |
| calcitriol oral solution 1 mcg/ml | 2 | |
| cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg | 3 | This drug is not available through home delivery |
| paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg | 2 | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | 4 | PA |
| Miscellaneous Therapeutic Agents | | |
| AEROCHAMBER HOLDING CHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---------------------------------------|------|---|
| AEROCHAMBER MINI CHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| AEROCHAMBER MV | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| AEROCHAMBER PLUS FLO-VU INTERM DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| AEROCHAMBER PLUS FLOW VU | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| AEROCHAMBER2GO ANTI-STATIC DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM | 3 | HSA |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM | 3 | HSA |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM | 3 | HSA |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM | 3 | HSA |
| AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 3 | HSA |
| AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 3 | HSA |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM | 3 | HSA |
| AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM | 3 | HSA |
| BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM | 3 | HSA |
| BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" | 4 | |
| BD ECLIPSE NEEDLE 23G X 1" , 25G X 1-1/2" , 25G X 5/8" | 4 | |
| BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM | 3 | HSA |
| BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM | 3 | HSA |
| BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM | 3 | HSA |
| BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM | 3 | HSA |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM | 3 | HSA |
| BD SAFETYGLIDE NEEDLE 23G X 1-1/2" | 4 | |
| BD ULTRA-FINE PEN NEEDLES 32G X 4 MM | 3 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| BREATHE COMFORT CHAMBER/ADULT DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| BREATHE COMFORT CHAMBER/CHILD DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| BREATHE EASE LARGE DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| BREATHE EASE MEDIUM DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| BREATHE EASE PEAK FLOW METER DEVICE | MD | HSA |
| BREATHE EASE SMALL DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| BREATHERITE VALVED MDI CHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG | 4 | PA; QL: Max 4 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG | 4 | PA; QL: Max 1 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| BYLVAY ORAL CAPSULE 1200 MCG | 4 | PA; QL: Max 2 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| BYLVAY ORAL CAPSULE 400 MCG | 4 | PA; QL: Max 6 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| CAREPOINT POLY HUB NEEDLE 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8" | 4 | |
| CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" | 4 | |
| CAREPOINT SYRINGE LUER LOCK 1 ML | 4 | |
| CAREPOINT SYRINGE LUER SLIP 1 ML | 4 | |
| CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2" | 4 | |
| CARETOUCH LUER LOCK 1 ML | 4 | |
| CAYA VAGINAL DIAPHRAGM | \$0 | WH |
| CLEVER CHOICE HOLDING CHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| CLEVER CHOICE PEAK FLOW METER DEVICE | MD | HSA |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM | 3 | HSA |
| COMPACT SPACE CHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| COMPACT SPACE CHAMBER/MED MASK DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| CONDOMS | \$0 | QL: Max 144 per 365 days; WH |
| DEFLUX METAL NEEDLE 23G X 350MM | 4 | |
| DROPLET MICRON 34G X 3.5 MM | 3 | HSA |
| DROPSAFE SICURA 25G X 1" | 4 | |
| DUREX EXTRA SENSITIVE THIN | \$0 | QL: Max 144 per 365 days; WH |
| DUREX EXTRA SENSITIVE THIN DEVICE | \$0 | QL: Max 144 per 365 days; WH |
| DUREX TROPICAL | \$0 | QL: Max 144 per 365 days; WH |
| EASIVENT | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| EASY GLIDE LUER LOCK SYRINGE 1 ML | 4 | |
| EASY GLIDE SLIP LOCK SYRINGE 1 ML | 4 | |
| EASYPOINT NEEDLE 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" | 4 | |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM | 3 | HSA |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM | 3 | HSA |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM | 3 | HSA |
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM | 3 | HSA |
| EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 3 | HSA |
| EPISIL MOUTH/THROAT LIQUID | 3 | |
| FC2 FEMALE CONDOM | \$0 | QL: Max 144 per 365 days; WH |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | \$0 | WH |

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|--|------|---|
| FLEXICHAMBER ADULT MASK/SMALL | MD | HSA |
| FLEXICHAMBER CHILD MASK/LARGE | MD | HSA |
| FLEXICHAMBER CHILD MASK/SMALL | MD | HSA |
| FLEXICHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| GELCLAIR MOUTH/THROAT GEL | 3 | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU | 4 | |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 3 | HSA |
| INSPIREASE RESERVOIR BAGS | MD | HSA |
| INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 3 | HSA |
| INSUPEN32G EXTR3ME 32G X 6 MM | 3 | HSA |
| IWILFIN ORAL TABLET 192 MG | 4 | PA; QL: Maximum of 30 days supply per fill; CM |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 4 | PA; QL: Max. 1 per day |
| KERENDIA ORAL TABLET 40 MG | 4 | PA; QL: 1 per day |
| LIVMARLI ORAL SOLUTION 19 MG/ML | 4 | PA; QL: 2 per day; 30 day supply max |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML | 4 | PA; QL: Max 3 ml per day. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| METHERGINE ORAL TABLET 0.2 MG | 2 | |
| methylergonovine maleate oral tablet 0.2 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| MICROCHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| MINI WRIGHT PEAK FLOW METER DEVICE | MD | HSA |
| MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2" | 4 | |
| NORM-JECT LUER SLIP SYRINGE 1 ML | 4 | |
| NOVOFINE PEN NEEDLE 32G X 6 MM | 3 | HSA |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM | 3 | HSA |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 4 | PA; QL: Max. 1 in 365 days; HSA |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 4 | PA; QL: 10 pods per 30 days; HSA |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 4 | PA; QL: Max. 10 pods per 28 days; HSA |
| OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT | 4 | PA; QL: 1 kit per 365 days; HSA |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 4 | PA; QL: 10 pods per 30 days; HSA |
| OMNIPOD DASH INTRO (GEN 4) KIT | 3 | QL: Max. 1 per day; HSA |
| OMNIPOD DASH PODS (GEN 4) | 3 | QL: Max. 10 pods per 28 days; HSA |
| OPTICHAMBER DIAMOND | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| OPTICHAMBER DIAMOND-LG MASK DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| OPTICHAMBER DIAMOND-MD MASK | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |

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|--|------|---|
| OPTICHAMBER DIAMOND-SM MASK | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % | \$0 | WH |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR | 4 | This drug is not available through home delivery |
| PANDA MASK LARGE | MD | HSA |
| PANDA MASK MEDIUM | MD | HSA |
| PANDA MASK SMALL | MD | HSA |
| PARI VORTEX ADULT MASK | MD | HSA |
| PARI VORTEX PEDIATRIC MASK | MD | HSA |
| PEAK A-I-R FLOW METER DEVICE | MD | HSA |
| PEDIATRIC PANDA MASK | MD | HSA |
| PEN NEEDLE/5-BEVEL TIP 32G X 4 MM | 3 | HSA |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM | 3 | HSA |
| PERFECT POINT SAFETY NEEDLE 25G X 1" | 4 | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | \$0 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD; WH |
| PIP PEN NEEDLES 32G X 4MM 32G X 4 MM | 3 | HSA |
| POCKET SPACER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| PRECISION XTRA-GLUCOSE/KETONE DEVICE | MD | QL: Maximum quantity of 1 per 365 day(s); HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|---|
| PRO COMFORT SPACER ADULT | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| PRO COMFORT SPACER CHILD | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| PRO COMFORT SPACER INFANT DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| PROCARE SPACER/ADULT MASK DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| PROCARE SPACER/CHILD MASK DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| PURE COMFORT FLOW METER ADULT DEVICE | MD | HSA |
| PURE COMFORT FLOW METER CHILD DEVICE | MD | HSA |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM | 3 | HSA |
| PURE COMFORT SPACER CHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM | 3 | HSA |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U | 4 | |
| RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | 3 | HSA |
| SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM | 3 | HSA |
| SECURESAFE HYPODERMIC NEEDLE 22G X 1" , 25G X 1-1/2" | 4 | |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG | 4 | PA; QL: Maximum of 30 days supply per fill |
| SYRINGE LUER SLIP 1 ML | 4 | |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM | 3 | HSA |
| TODAY SPONGE VAGINAL 1000 MG | \$0 | WH |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM | 3 | HSA |
| TRUE COVER DEVICE | \$0 | QL: Max 144 per 365 days; WH |
| TRUZONE PEAK FLOW METER DEVICE | MD | HSA |
| UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM | 3 | HSA |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM | 3 | HSA |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % | \$0 | WH |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % | \$0 | WH |
| VEOZAH ORAL TABLET 45 MG | 4 | PA; QL: 30 tablets/30 days |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | HSA |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 3 | HSA |
| VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1" | 4 | |
| V-GO 20 KIT 20 UNIT/24HR | 3 | QL: Max. 1 per day; HSA |
| V-GO 30 KIT 30 UNIT/24HR | 3 | QL: Max. 1 per day; HSA |
| V-GO 40 KIT 40 UNIT/24HR | 3 | QL: Max. 1 per day; HSA |
| VISTOGARD ORAL PACKET 10 GM | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| VORTEX VALVE CHAMBER-PEDI MASK DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| VORTEX VALVED HOLDING CHAMBER DEVICE | MD | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG | 4 | PA |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % | \$0 | WH |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % | \$0 | WH |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % | \$0 | WH |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % | \$0 | WH |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % | \$0 | WH |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % | \$0 | WH |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % | \$0 | WH |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % | \$0 | WH |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG | MD | PA; This drug is not available through home delivery |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML | 4 | PA; QL: Maximum of 30 days supply per fill |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | 4 | PA; QL: Max. 4 per day. Maximum 30 days supply per fill; This drug is not available through home delivery |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| ACUVAIL OPHTHALMIC SOLUTION 0.45 % | 4 | |
| AZASITE OPHTHALMIC SOLUTION 1 % | 4 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|----------------------|
| azelastine hcl ophthalmic solution 0.05 % | 2 | |
| bacitracin ophthalmic ointment 500 unit/gm | 2 | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | 4 | |
| bromfenac sodium (once-daily) ophthalmic solution 0.09 % | 3 | |
| bromfenac sodium ophthalmic solution 0.07 %, 0.075 % | 4 | |
| ciprofloxacin hcl ophthalmic solution 0.3 % | 2 | |
| cromolyn sodium ophthalmic solution 4 % | 2 | |
| dexamethasone sodium phosphate ophthalmic solution 0.1 % | 2 | |
| diclofenac sodium ophthalmic solution 0.1 % | 2 | |
| difluprednate ophthalmic emulsion 0.05 % | 3 | |
| epinastine hcl ophthalmic solution 0.05 % | 2 | |
| erythromycin ophthalmic ointment 5 mg/gm | 2 | |
| eye itch relief ophthalmic solution 0.035 % | 1 | |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % | 4 | |
| fluorometholone ophthalmic suspension 0.1 % | 2 | |
| flurbiprofen sodium ophthalmic solution 0.03 % | 2 | |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % | 3 | |
| gatifloxacin ophthalmic solution 0.5 % | 2 | |
| gentamicin sulfate ophthalmic solution 0.3 % | 2 | |
| goodsense eye itch relief ophthalmic solution 0.035 % | 1 | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | 4 | |
| INVELTYS OPHTHALMIC SUSPENSION 1 % | 4 | |
| ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 % | 2 | |
| ketotifen fumarate ophthalmic solution 0.035 % | 1 | |
| levofloxacin ophthalmic solution 0.5 % | 2 | |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % | 3 | |
| loteprednol etabonate ophthalmic gel 0.5 % | 3 | |
| loteprednol etabonate ophthalmic suspension 0.2 % | 4 | |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % | 4 | |
| moxifloxacin hcl (2x day) ophthalmic solution 0.5 % | 2 | |
| moxifloxacin hcl ophthalmic solution 0.5 % | 2 | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 3 | |
| neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1 | 2 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1 | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | 2 | |
| ofloxacin ophthalmic solution 0.3 % | 2 | |
| olopatadine hcl ophthalmic solution 0.2 % | 2 | |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % | 3 | |
| prednisolone acetate ophthalmic suspension 1 % | 2 | |
| prednisolone sodium phosphate ophthalmic solution 1 % | 2 | |
| sulfacetamide sodium ophthalmic ointment 10 % | 2 | |
| sulfacetamide sodium ophthalmic solution 10 % | 2 | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % | 4 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % | 4 | |
| tobramycin ophthalmic solution 0.3 % | 2 | |
| tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 % | 2 | |
| TOBREX OPHTHALMIC OINTMENT 0.3 % | 4 | |
| trifluridine ophthalmic solution 1 % | 2 | |
| XDEMVIY OPHTHALMIC SOLUTION 0.25 % | 4 | PA; QL: 1 bottle per fill and 2 fills per year; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ZIRGAN OPHTHALMIC GEL 0.15 % | 4 | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| acetazolamide er oral capsule extended release 12 hour 500 mg | 2 | HSA |
| acetazolamide oral tablet 125 mg, 250 mg | 2 | HSA |
| apraclonidine hcl ophthalmic solution 0.5 % | 2 | |
| betaxolol hcl ophthalmic solution 0.5 % | 2 | |
| BETIMOL OPHTHALMIC SOLUTION 0.5 % | 4 | |
| bimatoprost ophthalmic solution 0.03 % | 2 | ST |
| brimonidine tartrate ophthalmic solution 0.1 % | 3 | |
| brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % | 2 | |
| brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 % | 3 | |
| brinzolamide ophthalmic suspension 1 % | 3 | |
| carteolol hcl ophthalmic solution 1 % | 1 | |
| DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC | 2 | |
| dorzolamide hcl solution 2 % ophthalmic | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 % | 2 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 4 | |
| latanoprost ophthalmic solution 0.005 % | 2 | |
| levobunolol hcl ophthalmic solution 0.5 % | 2 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | |
| methazolamide oral tablet 25 mg, 50 mg | 2 | HSA |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 2 | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | 3 | |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | 3 | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 3 | |
| tafluprost (pf) ophthalmic solution 0.0015 % | 3 | |
| timolol hemihydrate ophthalmic solution 0.5 % | 4 | |
| timolol maleate (once-daily) ophthalmic solution 0.5 % | 4 | |
| timolol maleate ophthalmic solution 0.25 %, 0.5 % | 1 | |
| travoprost (bak free) ophthalmic solution 0.004 % | 3 | ST |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| altafrin ophthalmic solution 10 %, 2.5 % | 2 | |
| artificial tears ophthalmic solution , 0.5-0.6 %, 5-6 mg/ml | 1 | |
| atropine sulfate ophthalmic solution 1 % | 2 | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | 2 | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 % | 2 | |
| carboxymethylcellulose sodium ophthalmic solution 0.5 % | 1 | |
| cvs lubricant eye drops ophthalmic solution 0.4-0.3 % | 1 | |
| CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % | 4 | |
| cyclopentolate hcl ophthalmic solution 1 % | 2 | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | 4 | QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| dry eye relief drops ophthalmic solution 0.2-0.2-1 % | 1 | |
| ft lubricant eye drops ophthalmic solution 0.4-0.3 % | 1 | |
| lubricant eye drop ophthalmic solution 0.6 % | 1 | |
| lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 % | 1 | |
| lubricating tears eye drops ophthalmic solution 0.5 % | 1 | |
| neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000 | 2 | |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % | 2 | |
| NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 | 2 | |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % | 4 | PA; QL: Max. of 8 kits (56 vials) per affected eye per lifetime. Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 2 | |
| POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM | 2 | |
| polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-% | 2 | |
| polyvinyl alcohol ophthalmic solution 1.4 % | 1 | |
| proparacaine hcl ophthalmic solution 0.5 % | 2 | |
| qc artificial tears ophthalmic solution 0.5-0.6 % | 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 3 | QL: Max. 2 bottles per 30 days |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | 3 | QL |
| stye ophthalmic solution 0.5-0.6 % | 1 | |
| sulfacetamide-prednisolone ophthalmic solution 10-0.23 % | 2 | |
| tetracaine hcl ophthalmic solution 0.5 % | 2 | |
| tropicamide ophthalmic solution 0.5 %, 1 % | 2 | |
| ultra lubricating eye drops ophthalmic solution 0.4-0.3 % | 1 | |
| XIIDRA OPHTHALMIC SOLUTION 5 % | 3 | QL: Max. 2 per day |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | 3 | |
| Otic Agents - Drugs for Ear Conditions | | |
| acetic acid otic solution 2 % | 2 | |
| ciprofloxacin hcl otic solution 0.2 % | 2 | |
| ciprofloxacin-dexamethasone otic suspension 0.3-0.1 % | 3 | |
| CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 % | 4 | |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML | 4 | |
| fluocinolone acetonide otic oil 0.01 % | 2 | |
| hydrocortisone-acetic acid otic solution 1-2 % | 2 | |
| neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1 | 2 | |
| neomycin-polymyxin-hc otic suspension 3.5-10000-1 | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|----------------------|
| ofloxacin otic solution 0.3 % | 2 | |
| OTOVEL OTIC SOLUTION 0.3-0.025 % | 4 | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| allergy (cetirizine) oral tablet 10 mg | 1 | |
| allergy 24hour indoor/outdoor oral tablet 10 mg | 1 | |
| allergy childrens oral liquid 12.5 mg/5ml | 1 | |
| allergy childrens oral solution 5 mg/5ml | 1 | |
| allergy oral capsule 25 mg | 1 | |
| allergy rel child (loratadine) oral solution 5 mg/5ml | 1 | |
| allergy relief (cetirizine) oral tablet 10 mg | 1 | |
| allergy relief (loratadine) oral capsule 10 mg | 1 | |
| allergy relief (loratadine) oral tablet 10 mg | 1 | |
| allergy relief cetirizine oral tablet 10 mg, 5 mg | 1 | |
| allergy relief childrens 24-hr oral solution 1 mg/ml | 1 | |
| allergy relief childrens oral liquid 12.5 mg/5ml | 1 | |
| allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml | 1 | |
| allergy relief oral capsule 25 mg | 1 | |
| allergy relief oral liquid 25 mg/10ml | 1 | |
| allergy relief oral tablet 10 mg, 25 mg | 1 | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 2 | |
| azelastine-fluticasone nasal suspension 137-50 mcg/act | 2 | |
| banophen oral tablet 25 mg | 1 | |
| benzonatate oral capsule 100 mg | 1 | |
| benzonatate oral capsule 150 mg, 200 mg | 2 | |
| bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml | 2 | |
| carbinoxamine maleate oral solution 4 mg/5ml | 2 | |
| carbinoxamine maleate oral tablet 4 mg, 6 mg | 2 | |
| cetirizine hcl childrens alrgy oral solution 1 mg/ml | 1 | |
| cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml | 2 | |
| cetirizine hcl oral tablet 10 mg, 5 mg | 1 | |
| chest congestion relief child oral liquid 100 mg/5ml | 1 | |
| chest congestion relief oral liquid 100 mg/5ml | 1 | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG | 4 | |
| clemastine fumarate oral tablet 2.68 mg | 2 | |
| cyproheptadine hcl oral syrup 2 mg/5ml | 2 | |
| cyproheptadine hcl oral tablet 4 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|----------------------|
| DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML | 4 | |
| diphenhydramine hcl childrens oral liquid 12.5 mg/5ml | 1 | |
| diphenhydramine hcl oral capsule 25 mg, 50 mg | 1 | |
| diphenhydramine hcl oral liquid 12.5 mg/5ml | 1 | |
| diphenhydramine hcl oral tablet 25 mg | 1 | |
| flunisolide nasal solution 25 mcg/act (0.025%) | 2 | |
| fluticasone propionate nasal suspension 50 mcg/act | 1 | |
| ft all day allergy 24 hour oral tablet 10 mg | 1 | |
| ft all day allergy childrens oral solution 5 mg/5ml | 1 | |
| ft all day allergy oral tablet 10 mg | 1 | |
| ft all day allergy relief oral tablet 10 mg | 1 | |
| ft allergy childrens oral solution 5 mg/5ml | 1 | |
| ft allergy relief cetirizine oral tablet 10 mg | 1 | |
| ft allergy relief childrens oral liquid 12.5 mg/5ml | 1 | |
| ft allergy relief childrens oral solution 5 mg/5ml | 1 | |
| ft allergy relief loratadine oral tablet 10 mg | 1 | |
| ft allergy relief oral capsule 25 mg | 1 | |
| ft allergy relief oral tablet 10 mg, 25 mg | 1 | |
| ft nasal decongestant max str oral tablet 30 mg | 1 | |
| ft nasal decongestant pe oral tablet 10 mg | 1 | |
| ft tussin adult oral liquid 200 mg/10ml | 1 | |
| geri-dryl oral liquid 12.5 mg/5ml | 1 | |
| geri-dryl oral tablet 25 mg | 1 | |
| giltuss honey dm childrens oral liquid 15 mg/5ml | 1 | |
| giltuss honey dm oral liquid 30 mg/10ml | 1 | |
| goodsense allergy relief child oral solution 5 mg/5ml | 1 | |
| goodsense allergy relief oral capsule 25 mg | 1 | |
| goodsense allergy relief oral tablet 25 mg | 1 | |
| guaifed oral liquid 100 mg/5ml | 1 | |
| guaifenesin oral liquid 100 mg/5ml | 1 | |
| hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml | 2 | |
| hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml | 2 | |
| hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg | 2 | |
| hydromet oral solution 5-1.5 mg/5ml | 2 | |
| ipratropium bromide nasal solution 0.03 %, 0.06 % | 2 | |
| levocetirizine dihydrochloride oral tablet 5 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|----------------------|
| liquid allergy relief oral liquid 12.5 mg/5ml | 1 | |
| loratadine childrens oral solution 5 mg/5ml | 1 | |
| loratadine oral solution 5 mg/5ml | 1 | |
| loratadine oral tablet 10 mg | 1 | |
| maxi-tuss ac oral solution 100-10 mg/5ml | 2 | |
| m-dryl oral liquid 12.5 mg/5ml | 1 | |
| mometasone furoate nasal suspension 50 mcg/act | 2 | |
| mucus & chest congestion oral liquid 200 mg/10ml | 1 | |
| nasal decongestant oral tablet 30 mg | 1 | |
| nasal decongestant pe oral tablet 10 mg | 1 | |
| nasal moisturizing spray nasal solution 0.65 % | 1 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | 2 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % | 4 | |
| promethazine-codeine oral solution 6.25-10 mg/5ml | 2 | |
| promethazine-dm oral syrup 6.25-15 mg/5ml | 2 | |
| promethazine-phenylephrine oral syrup 6.25-5 mg/5ml | 2 | |
| pseudoephedrine hcl oral tablet 60 mg | 1 | |
| pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml | 2 | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % | 2 | |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT | 4 | |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT | 4 | |
| saline nasal spray nasal solution 0.65 % | 1 | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 2 | |
| sudogest maximum strength oral tablet 30 mg | 1 | |
| sudogest oral tablet 60 mg | 1 | |
| tusnel-ex oral liquid 100 mg/5ml | 1 | |
| tussin mucus & chest congest oral liquid 100 mg/5ml | 1 | |
| tussin mucus+chest congest sf oral liquid 200 mg/10ml | 1 | |
| tussin mucus+chest congestion oral liquid 100 mg/5ml | 1 | |
| wal-zyr allergy childrens oral solution 1 mg/ml | 1 | |
| wal-zyr childrens oral solution 5 mg/5ml | 1 | |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| acetylcysteine inhalation solution 10 %, 20 % | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | 3 | QL: Max. 1 inhaler per 30 day(s); HSA |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | 2 | HSA |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 2 | HSA |
| albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5% | 2 | HSA |
| albuterol sulfate oral syrup 2 mg/5ml | 2 | HSA |
| albuterol sulfate oral tablet 2 mg, 4 mg | 2 | HSA |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3 | QL: Max. 1 inhaler per 30 day(s); HSA |
| arformoterol tartrate inhalation nebulization solution 15 mcg/2ml | 3 | QL: Max. 2 vials per day; HSA |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | 3 | HSA |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 3 | QL: Max. 1 inhaler per 30 day(s); HSA |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 3 | QL: 1 inhaler per month; HSA |
| budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml | 2 | HSA |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | 3 | HSA |
| cromolyn sodium inhalation nebulization solution 20 mg/2ml | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml | 2 | QL: 2 pens per fill; This drug is not available through home delivery; HSA; EPI |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml | 2 | QL: 2 pens per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; EPI |
| EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML | 4 | QL: 2 pens per fill; HSA; EPI |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | 3 | SPP; PA; QL: Max. 1 pen per 56 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT | 4 | ST; HSA; AL (Max 6 Years) |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 2 | QL: Max. 1 inhaler per 30 day(s); HSA; ACA |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 2 | QL: Max. 1 inhaler per 30 day(s); HSA |
| formoterol fumarate inhalation nebulization solution 20 mcg/2ml | 3 | QL: Max. 2 vials per day; HSA |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 3 | QL: Max. 1 inhaler per 30 day(s); HSA |
| ipratropium bromide inhalation solution 0.02 % | 2 | HSA |
| ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml | 2 | HSA |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 2 | HSA |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT | 3 | HSA |
| montelukast sodium oral packet 4 mg | 2 | HSA |
| montelukast sodium oral tablet 10 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| montelukast sodium oral tablet chewable 4 mg, 5 mg | 2 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 3 | SPP; PA; QL: Max. 1 auto injector per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | SPP; PA; QL: Max. 1 syringe per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 3 | SPP; PA; QL: Max. 1 auto injector per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 3 | SPP; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML | 4 | PA; HSA |
| pirfenidone oral capsule 267 mg | 3 | SPP; QL: 6 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| pirfenidone oral tablet 267 mg | 3 | SPP; QL: 6 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| pirfenidone oral tablet 801 mg | 3 | SPP; QL: Max. 3 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT | 3 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA |
| roflumilast oral tablet 250 mcg, 500 mcg | 2 | HSA |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 3 | QL: Max. 1 inhaler per 30 day(s); HSA |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG | 3 | QL: Max. 1 inhaler per 30 day(s); HSA |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 3 | QL: Max. 1 inhaler per 30 day(s); HSA |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 3 | QL: Max. 1 inhaler per 30 day(s); HSA |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | 3 | QL: Max 2 inhalers per 30 days; HSA |
| terbutaline sulfate oral tablet 2.5 mg, 5 mg | 2 | HSA |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML | 3 | SPP; PA; QL: 1 pen per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | 4 | HSA |
| theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | 2 | HSA |
| theophylline er oral tablet extended release 24 hour 400 mg, 600 mg | 2 | HSA |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| theophylline oral solution 80 mg/15ml | 2 | HSA |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | QL: Max. 2 blisters per day. Max. 1 inhaler per 30 day(s); HSA |
| wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 2 | QL: Max. 1 inhaler per 30 day(s); HSA; ACA |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML | 3 | SPP; PA; QL: Max. 8 syringes per 28 days; HSA |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 3 | SPP; PA; QL: Maximum of 4 syringes per 28 days; HSA |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 3 | SPP; PA; QL: Max. 8 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 3 | SPP; PA; QL: Maximum of 4 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| zafirlukast oral tablet 10 mg, 20 mg | 2 | HSA |
| ZYFLO ORAL TABLET 600 MG | 4 | In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| ALYFTREK ORAL TABLET 10-50-125 MG | 4 | SPP; PA; QL: Max Daily Dose 2 |
| ALYFTREK ORAL TABLET 4-20-50 MG | 4 | SPP; PA; QL: Max Daily Dose 3 |
| KALYDECO ORAL PACKET 13.4 MG | 3 | SPP; PA; QL: 2 per day |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG | 3 | SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery |
| KALYDECO ORAL PACKET 5.8 MG | 3 | SPP; PA; QL: Maximum quantity of 2 per 1 Day(s) |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| KALYDECO ORAL TABLET 150 MG | 4 | SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML | 3 | SPP; This drug is not available through home delivery |
| ORKAMBI ORAL PACKET 100-125 MG | 4 | SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery |
| ORKAMBI ORAL PACKET 150-188 MG | 4 | SPP; PA; QL: Max. 2 per day.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ORKAMBI ORAL PACKET 75-94 MG | 4 | PA; QL: Max. 2 per day; This drug is not available through home delivery |
| ORKAMBI ORAL TABLET 100-125 MG | 4 | SPP; PA; QL: Max. 4 per day.; This drug is not available through home delivery |
| ORKAMBI ORAL TABLET 200-125 MG | 4 | SPP; PA; QL: Max. 4 per day.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG | 4 | SPP; PA; QL: Max. 2 per day.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG | 4 | SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery |
| TOBI PODHALER INHALATION CAPSULE 28 MG | 3 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| tobramycin inhalation nebulization solution 300 mg/4ml | 3 | SPP; This drug is not available through home delivery |
| tobramycin nebulization solution 300 mg/5ml inhalation | 2 | SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION | 2 | SPP; This drug is not available through home delivery |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG | 4 | SPP; PA; QL: Max. 3 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG | 4 | SPP; PA; QL; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG | 4 | SPP; PA; QL: 60 per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADEMPAS ORAL TABLET 0.5 MG | 3 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| ADEMPAS ORAL TABLET 1 MG, 1.5 MG, 2 MG, 2.5 MG | 3 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| alyq oral tablet 20 mg | 2 | SPP; PA; This drug is not available through home delivery |
| ambrisentan oral tablet 10 mg | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ambrisentan oral tablet 5 mg | 3 | SPP; PA; This drug is not available through home delivery |
| bosentan oral tablet 125 mg | 3 | SPP; PA; This drug is not available through home delivery |
| bosentan oral tablet 62.5 mg | 3 | SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| bosentan oral tablet soluble 32 mg | 3 | SPP; PA; This drug is not available through home delivery |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| OPSUMIT ORAL TABLET 10 MG | 3 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | 4 | PA; QL: 1 pack per lifetime.Maximum 30 days supply per fill |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | 4 | PA; QL: 1 pack per lifetime.Maximum 30 days supply per fill |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 | 4 | PA; QL: 1 pack per lifetime.Maximum 30 days supply per fill |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| sildenafil citrate oral suspension reconstituted 10 mg/ml | 3 | SPP; PA; This drug is not available through home delivery |
| sildenafil citrate oral tablet 20 mg | 2 | SPP; PA; This drug is not available through home delivery |
| tadalafil (pah) oral tablet 20 mg | 2 | SPP; PA; This drug is not available through home delivery |
| TRACLEER ORAL TABLET SOLUBLE 32 MG | 3 | SPP; PA; This drug is not available through home delivery |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG | 3 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|--|
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG | 3 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TYVASO INHALATION SOLUTION 0.6 MG/ML | 3 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML | 3 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML | 3 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 4 | PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML | 4 | PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | 4 | PA; QL: 2 kits per month. maximum of 30 days supply per fill |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|---|------|--|
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| baclofen oral tablet 10 mg, 20 mg, 5 mg | 2 | |
| carisoprodol oral tablet 250 mg, 350 mg | 2 | |
| chlorzoxazone oral tablet 500 mg | 2 | |
| cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg | 3 | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 2 | |
| dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg | 2 | |
| methocarbamol oral tablet 500 mg | 1 | This drug is not available through home delivery |
| methocarbamol oral tablet 750 mg | 1 | |
| orphenadrine citrate er oral tablet extended release 12 hour 100 mg | 2 | |
| tizanidine hcl oral capsule 6 mg | 2 | |
| tizanidine hcl oral tablet 2 mg, 4 mg | 2 | |
| Sleep Disorder Agents | | |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg | 2 | PA; QL: Max. 1 per day |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 4 | QL: Max. 1 per day; ST |
| doxepin hcl oral tablet 3 mg, 6 mg | 3 | ST |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG | 4 | ST |
| eszopiclone oral tablet 1 mg, 2 mg, 3 mg | 2 | |
| flurazepam hcl oral capsule 15 mg, 30 mg | 2 | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 4 | PA; QL: 158 mL per 30 days; This drug is not available through home delivery |
| modafinil oral tablet 100 mg, 200 mg | 2 | PA; QL: Max. 1 per day |
| ramelteon oral tablet 8 mg | 2 | |
| SUNOSI ORAL TABLET 150 MG | 3 | PA; QL: Max. 1 per day |
| SUNOSI ORAL TABLET 75 MG | 3 | PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| tasimelteon oral capsule 20 mg | 4 | PA; QL: Max. 1 per day; This drug is not available through home delivery |
| temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg | 2 | |

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| DRUG NAME | TIER | LIMITATIONS / *NOTES |
|--|------|---|
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | 4 | PA; QL: Max 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| XYREM ORAL SOLUTION 500 MG/ML | 4 | PA; QL: Max. 18 ML(s) per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| XYWAV ORAL SOLUTION 500 MG/ML | 4 | PA; QL: Max. 18 ml per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD |
| zaleplon oral capsule 10 mg, 5 mg | 2 | |
| zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg | 2 | |
| zolpidem tartrate oral tablet 10 mg, 5 mg | 2 | |



Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા હિાય વિાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા ભિ્ય આઈડી કાડ પરના નંબર પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके ललए ननःशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी कार्ड पर ददए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាសាខ្មែរ) បុរសិនបរអុន កនិយាយភាសាបសង្ខេបបុរីពីភាសាអង់គ្លេស េស បសភាគមុមជំនួយ យភាសា ដលៃឥតលិតថ្លៃ លំអាចរកបានសប្បាអុន ក៏ ូ មុហៅកាន់បលខហៅបល ID កាតសាជីករសអុន ក៏

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະລຸນາ ຮັບຊາບ: ຖ້າ ທ່ານເວົ້າພາສາອື່ນທີ່ບ່ ັນພາສາ ອັງກິດ, ທ່ານສາມາດໃຊ້ບໍລິການນໍາດ້ານພາສາໄ ັດ ໂດຍບໍ່ເສຍ ຄ່າ. ກະລຸນາໂທຫາເບີທ່ ັຍໃນ ບັດປະຈຳ ຕົວສະມາຊິກຂອງ ທ່ານ.

Polish (polski) UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項: 如果您講非英語的其他語言, 我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

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HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

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Point32Health Civil Rights Legal Coordinator

1 Wellness Way
Canton, MA 02021-1166

866-750-2074, TTY service: 711

Fax: 617-668-2754

Email: **OCRCoordinator@point32health.org**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html