Harvard Pilgrim Health Care

a Point32Health company

Value 5-Tier

2026 Prescription Drug List

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

Visit **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 Value 5-Tier Prescription Drug Program

Covered medications are categorized in one of the five 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 Value 5-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 lower costing generic drugs that have been selected by your plan.These drugs contain the same active ingredients as their brand-name counterparts.
Tier 2 ($$)	Tier 2 is made up of higher costing generic drugs. These drugs contain the same active ingredients as their brand-name counterparts.
Tier 3 ($$$)	Tier 3 is primarily made up of preferred brand name drugs that have no generic equivalents available. These drugs have been selected by your plan because of their overall high value based on a review of the relative safety, effectiveness and cost of the many brand name drugs on the market. Tier 3 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
Tier 4 ($$$$)	Tier 4 is primarily made up of preferred specialty drugs and non-preferred brand name drugs. Tier 4 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
Tier 5 ($$$$$)	Tier 5 is primarily made up of non-preferred specialty drugs. Tier 5 may also include selected brand and generic drugs.
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.
FM	**Fertility Medication.** This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
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.
INST1	**MA Health Connector Tier 1 Insulin.** For select plans in MA this medication will be covered at a lower copayment (Tier 1 cost share).
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.

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 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 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	
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 adult low dose oral tablet delayed release 81 mg	$0	HSA; ACA
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	
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	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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ibuprofen suspension 100 mg/5ml oral (rx)	2	
ibuprofen suspension 100 mg/5ml oral (rx)	2	Institutional product not covered.
ibuprofen-famotidine oral tablet 800-26.6 mg	5	PA
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen oral capsule 50 mg, 75 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 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	
ascomp-codeine oral capsule 50-325-40-30 mg	2	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	2	
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-caffeine oral capsule 50-300-40 mg	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	2	
butalbital-aspirin-caffeine 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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	5	PA; QL: Max. 2 per day
hydrocodone-acetaminophen oral solution 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
levorphanol tartrate oral tablet 2 mg, 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 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 ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	5	PA; QL: Max. 2 per day
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	
oxycodone hcl oral capsule 5 mg	2	
oxycodone hcl oral concentrate 100 mg/5ml	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	5	PA; QL: Max. 2 per day
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	2	PA; QL: Max. 2 per day
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
TAPENTADOL HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	5	PA; QL: Max. 2 per day
tapentadol hcl oral tablet 100 mg, 50 mg, 75 mg	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 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, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL: Max. 2 per day
xyvona oral tablet 2 mg, 3 mg	4	PA
Anesthetics		
ethyl chloride external aerosol	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ft pain relief max strength external patch 4 %	1	
glydo external prefilled syringe 2 %	2	
lidocaine external cream 3 %	2	
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
goodsense nicotine policrilex mouth/throat gum 4 mg	$0	HSA; ACA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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
lofexidine hcl oral tablet 0.18 mg	4	QL: Max 224 per fill. Max of 14 days supply per fill.; ST
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
naltrexone hcl oral tablet 50 mg	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	$0	QL: Max. 1 box (2 sprays) in 15 days
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 NS NASAL SOLUTION 10 MG/ML	$0	HSA; ACA
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.
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, 1 mg	$0	HSA; ACA
varenicline tartrate(continue) oral tablet 1 mg	$0	HSA; ACA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	MD	This drug is not available through home delivery
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	4	PA
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	4	
AVIDOXY ORAL TABLET 100 MG	2	
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
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
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
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, 500 mg	2	
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	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	2	
fidaxomicin oral tablet 200 mg	3	PA; QL: Max. 20 per 10 days
fosfomycin tromethamine oral packet 3 gm	2	
gentamicin sulfate external cream 0.1 %	2	
gentamicin sulfate external ointment 0.1 %	2	
HUMATIN ORAL CAPSULE 250 MG	4	
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
linezolid oral tablet 600 mg	4	
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	
NUZYRA ORAL TABLET 150 MG	4	
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	
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	3	
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

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	4	HSA
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	3	HSA
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	3	HSA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	HSA
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	3	HSA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	HSA
ELIQUIS ORAL TABLET SOLUBLE 0.5 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	4	This drug is not available through home delivery; HSA
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	5	HSA
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	This drug is not available through home delivery; HSA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	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
rivaroxaban oral suspension reconstituted 1 mg/ml	3	HSA
rivaroxaban oral tablet 2.5 mg	3	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
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
brivaracetam oral solution 10 mg/ml	4	
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	4	
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
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, 2.5 mg, 20 mg	2	
DILANTIN ORAL CAPSULE 30 MG	4	
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; This drug is not available through home delivery
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	4	
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, 600 mg	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	2	
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, 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	
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	2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	2	
methsuximide oral capsule 300 mg	4	
oxcarbazepine oral suspension 300 mg/5ml	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	
perampanel oral suspension 0.5 mg/ml	4	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	
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	
rufinamide oral tablet 200 mg, 400 mg	3	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	2	
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, 150 mg, 200 mg, 25 mg, 50 mg	2	
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	
vigabatrin oral packet 500 mg	5	This drug is not available through home delivery
vigabatrin oral tablet 500 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
VIGADRONE ORAL PACKET 500 MG	5	This drug is not available through home delivery
VIGADRONE ORAL TABLET 500 MG	5	This drug is not available through home delivery
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	4	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
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; HSA
escitalopram oxalate oral solution 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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
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

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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 225 mg	4	HSA
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, 25 MG	4	PA; QL: Max 2 per day; HSA
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL: Max 1 per day; HSA
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL CAPSULE 300-0.5 MG	5	PA; QL: 4 units per 28 days
ANZEMET ORAL TABLET 50 MG	4	
aprepitant oral capsule 125 mg	3	QL: 4 capsules per 28 days
aprepitant oral capsule 40 mg	3	QL: 1 capsule per 28 days
aprepitant oral capsule 80 mg	3	QL: 8 capsules per 28 days
aprepitant oral capsule therapy pack 80 & 125 mg	3	QL: 12 capsules per 28 days
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	
ondansetron hcl oral solution 4 mg/5ml	2	
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 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
trimethobenzamide hcl oral capsule 300 mg	2	
Antifungals		
antifungal (clotrimazole) external cream 1 %	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
antifungal external cream 2 %	1	
antifungal max st external solution 1 %	1	
antifungal maximum strength external solution 1 %	1	
athletes foot (clotrimazole) external cream 1 %	1	
athletes foot 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 external cream 1 %	1	
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	5	PA
cvs clotrimazole 3 vaginal cream 2 %	1	
econazole nitrate external cream 1 %	2	
ERTACZO EXTERNAL CREAM 2 %	5	PA
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 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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
itraconazole oral solution 10 mg/ml	3	
ketoconazole external cream 2 %	2	
ketoconazole external shampoo 2 %	2	
ketoconazole oral tablet 200 mg	2	
klayesta external powder 100000 unit/gm	2	
LULICONAZOLE EXTERNAL CREAM 1 %	3	PA
micaderm external cream 2 %	1	
miconazole 7 vaginal cream 2 %	1	
miconazole nitrate external cream 2 %	1	
naftifine hcl external gel 2 %	4	
nystatin external cream 100000 unit/gm	2	
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	5	PA
tavaborole external solution 5 %	3	
terbinafine hcl oral tablet 250 mg	1	
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	2	
tolnaftate external cream 1 %	1	
voriconazole oral suspension reconstituted 40 mg/ml	4	
voriconazole oral tablet 200 mg, 50 mg	4	
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
dihydroergotamine mesylate injection solution 1 mg/ml	3	
dihydroergotamine mesylate nasal solution 4 mg/ml	4	
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); This drug is not available through home delivery
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-caffeine oral tablet 1-100 mg	2	
frovatriptan succinate oral tablet 2.5 mg	3	QL: 18 tablets per 30 days
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
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL
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 subcutaneous solution 6 mg/0.5ml	3	QL: 12 vials (6 mL) per 30 days
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	3	QL: 12 pens (6 mL) per 30 days
UBRELVY ORAL TABLET 100 MG	3	PA; QL: 16 tablets per 30 days
UBRELVY ORAL TABLET 50 MG	3	PA; QL: 18 tablets per 30 days
zolmitriptan nasal solution 5 mg	4	QL: 12 nasal sprays per 30 days
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	
pyridostigmine bromide oral tablet 30 mg, 60 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Antimycobacterials		
cycloserine oral capsule 250 mg	2	
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	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	2	
rifabutin oral capsule 150 mg	2	
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg, 500 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
abirtega oral tablet 250 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
ALECENSA ORAL CAPSULE 150 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
anastrozole oral tablet 1 mg	2	HSA; ACA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
bexarotene external gel 1 %	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
bexarotene oral capsule 75 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
bicalutamide oral tablet 50 mg	2	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
bosutinib oral tablet 100 mg, 400 mg, 500 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
BRAFTOVI ORAL CAPSULE 75 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
BRUKINSA ORAL CAPSULE 80 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
BRUKINSA ORAL TABLET 160 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
CALQUENCE ORAL TABLET 100 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
capecitabine oral tablet 150 mg, 500 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
COTELLIC ORAL TABLET 20 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
cyclophosphamide oral capsule 25 mg, 50 mg	3	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
DAURISMO ORAL TABLET 100 MG, 25 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5	PA; QL: Maximum of 30 days supply per fill
ERIVEDGE ORAL CAPSULE 150 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ERLEADA ORAL TABLET 240 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max: 1 tablet per day
ERLEADA ORAL TABLET 60 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
etoposide oral capsule 50 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
EULEXIN ORAL CAPSULE 125 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
exemestane oral tablet 25 mg	2	HSA; ACA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
GAVRETO ORAL CAPSULE 100 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
gefitinib oral tablet 250 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
GLEOSTINE ORAL CAPSULE 100 MG	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	5	PA; QL: Maximum of 30 days supply per fill
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA; QL: Maximum of 30 days supply per fill
HERNEXEOS ORAL TABLET 60 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
hydroxyurea oral capsule 500 mg	2	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
HYRNUO ORAL TABLET 10 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
IBRANCE ORAL CAPSULE 125 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
IBTROZI ORAL CAPSULE 200 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
IDHIFA ORAL TABLET 100 MG, 50 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
imatinib mesylate oral tablet 100 mg, 400 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
INLURIYO ORAL TABLET 200 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; HSA
INLYTA ORAL TABLET 1 MG, 5 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
INQOVI ORAL TABLET 35-100 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
INREBIC ORAL CAPSULE 100 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ITOVEBI ORAL TABLET 3 MG, 9 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
JAYPIRCA ORAL TABLET 100 MG, 50 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
KOMZIFTI ORAL CAPSULE 200 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
KRAZATI ORAL TABLET 200 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
lapatinib ditosylate oral tablet 250 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
LAZCLUZE ORAL TABLET 240 MG, 80 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
lederle leucovorin oral tablet 5 mg	2	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
letrozole oral tablet 2.5 mg	2	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; HSA
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
LEUKERAN ORAL TABLET 2 MG	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
lomustine oral capsule 10 mg, 40 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
lomustine oral capsule 100 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
LORBRENA ORAL TABLET 100 MG, 25 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
LUMAKRAS ORAL TABLET 120 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
LUMAKRAS ORAL TABLET 240 MG, 320 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
LYSODREN ORAL TABLET 500 MG	3	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	4	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	4	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	4	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
MATULANE ORAL CAPSULE 50 MG	3	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
MEKTOVI ORAL TABLET 15 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
mercaptopurine oral suspension 2000 mg/100ml	4	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
mercaptopurine oral tablet 50 mg	2	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
mesna oral tablet 400 mg	4	
MODEYSO ORAL CAPSULE 125 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill

DRUG NAME	TIER	LIMITATIONS / *NOTES
MYLERAN ORAL TABLET 2 MG	3	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
NERLYNX ORAL TABLET 40 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
nilutamide oral tablet 150 mg	2	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
NUBEQA ORAL TABLET 300 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
ODOMZO ORAL CAPSULE 200 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
OJEMDA ORAL TABLET 100 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
ONUREG ORAL TABLET 200 MG, 300 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
ORGOVYX ORAL TABLET 120 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ORSERDU ORAL TABLET 345 MG, 86 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
PANRETIN EXTERNAL GEL 0.1 %	4	

DRUG NAME	TIER	LIMITATIONS / *NOTES
pazopanib hcl oral tablet 200 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
pazopanib hcl oral tablet 400 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
QINLOCK ORAL TABLET 50 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
REZLIDHIA ORAL CAPSULE 150 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; QL: Maximum of 30 days supply per fill
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
ROZLYTREK ORAL PACKET 50 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
RYDAPT ORAL CAPSULE 25 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
SCEMBLIX ORAL TABLET 100 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: 30 day supply max
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	HSA; ACA
sorafenib tosylate oral tablet 200 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
STIVARGA ORAL TABLET 40 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
TABLOID ORAL TABLET 40 MG	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
TABRECTA ORAL TABLET 150 MG, 200 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
tamoxifen citrate oral tablet 10 mg, 20 mg	2	HSA; ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
TEPMETKO ORAL TABLET 225 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
TIBSOVO ORAL TABLET 250 MG	4	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
toremifene citrate oral tablet 60 mg	3	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; HSA
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
tretinoin oral capsule 10 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
TRUQAP ORAL TABLET 200 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
TUKYSA ORAL TABLET 150 MG, 50 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TURALIO ORAL CAPSULE 125 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
VALCHLOR EXTERNAL GEL 0.016 %	5	This drug is not available through home delivery
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL: Maximum of 30 days supply per fill
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
VIJOICE ORAL PACKET 50 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
VITRAKVI ORAL SOLUTION 20 MG/ML	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
VONJO ORAL CAPSULE 100 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
VORANIGO ORAL TABLET 10 MG, 40 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
WELIREG ORAL TABLET 40 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
XOSPATA ORAL TABLET 40 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL: Maximum of 30 days supply per fill
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA; QL: Maximum of 30 days supply per fill

DRUG NAME	TIER	LIMITATIONS / *NOTES
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
XTANDI ORAL CAPSULE 40 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
XTANDI ORAL TABLET 40 MG, 80 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
YONSA ORAL TABLET 125 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
ZELBORAF ORAL TABLET 240 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
ZOLINZA ORAL CAPSULE 100 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
ZYKADIA ORAL TABLET 150 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; This drug is not available through home delivery
Antiparasitics		
albendazole oral tablet 200 mg	2	
atovaquone oral suspension 750 mg/5ml	2	
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
CROTAN EXTERNAL LOTION 10 %	4	
EMVERM ORAL TABLET CHEWABLE 100 MG	4	QL: Maximum quantity of 6 per 21 days
EURAX EXTERNAL CREAM 10 %	4	

DRUG NAME	TIER	LIMITATIONS / *NOTES
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	2	HSA
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	
pentamidine isethionate inhalation solution reconstituted 300 mg	3	
permethrin external cream 5 %	2	
praziquantel oral tablet 600 mg	3	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	HSA
PRURADIK EXTERNAL LOTION 10 %	4	
pyrimethamine oral tablet 25 mg	4	PA; HSA
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	5	PA; This drug is not available through home delivery
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
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	
entacapone oral tablet 200 mg	2	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; QL: Max. 10 per day

DRUG NAME	TIER	LIMITATIONS / *NOTES
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	5	
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
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
ticagrelor oral tablet 60 mg, 90 mg	3	HSA
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	4	PA; HSA
ZONTIVITY ORAL TABLET 2.08 MG	5	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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	PA; QL: 2 tablets per day
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 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	
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	
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	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL: Max. 1 per day; This drug is not available through home delivery
NUPLAZID ORAL TABLET 10 MG	4	PA; QL: Max. 1 per day; This drug is not available through home delivery
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	
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
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	5	This drug is not available through home delivery
atazanavir sulfate oral capsule 150 mg	2	This drug is not available through home delivery
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	This drug is not available through home delivery
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	5	This drug is not available through home delivery
darunavir oral tablet 600 mg	3	This drug is not available through home delivery
darunavir oral tablet 800 mg	3	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.
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	ACA
DOVATO ORAL TABLET 50-300 MG	5	
EDURANT ORAL TABLET 25 MG	4	This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	5	
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	This drug is not available through home delivery
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, 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 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.; ACA
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	5	This drug is not available through home delivery
EMTRIVA ORAL SOLUTION 10 MG/ML	5	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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max 1 tab per day; This drug is not available through home delivery
EPCLUSA ORAL PACKET 200-50 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max 2 tabs per day; This drug is not available through home delivery
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
etravirine oral tablet 100 mg, 200 mg	3	This drug is not available through home delivery
EVOTAZ ORAL TABLET 300-150 MG	5	This drug is not available through home delivery
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
fosamprenavir calcium oral tablet 700 mg	3	This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 45-200 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 90-400 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
INTELENCE ORAL TABLET 25 MG	5	This drug is not available through home delivery
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL PACKET 100 MG	4	This drug is not available through home delivery
ISENTRESS ORAL TABLET 400 MG	4	This drug is not available through home delivery
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	This drug is not available through home delivery
JULUCA ORAL TABLET 50-25 MG	4	
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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
LIVTENCITY ORAL TABLET 200 MG	4	PA
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	3	This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
maraviroc oral tablet 150 mg, 300 mg	3	This drug is not available through home delivery
MAVYRET ORAL PACKET 50-20 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max 5 per day; This drug is not available through home delivery
MAVYRET ORAL TABLET 100-40 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 3 per day; This drug is not available through home delivery
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	5	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
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
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
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
penciclovir external cream 1 %	4	PA; QL: Max. 5 grams per 30 day(s)
PIFELTRO ORAL TABLET 100 MG	5	
PREZCOBIX ORAL TABLET 675-150 MG	4	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PREZCOBIX ORAL TABLET 800-150 MG	4	This drug is not available through home delivery
PREZISTA ORAL SUSPENSION 100 MG/ML	5	This drug is not available through home delivery
PREZISTA ORAL TABLET 150 MG, 75 MG	5	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	5	This drug is not available through home delivery
ribavirin inhalation solution reconstituted 6 gm	3	
ribavirin oral capsule 200 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
ribavirin oral tablet 200 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
rilpivirine hcl oral tablet 25 mg	4	This drug is not available through home delivery
rimantadine hcl oral tablet 100 mg	2	
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	5	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
SOVALDI ORAL PACKET 150 MG, 200 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
SOVALDI ORAL TABLET 200 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 400 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
STRIBILD ORAL TABLET 150-150-200-300 MG	5	This drug is not available through home delivery
SUNLENCA ORAL TABLET 300 MG	5	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
tenofovir disoproxil fumarate oral tablet 300 mg	2	This drug is not available through home delivery
TIVICAY ORAL TABLET 50 MG	4	This drug is not available through home delivery
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	This drug is not available through home delivery
TRIUMEQ ORAL TABLET 600-50-300 MG	5	This drug is not available through home delivery
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	
valacyclovir hcl oral tablet 1 gm, 500 mg	2	
valganciclovir hcl oral solution reconstituted 50 mg/ml	2	
valganciclovir hcl oral tablet 450 mg	2	
VEMLIDY ORAL TABLET 25 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	This drug is not available through home delivery
VIREAD ORAL POWDER 40 MG/GM	5	This drug is not available through home delivery
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	This drug is not available through home delivery
VOSEVI ORAL TABLET 400-100-100 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL: 1 tablet per fill

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DRUG NAME	TIER	LIMITATIONS / *NOTES
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL: 1 tablet per fill
YEZTUGO ORAL TABLET 300 MG	5	PA; QL: 4 tablets per fill; 1 fill per 28 days; ACA
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 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	
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
aminocaproic acid oral tablet 1000 mg, 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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
DOPTELET ORAL TABLET 20 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; HSA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; HSA
eltrombopag olamine oral packet 12.5 mg, 25 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery; HSA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery; HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
PROMACTA ORAL PACKET 12.5 MG, 25 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery; HSA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery; HSA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA
tranexamic acid oral tablet 650 mg	2	QL: Max. 1 per day
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 syringes per 30 days
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 pens (1.2 mL) per 30 days
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	5	PA; QL: Max daily dose of 4; 30 day supply max
azilsartan medoxomil oral tablet 40 mg, 80 mg	4	HSA
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

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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
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
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, 200 mg, 300 mg	4	PA; This drug is not available through home delivery; HSA
EDARBI ORAL TABLET 40 MG, 80 MG	4	HSA
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	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

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fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	HSA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	HSA
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
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
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

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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
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	5	HSA
nitro-bid transdermal ointment 2 %	3	HSA
nitroglycerin rectal ointment 0.4 %	4	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	2	HSA
nitroglycerin transdermal ointment 2 %	3	HSA
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	5	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

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	HSA
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	5	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
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
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, 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 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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
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
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
torsemide 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

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DRUG NAME	TIER	LIMITATIONS / *NOTES
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	2	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
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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
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.
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
lisdexamfetamine dimesylate oral capsule 10 mg, 20 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.

DRUG NAME	TIER	LIMITATIONS / *NOTES
lisdexamfetamine dimesylate oral tablet chewable 10 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; 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
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 er(diffus) oral tablet extended release 27 mg, 54 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er(diffus) oral tablet extended release 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

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 kit (4 syringes) per 28 days; This drug is not available through home delivery
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 kit (4 syringes) per 28 days; This drug is not available through home delivery
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 4 per day; This drug is not available through home delivery
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 box per month; This drug is not available through home delivery
cladribine (10 tabs) oral tablet therapy pack 10 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
cladribine (4 tabs) oral tablet therapy pack 10 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
cladribine (5 tabs) oral tablet therapy pack 10 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
cladribine (6 tabs) oral tablet therapy pack 10 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
cladribine (7 tabs) oral tablet therapy pack 10 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
cladribine (8 tabs) oral tablet therapy pack 10 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
cladribine (9 tabs) oral tablet therapy pack 10 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
dalfampridine er oral tablet extended release 12 hour 10 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 2 per day; This drug is not available through home delivery
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 2 per day; This drug is not available through home delivery
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 2 packs per year; This drug is not available through home delivery
fingolimod hcl oral capsule 0.5 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 per day; This drug is not available through home delivery
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 syringe per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 syringe per day; This drug is not available through home delivery
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 per 28 days; This drug is not available through home delivery
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
MAYZENT ORAL TABLET 0.25 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 4 per day; This drug is not available through home delivery
MAYZENT ORAL TABLET 1 MG, 2 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 per day; This drug is not available through home delivery
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 2 packs per year; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 pack per 365 days; This drug is not available through home delivery
teriflunomide oral tablet 14 mg, 7 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 1 per day; This drug is not available through home delivery
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 4 per day; This drug is not available through home delivery
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 packs per 365 days; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ZEPOSIA ORAL CAPSULE 0.92 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Maximum quantity of 28 per 365 days. Max. 1 kit per 365 days
Central Nervous System Agents - Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 per day; This drug is not available through home delivery
AUSTEDO ORAL TABLET 6 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day; This drug is not available through home delivery
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 60 tablets/30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 per day
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 30 tablets/30 days
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 per Lifetime
CONTRAVE 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; This drug is not available through home delivery
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; QL: 1 unit per day; Maximum of 30 days supply per fill

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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	4	PA
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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 50 mL per 24 days; This drug is not available through home delivery
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 per lifetime; This drug is not available through home delivery
riluzole oral tablet 50 mg	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	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	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	5	PA; QL: 1 injection per month; 30 day supply max
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	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	4	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
DENTAGEL DENTAL GEL 1.1 %	4	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	3	
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 DRY MOUTH DENTAL GEL 1.1 %	4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	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	
sodium fluoride 5000 plus dental cream 1.1 %	2	
sodium fluoride 5000 ppm dental gel 1.1 %	2	
sodium fluoride dental cream 1.1 %	2	
sodium fluoride dental gel 1.1 %	2	
sodium fluoride mouth/throat solution 0.2 %	2	
triamcinolone acetonide mouth/throat paste 0.1 %	2	
Dermatological Agents - Drugs for Skin Conditions		
accutane 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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 auto-injectors [4 mL] per 28 days

DRUG NAME	TIER	LIMITATIONS / *NOTES
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max 4 per 28 days; This drug is not available through home delivery
ala-cort external cream 1 %	2	
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	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ANZUPGO EXTERNAL CREAM 20 MG/GM	5	PA; QL: Maximum of 30 days supply per fill
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	
betamethasone valerate external ointment 0.1 %	2	
calcipotriene external cream 0.005 %	4	
calcipotriene external ointment 0.005 %	4	
calcipotriene external solution 0.005 %	4	
calcitriol external ointment 3 mcg/gm	2	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 prop emollient base external cream 0.05 %	3	
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	
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	
DRYSOL EXTERNAL SOLUTION 20 %	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 pens per 28 day(s); This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery; HSA
ERY EXTERNAL PAD 2 %	2	
erythromycin external gel 2 %	2	
erythromycin external solution 2 %	2	
EUCRISA EXTERNAL OINTMENT 2 %	3	QL: 60 grams per month; ST
FILSUVEZ EXTERNAL GEL 10 %	5	PA; QL: 1 tube per day; Maximum of 30 days supply per fill
FINACEA EXTERNAL FOAM 15 %	3	
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 anti-itch external cream 1 %	1	
hydrocortisone cream 1 % external (otc)	1	
hydrocortisone cream 1 % external (rx)	2	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 1 %	1	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
hydrocortisone external ointment 2.5 %	1	
hydrocortisone max st external cream 1 %	1	
hydrocortisone max st external ointment 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	
hydrocortisone-aloe vera external cream 1 %	1	
HYFTOR EXTERNAL GEL 0.2 %	4	PA
imiquimod external cream 3.75 %	3	
imiquimod external cream 5 %	2	
imiquimod pump external cream 3.75 %	3	
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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 tablet per day
methoxsalen rapid oral capsule 10 mg	2	
metronidazole external cream 0.75 %	2	
metronidazole external gel 0.75 %, 1 %	2	
metronidazole external lotion 0.75 %	2	
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
pimecrolimus external cream 1 %	3	ST
podofilox external gel 0.5 %	4	
podofilox external solution 0.5 %	2	
QBREXZA EXTERNAL PAD 2.4 %	4	PA; QL: Max. 1 per day
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
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
tazarotene external gel 0.05 %, 0.1 %	4	PA
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	
trilitas external gel 0.1 %	4	PA
VTAMA EXTERNAL CREAM 1 %	4	PA
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
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg	3	HSA; DIAB
dapagliflozin oral tablet 10 mg, 5 mg	3	HSA; DIAB
FARXIGA ORAL TABLET 10 MG, 5 MG	3	HSA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	HSA
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 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

DRUG NAME	TIER	LIMITATIONS / *NOTES
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	HSA
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, 5-1000 MG	3	HSA
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
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
nateglinide oral tablet 120 mg, 60 mg	2	HSA
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; QL; HSA; DIAB
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
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	3	HSA; DIAB
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	3	HSA; DIAB
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
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		
ADVANTAGE SAFETY LANCETS 28G	3	HSA
ADVOCATE SAFETY LANCETS 21G	3	HSA
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
DROPSAFE MEDLANCE LANCET 30G	3	HSA
FONDCIRCLE SINGLE USE LANCETS	3	HSA

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FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP	3	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
LANCETS 28G THIN	3	HSA
LANCETS SUPER THIN	3	HSA
MICROLET NEXT LANCETS	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
PURE COMFORT SAFETY LANCET 30G	3	HSA
SENSILANCE SAFETY LANCETS 21G	3	HSA
SENSILANCE SAFETY LANCETS 26G	3	HSA
SENSILANCE SAFETY LANCETS 28G	3	HSA
TECHLITE LANCETS 26G	3	HSA
ULTRA-CARE SAFETY LANCETS 30G	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

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Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	HSA
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	HSA
diazoxide oral suspension 50 mg/ml	4	HSA
glucagon emergency kit injection solution reconstituted 1 mg	2	HSA
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	HSA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	HSA
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	HSA
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	HSA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	HSA
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
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	3	HSA
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
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; INST1
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; DIAB; INST1
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; INST1
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; INST1
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; INST1
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; INST1

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; INST1
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; INST1
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; INST1
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; INST1
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; INST1
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	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 SOLUTION 100 UNIT/ML INJECTION	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; INST1

DRUG NAME	TIER	LIMITATIONS / *NOTES
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; DIAB; INST1
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	HSA; 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 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; INST1
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; INST1
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	HSA; DIAB
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML	3	HSA; DIAB
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA; HSA; DIAB

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DRUG NAME	TIER	LIMITATIONS / *NOTES
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	4	PA; HSA; DIAB
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML	4	PA; HSA; DIAB
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; INST1

DRUG NAME	TIER	LIMITATIONS / *NOTES
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; INST1
ULTIGUARD SAFEPACK 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 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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		
ACCRUFER ORAL CAPSULE 30 MG	4	PA
carglumic acid oral tablet soluble 200 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
CHEMET ORAL CAPSULE 100 MG	4	
cyanocobalamin injection solution 1000 mcg/ml	2	
deferasirox oral tablet 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 soluble 125 mg, 250 mg, 500 mg	3	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
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)
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	2	
iodine strong oral solution 5 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
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	HSA
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, 40 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
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 combination suspension 15 gm/60ml	2	
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 (hyponatremia) oral tablet 15 mg, 30 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
tolvaptan oral tablet 15 mg, 30 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
trientine hcl oral capsule 250 mg, 500 mg	3	PA
VELTASSA ORAL PACKET 1 GM	4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	This drug is not available through home delivery
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	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	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	5	PA
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	
esomeprazole magnesium oral packet 10 mg, 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	
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
pantoprazole sodium oral packet 40 mg	3	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	4	PA
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	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	2	
bisacodyl ec oral tablet delayed release 5 mg	1	
bisacodyl rectal suppository 10 mg	1	
clearlax oral powder 17 gm/scoop	1	
constulose oral solution 10 gm/15ml	2	
cromolyn sodium oral concentrate 100 mg/5ml	2	HSA
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 rectal enema 19-7 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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ft magnesium citrate oral solution 1.745 gm/30ml	1	
ft senna laxatives oral tablet 8.6 mg	1	
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	
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	
goodsense clearlax oral powder 17 gm/scoop	1	
goodsense enema rectal enema 19-7 gm/118ml	1	
goodsense senna laxative oral tablet 8.6 mg	1	
lactulose encephalopathy oral solution 10 gm/15ml	2	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	2	
laxative osmotic oral powder 17 gm/scoop	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
lubiprostone oral capsule 24 mcg, 8 mcg	2	
magnesium citrate oral solution 1.745 gm/30ml	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	2	
mm clearlax oral powder 17 gm/scoop	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	
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 senna laxative oral tablet 8.6 mg	1	
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

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
reguloid oral powder 28.3 %, 43 %, 51.7 %	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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, 6 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
smooth lax oral powder 17 gm/scoop	1	
SYMPROIC ORAL TABLET 0.2 MG	3	
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg, 500 mg	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA
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
wal-mucil oral powder 43 %, 51.7 %	1	
XERMELO ORAL TABLET 250 MG	5	PA; QL: Max. 3 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine oral powder	5	This drug is not available through home delivery
CERDELGA ORAL CAPSULE 84 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL: 2 bottles per 24 days; This drug is not available through home delivery
EVRYSDI ORAL TABLET 5 MG	5	PA; QL: 1 tablet per day; max 30 days supply per fill
miglustat oral capsule 100 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	5	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	5	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	4	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	4	ST
sapropterin dihydrochloride oral packet 100 mg, 500 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sapropterin dihydrochloride oral tablet 100 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
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, 80 MG/0.8ML	5	QL: Max. 24 vials per 28 days.Maximum 30 days supply per fill; This drug is not available through home delivery
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	4	ST
yargesa oral capsule 100 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
zelvysia oral packet 100 mg, 500 mg	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG	4	QL
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 20 MCG, 40 MCG	4	QL: Max. 6 vials per 30 day(s)
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG	4	QL
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 20 MCG, 40 MCG	4	QL: Max. 6 vials per 30 day(s)
ELMIRON ORAL CAPSULE 100 MG	4	
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; QL: 1 unit per day
flavoxate hcl oral tablet 100 mg	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	5	
INTRAROSA VAGINAL INSERT 6.5 MG	4	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	
mirabegron er oral suspension reconstituted er 8 mg/ml	3	
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	
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
tiopronin oral tablet 100 mg	4	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	
trospium chloride er oral capsule extended release 24 hour 60 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
trospium chloride oral tablet 20 mg	2	
VANRAFIA ORAL TABLET 0.75 MG	4	PA; QL: 1 tablet per day
VELPHORO ORAL TABLET CHEWABLE 500 MG	5	PA
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 +rfid 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 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	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 sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	4	
Hormonal Agents - Men's Health		
danazol oral capsule 100 mg, 200 mg, 50 mg	2	
KYZATREX ORAL CAPSULE 150 MG, 200 MG	4	PA
METHITEST ORAL TABLET 10 MG	4	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	2	
testosterone enanthate intramuscular solution 200 mg/ml	2	
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 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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA
ACTHAR INJECTION GEL 80 UNIT/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max 0.12ml per day; This drug is not available through home delivery
cabergoline oral tablet 0.5 mg	2	
cetrorelix acetate subcutaneous kit 0.25 mg	4	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.

DRUG NAME	TIER	LIMITATIONS / *NOTES
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
clomid oral tablet 50 mg	3	
clomiphene citrate oral tablet 50 mg	3	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	5	PA; QL: Max daily dose of 2; 30 day supply max
CRENESSITY ORAL SOLUTION 50 MG/ML	5	PA; QL: Max daily dose of 2; 30 day supply max
desmopressin ace spray refrig nasal solution 0.01 %	2	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	
desmopressin acetate spray nasal solution 0.01 %	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	4	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	5	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	4	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	4	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; This drug is not available through home delivery
leuprolide acetate injection kit 1 mg/0.2ml	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.

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DRUG NAME	TIER	LIMITATIONS / *NOTES
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	5	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
milophene oral tablet 50 mg	3	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	5	PA; QL: Max. 4 per day.Maximum 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 500 mcg/ml	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
ORILISSA ORAL TABLET 150 MG, 200 MG	4	PA
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	3	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.

DRUG NAME	TIER	LIMITATIONS / *NOTES
RECORLEV ORAL TABLET 150 MG	5	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
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
Hormonal Agents - Prostaglandins		
mifepristone oral tablet 200 mg	$0	
mifepristone oral tablet 300 mg	5	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	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
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	$0	WH
apri oral tablet 0.15-30 mg-mcg	$0	WH

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	
CLIMARA 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	4	HSA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
CRINONE VAGINAL GEL 4 %, 8 %	4	This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
cryselle 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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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
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	5	HSA
econtra one-step oral tablet 1.5 mg	$0	Member may be able to access without a prescription; WH
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	This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
enilloring vaginal ring 0.12-0.015 mg/24hr	$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	
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 0.01 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	3	HSA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0	WH
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
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
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	
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

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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
lessina oral tablet 0.1-20 mg-mcg	$0	WH
levonest oral tablet 50-30/75-40/ 125-30 mcg	$0	WH
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 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, 90-20 mcg	$0	WH
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 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
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
luizza 1/20 oral tablet 1-20 mg-mcg	$0	WH
lutera oral tablet 0.1-20 mg-mcg	$0	WH
lyleq oral tablet 0.35 mg	$0	WH

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
megestrol acetate oral tablet 20 mg, 40 mg	2	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.
meleya oral tablet 0.35 mg	$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	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	HSA
minzoya oral tablet 0.1-20 mg-mcg(21)	$0	WH
mono-linyah 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
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
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

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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 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	$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	
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
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
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
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	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, 1.25 MG	3	HSA
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	HSA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
progesterone oral capsule 100 mg, 200 mg	2	
progesterone vaginal insert 100 mg	4	This drug is not available through home delivery; This medication is only covered if your plan includes an infertility benefit. Check your benefit documents. Must use Fuze Health. Not required for Rhode Island Plans.
reclipsen oral tablet 0.15-30 mg-mcg	$0	WH
rivelsa oral tablet 42-21-21-7 days	$0	WH
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
shewise oral tablet 1.5 mg	$0	Member may be able to access without a prescription; 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
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

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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 1/35 oral tablet 1-35 mg-mcg	$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
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	HSA
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
vyfemla oral tablet 0.4-35 mg-mcg	$0	WH
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
yuvafem 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	
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	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	2	

Last Update: 08/15/26
Next Update: 09/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	4	
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	
thyroid tablet 60 mg oral	3	
thyroid tablet 90 mg oral	2	
thyroid tablet 90 mg oral	3	
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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 pens per 28 days; This drug is not available through home delivery
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: One 200 mg/1.2 mL (167 mg/mL) syringe per 30 days
AURANOFIN ORAL CAPSULE 3 MG	4	
azathioprine oral tablet 50 mg	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 injections per 56 days
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 injection per 56 days; Maximum of 56 days supply
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 injections per 56 days
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 injection per 56 days; Maximum of 56 days supply
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 in 28 days; This drug is not available through home delivery
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 in 28 days; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL; This drug is not available through home delivery
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	2	This drug is not available through home delivery
cyclosporine oral capsule 25 mg	2	This drug is not available through home delivery
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	5	PA; QL: 1 per 28 days Maximum of 30 days supply per fill
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 pens per 28 day(s); This drug is not available through home delivery
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 vials per 28 days; This drug is not available through home delivery
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 8 syringes per 28 day(s); This drug is not available through home delivery
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 pens per 28 day(s); This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	4	This drug is not available through home delivery
gengraf oral capsule 100 mg, 25 mg	2	This drug is not available through home delivery
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	MD	
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 syringes per fill
JOENJA ORAL TABLET 70 MG	5	PA; QL: Maximum of 30 days supply per fill
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	MD	
leflunomide oral tablet 10 mg, 20 mg	2	
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; QL: Max. 6 per day.Maximum 30 days supply per fill
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
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	4	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	4	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	4	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	4	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG	4	PA; QL: 1 per day
OTEZLA ORAL TABLET 20 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 per day
OTEZLA ORAL TABLET 30 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day; This drug is not available through home delivery
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 starter pack per year; This drug is not available through home delivery
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 starter pack per year
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 tablet per day

DRUG NAME	TIER	LIMITATIONS / *NOTES
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 starter pack per year
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, 20 MG/0.4ML, 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; This drug is not available through home delivery
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 6 mL per day
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	5	PA; QL: 4 vials per fill; This drug is not available through home delivery
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 4 syringes per 28 days; Select manufacturers may not be covered
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 autoinjectors per 28 days
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 4 syringes per 28 days; Select manufacturers may not be covered
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 syringes per 28 days

DRUG NAME	TIER	LIMITATIONS / *NOTES
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 4 syringes per 28 days; Select manufacturers may not be covered
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery
sirolimus oral solution 1 mg/ml	3	This drug is not available through home delivery
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	2	This drug is not available through home delivery
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 pen per 84 days; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 cartridge per 56 days.; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Maximum quantity of 0.043 per 1 Day[s]. Maximum of 56 days supply per fill. Max. 1 pen per 56 days; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 prefilled syringes per 84 days; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL: Two syringes per 28 days; 30 day supply max
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 syringe per 84 days
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 syringe per 84 days
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 syringes per 28 days; This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 pre-filled syringes (4mL) per 28 days; This drug is not available through home delivery
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 auto injector per 28 day(s); This drug is not available through home delivery
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 prefilled syringe per 28 days
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 syringe per 28 day(s); This drug is not available through home delivery
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 per 28 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 per 28 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 per 28 days
XELJANZ ORAL SOLUTION 1 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 10 ml per day; This drug is not available through home delivery
XELJANZ ORAL TABLET 10 MG, 5 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day; This drug is not available through home delivery
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 per day; This drug is not available through home delivery
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 syringe per 84 days
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 syringe per 84 days

DRUG NAME	TIER	LIMITATIONS / *NOTES
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule 750 mg	2	
budesonide er oral tablet extended release 24 hour 9 mg	3	
budesonide oral capsule delayed release particles 3 mg	2	
budesonide rectal foam 2 mg, 2 mg/act	4	
DIPENTUM ORAL CAPSULE 250 MG	4	
hydrocortisone (perianal) external cream 1 %, 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	2	
hydrocortisone rectal enema 100 mg/60ml	3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	3	
mesalamine er oral capsule extended release 250 mg, 500 mg	4	
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	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	3	
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
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
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 pen per 28 days; This drug is not available through home delivery; HSA
calcitonin (salmon) nasal solution 200 unit/act	2	HSA
ibandronate sodium oral tablet 150 mg	2	HSA
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery; HSA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; 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	4	PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery; HSA
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	HSA
AEROCHAMBER MINI CHAMBER DEVICE	MD	HSA
AEROCHAMBER MV	MD	HSA
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	MD	HSA
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	MD	HSA
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	MD	HSA
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	MD	HSA
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	MD	HSA
AEROCHAMBER PLUS FLOW VU	MD	HSA
AEROCHAMBER2GO ANTI-STATIC DEVICE	MD	HSA
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
BREATHE COMFORT CHAMBER/ADULT DEVICE	MD	HSA
BREATHE COMFORT CHAMBER/CHILD DEVICE	MD	HSA
BREATHE EASE LARGE DEVICE	MD	HSA
BREATHE EASE MEDIUM DEVICE	MD	HSA
BREATHE EASE PEAK FLOW METER DEVICE	MD	HSA
BREATHE EASE SMALL DEVICE	MD	HSA
BREATHERITE VALVED MDI CHAMBER DEVICE	MD	HSA
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; QL: Max 4 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	5	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	5	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	5	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 1-1/2" , 25G X 5/8"	4	
CAREPOINT PRECISION POLY HUB 23G X 1" , 25G X 5/8"	4	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	HSA
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	HSA
COMPACT SPACE CHAMBER/LG MASK DEVICE	MD	HSA
COMPACT SPACE CHAMBER/MED MASK DEVICE	MD	HSA
COMPACT SPACE CHAMBER/SM MASK DEVICE	MD	HSA
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 AUTOPROTECT DUO 31G X 4 MM , 31G X 5 MM , 31G X 8 MM	3	HSA
DROPSAFE SICURA 25G X 1" , 25G X 5/8"	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	HSA
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
FC2 FEMALE CONDOM	$0	QL: Max 144 per 365 days; WH

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DRUG NAME	TIER	LIMITATIONS / *NOTES
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	$0	WH
FLEXICHAMBER ADULT MASK/SMALL	MD	HSA
FLEXICHAMBER CHILD MASK/LARGE	MD	HSA
FLEXICHAMBER CHILD MASK/SMALL	MD	HSA
FLEXICHAMBER DEVICE	MD	HSA
FONDCIRCLE ELECTRONIC PEAK FLO DEVICE	MD	HSA
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG	3	PA; QL: 1 tablet per day 30 day supply max; WLM
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 , 34G X 3.5 MM	3	HSA
INSUPEN32G EXTR3ME 32G X 6 MM	3	HSA
IWILFIN ORAL TABLET 192 MG	5	For plans subject to the cancer mandate this drug may have a cost share of up to $200. Please check your benefit document.; PA; QL: Maximum of 30 days supply per fill
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	5	PA; QL: 2 per day; 30 day supply max
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; QL: Max 3 ml per day.Maximum 30 days supply per fill; This drug is not available through home delivery
LYNKUET ORAL CAPSULE 60 MG	4	PA; QL: 2 per day
METHERGINE ORAL TABLET 0.2 MG	2	
methylergonovine maleate oral tablet 0.2 mg	2	
MICROCHAMBER DEVICE	MD	HSA
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: 1 per 365 days; HSA
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	PA; QL: 2 boxes (10 pods)/30 days; HSA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
OMNIPOD 5 LIBRE INTRO KIT	4	PA; QL: 1 per 365 days; HSA
OMNIPOD 5 LIBRE PODS	4	PA; QL: 2 boxes (10 pods)/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	HSA
OPTICHAMBER DIAMOND-LG MASK DEVICE	MD	HSA
OPTICHAMBER DIAMOND-MD MASK	MD	HSA
OPTICHAMBER DIAMOND-SM MASK	MD	HSA
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	$0	WH
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 31G X 8 MM , 32G X 4 MM	3	HSA
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	3	HSA
PERFECT POINT SAFETY NEEDLE 25G X 1"	4	
PHEXX VAGINAL GEL 1.8-1-0.4 %	$0	WH
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	3	HSA
POCKET SPACER DEVICE	MD	HSA
PRECISION XTRA-GLUCOSE/KETONE DEVICE	MD	QL: Maximum quantity of 1 per 365 day(s); HSA
PRO COMFORT SPACER ADULT	MD	HSA
PRO COMFORT SPACER CHILD	MD	HSA
PRO COMFORT SPACER INFANT DEVICE	MD	HSA
PROCARE SPACER/ADULT MASK DEVICE	MD	HSA
PROCARE SPACER/CHILD MASK DEVICE	MD	HSA
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	HSA

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
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	5	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
THE EPINEPHRINE SYRINGE 1 ML	4	
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	4	QL: Max. 1 per day; HSA
V-GO 30 KIT 30 UNIT/24HR	4	QL: Max. 1 per day; HSA
V-GO 40 KIT 40 UNIT/24HR	4	QL: Max. 1 per day; HSA
VIVI CAP	3	HSA
VIVI CAP1	3	HSA
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	MD	HSA
VORTEX VALVED HOLDING CHAMBER DEVICE	MD	HSA
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	5	PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	5	PA; QL: Maximum of 30 days supply per fill
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; WLM
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	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		
AZASITE OPHTHALMIC SOLUTION 1 %	4	
azelastine hcl ophthalmic solution 0.05 %	2	
bepotastine besilate ophthalmic solution 1.5 %	4	PA
BESIFLOXACIN HCL OPHTHALMIC SUSPENSION 0.6 %	4	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	3	
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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 %	4	
gatifloxacin ophthalmic solution 0.5 %	2	
gentamicin sulfate ophthalmic solution 0.3 %	2	
goodsense eye itch relief ophthalmic solution 0.035 %	1	
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	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	4	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	3	
moxifloxacin hcl ophthalmic solution 0.5 %	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	2	
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 %	4	
prednisolone acetate ophthalmic suspension 1 %	2	
prednisolone sodium phosphate ophthalmic solution 1 %	2	
sulfacetamide sodium ophthalmic solution 10 %	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
XDEMVY OPHTHALMIC SOLUTION 0.25 %	4	PA; QL: 1 bottle per fill and 2 fills per year
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
bimatoprost solution 0.01 % ophthalmic	3	
BIMATOPROST SOLUTION 0.01 % OPHTHALMIC	3	
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	
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		
artificial tears ophthalmic solution , 0.5-0.6 %, 5-6 mg/ml	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
cyclopentolate hcl ophthalmic solution 1 %	2	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	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	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	4	
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 5-400-10000	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA; QL: Max. of 8 kits (56 vials) per affected eye per lifetime.Maximum 30 days supply per fill; This drug is not available through home delivery
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	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 %	4	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic solution 2 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ciprofloxacin hcl otic solution 0.2 %	2	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	3	
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	
ofloxacin otic solution 0.3 %	2	
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 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	
carbinoxamine maleate oral solution 4 mg/5ml	2	
carbinoxamine maleate oral tablet 4 mg	2	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	1	
cetirizine hcl childrens hives oral solution 1 mg/ml	1	
cetirizine hcl oral tablet 10 mg, 5 mg	1	
cetirizine hcl solution 1 mg/ml oral (otc)	1	
chest congestion relief child oral liquid 100 mg/5ml	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
chest congestion relief oral liquid 100 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	2	
cyproheptadine hcl oral syrup 2 mg/5ml	2	
cyproheptadine hcl oral tablet 4 mg	2	
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 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	
geri-tussin oral liquid 100 mg/5ml	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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	4	
ipratropium bromide nasal solution 0.03 %, 0.06 %	2	
levocetirizine dihydrochloride oral tablet 5 mg	2	
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 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-codeine oral syrup 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	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	2	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 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	
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	
tussin 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	

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
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	ST; HSA
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	4	ST; HSA
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	ST; HSA
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	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
BRINSUPRI ORAL TABLET 10 MG, 25 MG	5	PA; QL: 1 per day; Maximum of 30 days supply per fill
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	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	2	QL: 2 pens per fill; This drug is not available through home delivery; HSA
epinephrine injection solution auto-injector 0.15 mg/0.3ml	2	QL: 2 pens per fill; HSA
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	4	QL: 2 pens per fill; HSA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 pen per 56 days; This drug is not available through home delivery; HSA
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	4	ST; HSA; AL (Max 6 Years)
fluticasone propionate hfa inhalation aerosol 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 hfa inhalation aerosol solution 17 mcg/act	4	HSA
ipratropium bromide inhalation solution 0.02 %	2	HSA
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	HSA
JASCAYD ORAL TABLET 18 MG, 9 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 per day
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

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
nintedanib esylate oral capsule 100 mg, 150 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 2 per day; This drug is not available through home delivery
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 auto injector per 28 days; This drug is not available through home delivery; HSA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 syringe per 28 days; This drug is not available through home delivery; HSA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 1 auto injector per 28 days; This drug is not available through home delivery; HSA
OFEV ORAL CAPSULE 100 MG, 150 MG	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 2 per day; This drug is not available through home delivery
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	4	PA; HSA
pirfenidone oral capsule 267 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 6 per day; This drug is not available through home delivery
pirfenidone oral tablet 267 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: 6 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
pirfenidone oral tablet 801 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; QL: Max. 3 per day; This drug is not available through home delivery
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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 1 pen per 28 days; HSA
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 100 mg, 200 mg, 300 mg, 450 mg	2	HSA
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	HSA
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	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 8 syringes per 28 days; HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Maximum of 4 syringes per 28 days; HSA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 8 syringes per 28 days; This drug is not available through home delivery; HSA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Maximum of 4 syringes per 28 days; This drug is not available through home delivery; HSA
zafirlukast oral tablet 10 mg, 20 mg	2	HSA
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max Daily Dose 2
ALYFTREK ORAL TABLET 4-20-50 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max Daily Dose 3
KALYDECO ORAL PACKET 13.4 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 2 per day
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day; This drug is not available through home delivery
KALYDECO ORAL PACKET 5.8 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Maximum quantity of 2 per 1 Day(s)
KALYDECO ORAL TABLET 150 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day.; This drug is not available through home delivery
ORKAMBI ORAL PACKET 75-94 MG	5	PA; QL: Max. 2 per day; This drug is not available through home delivery
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 4 per day.; This drug is not available through home delivery
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 2 per day.; This drug is not available through home delivery
TOBI PODHALER INHALATION CAPSULE 28 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
tobramycin inhalation nebulization solution 300 mg/4ml	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
tobramycin nebulization solution 300 mg/5ml inhalation	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: Max. 3 per day; This drug is not available through home delivery
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL; This drug is not available through home delivery
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; QL: 60 per 30 days
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
alyq oral tablet 20 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
ambrisentan oral tablet 10 mg, 5 mg	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
bosentan oral tablet 125 mg, 62.5 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
bosentan oral tablet soluble 32 mg	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
macitentan oral tablet 10 mg	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
OPSUMIT ORAL TABLET 10 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	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	5	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	5	PA; QL: 1 pack per lifetime.Maximum 30 days supply per fill
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
sildenafil citrate oral tablet 20 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
tadalafil (pah) oral tablet 20 mg	2	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
TRACLEER ORAL TABLET SOLUBLE 32 MG	4	Must use Optum Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.; PA; This drug is not available through home delivery
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG	4	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 80 MCG	4	PA; QL: Maximum of 30 days supply per fill
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO INHALATION SOLUTION 0.6 MG/ML	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/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	5	PA; QL: 2 kits per month. maximum of 30 days supply per fill
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 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
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	5	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, 75 MG	3	PA; QL: Max. 1 per day
tasimelteon oral capsule 20 mg	5	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	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; QL: Max 2 per day; This drug is not available through home delivery
XYREM ORAL SOLUTION 500 MG/ML	5	PA; QL: Max. 18 ML(s) per day
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; QL: Max. 18 ml per day
zaleplon oral capsule 10 mg, 5 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	2	
zolpidem tartrate oral tablet 10 mg, 5 mg	2	

Harvard Pilgrim Health Care

a Point32Health company

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. 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 સવિાય બીજી ભાષા બોલો છો, તો ભાષા હિાય ોવિાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા ભિ્ય આઈડી કાડડ પરના નંબર પર કૉલ 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 ननःिशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी काडड 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 (ភាសាខ្មមែរ) ប្រុរសិនបរអ្នន កនិយាយភាសាបសង្រេបហ្មាពីភាសាអ្នង់បលេ សេ បសវាកមុមជំនួ យភាសា ដលែឥតលិតថ្មលេ លឺអាចរកបានសហ្មារអ្នន ក។ សូ មុហាហាកាន់បលខហាបលី ID កាតសាជិកររស់អ្នន ក។

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

Lao (พาสาลาว) ກະລຸນາ ຮັບຊາບ: ຖ້າ ທ່ານເວົ້າພາສາອື່ນີ່ທໍ່ບແ ມ່ນພາສາ ອັງິກດ, ທ່ານສາມາດໃຊ້ບິລການ້ດານພາສາໄ ດ້ ໂດຍໍ່ບເສຍ ຄ່າ. ກະລຸນາໂທຫາເບີ່ທູ່ ຢໃນ 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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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)

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