Effective Jan. 1, 2026

Prescription drug list

Direct 3-Tier

For the most current list of covered medications or if you have questions:

Call **1-800-860-3161**

Visit **welcome.optumrx.com/valuedirecty2** to:

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

Optum Rx®

TUFTS Health Plan
a Point32Health company

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

About Tufts Health Plan's formulary

Tufts Health Plan'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 Tufts Health Plan's Pharmacy Services Department and our Pharmacy & Therapeutics Committee.

Tufts Health Plan's Direct 3-Tier prescription drug program

Covered medications are categorized in one of the 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 Direct 3-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 primarily made up of generic drugs. These drugs contain the same active ingredients as their brand-name counterparts. Tier 1 may also include brand-name drugs that your plan has determined to be more effective, less costly or to have fewer side effects than similar medications.
Tier 2 ($$)	Tier 2 is primarily made up of brand name drugs that have no generic equivalents available. These drugs have been selected by your plan based on review of the relative safety, effectiveness and cost of the many brand-name drugs on the market. Tier 2 may also include generic drugs that your plan has determined to be more costly than similar medications.
Tier 3 ($$$)	Tier 3 is made up of drugs that your plan has not included in Tier 1 or Tier 2.
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 Member Handbook 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 pharmacy

You can use Optum® Home Delivery pharmacy to have a 90-day supply of maintenance medications delivered to your home. Standard shipping is free. To get started, visit **welcome.optumrx.com/valuedirecty2** or call Optum Home Delivery at 1-800-860-3161, TTY **711**. Be sure to have your Tufts Health Plan 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 Tufts Health Plan through the medical review process. If your doctor wants you to take a medication that your plan doesn't cover or limits, visit **welcome.optumrx.com/valuedirecty2** or call member services.

Medical review process

Tufts Health Plan 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 Tufts Health Plan. 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. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan 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.

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 $0. Please check your benefit document.
CRMED	**ConnectorCare Chronic Medications $0 copay list** – For select plans this medication will be covered at a lower copayment ($0 cost share).
FM	This medication is only covered if your plan includes an infertility benefit. Check your benefit documents.
INSUL	**Direct T0-T1 Insulin List** – For select plans this medication will be covered at a lower copayment (Tier 1 or $0 cost share).
MAT	**Medication-Assisted Treatment** – For select plans this medication will be covered at a lower copayment ($0 cost share).
NTM	**New-To-Market Drug Evaluation Process** – 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.

DRUG NAME	TIER	LIMITATIONS / *NOTES
Analgesics - Drugs for Pain and Inflammation		
aspirin 81 oral tablet delayed release 81 mg	$0	ACA
aspirin adult low dose oral tablet delayed release 81 mg	$0	ACA
aspirin adult low strength oral tablet delayed release 81 mg	$0	ACA
aspirin childrens oral tablet chewable 81 mg	$0	ACA
aspirin ec adult low dose oral tablet delayed release 81 mg	$0	ACA
aspirin ec low dose oral tablet delayed release 81 mg	$0	ACA
aspirin ec low strength oral tablet delayed release 81 mg	$0	ACA
aspirin low dose oral tablet chewable 81 mg	$0	ACA
aspirin low dose oral tablet delayed release 81 mg	$0	ACA
aspirin oral tablet chewable 81 mg	$0	ACA
aspirin oral tablet delayed release 81 mg	$0	ACA
aspirin regimen oral tablet delayed release 81 mg	$0	ACA
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
diflunisal oral tablet 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	$0	ACA
ft aspirin oral tablet chewable 81 mg	$0	ACA
goodsense aspirin low dose oral tablet delayed release 81 mg	$0	ACA
ibuprofen oral suspension 200 mg/10ml	1	Institutional product not covered.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen suspension 100 mg/5ml oral (rx)	1	
ibuprofen suspension 100 mg/5ml oral (rx)	1	Institutional product not covered.
ibuprofen-famotidine oral tablet 800-26.6 mg	3	PA
indomethacin er oral capsule extended release 75 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen oral capsule 50 mg	1	
ketorolac tromethamine oral tablet 10 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
mm aspirin oral tablet delayed release 81 mg	$0	ACA
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	2	PA
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	PA; QL: Max. 4 per 28 days
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butorphanol tartrate nasal solution 10 mg/ml	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA; QL: Max. 10 per 30 days

DRUG NAME	TIER	LIMITATIONS / *NOTES
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; QL: Max. 2 per day
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
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	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	1	PA; QL: Max. 1 per day
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	1	PA; QL: Max. 2 per day
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	
JOURNAVX ORAL TABLET 50 MG	3	QL: Max 30 tabs per 14 days in a 90 day period
levorphanol tartrate oral tablet 2 mg, 3 mg	3	PA
meperidine hcl oral solution 50 mg/5ml	1	
methadone hcl intensol oral concentrate 10 mg/ml	1	PA; QL: Max. 2 per day
methadone hcl oral concentrate 10 mg/ml	1	PA; QL: Max. 2 per day
methadone hcl oral solution 10 mg/5ml	1	PA; QL: Max. 10mL per day
methadone hcl oral solution 5 mg/5ml	1	PA; QL: Max. 20mL per day
methadone hcl oral tablet 10 mg	1	PA; QL: Max. 2 per day
methadone hcl oral tablet 5 mg	1	PA; QL: Max. 4 per day
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL: Max. 1 per day
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL: Max. 2 per day
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL: Max. 90 per 30 days
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	
morphine sulfate oral tablet 15 mg, 30 mg	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL: Max. 2 per day
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	
oxycodone hcl oral capsule 5 mg	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution 5 mg/5ml	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG	1	QL: 6 tablets per day
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 30 MG	1	QL: 2 tablets per day
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 5 MG	1	QL: 12 tablets per day
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	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	1	PA; QL: Max. 2 per day
oxymorphone hcl oral tablet 10 mg, 5 mg	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	3	QL: 6 per day
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL: Max. 6 per day
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG	3	QL: Max. 2 per day
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	3	QL: Max. 12 per day
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	PA; QL: Max. 1 per day
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	PA; QL: Max. 1 per day; Generic Ultram ER
tramadol hcl oral tablet 100 mg	1	
tramadol hcl oral tablet 50 mg	1	Generic Ultram
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	2	PA; QL: Max. 2 per day
Anesthetics		
ethyl chloride external aerosol	1	
ft pain relief max strength external patch 4 %	1	
glydo external prefilled syringe 2 %	1	
lidocaine external cream 3 %	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 4 %	1	
lidocaine external patch 5 %	1	PA

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lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external gel 2 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
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 %	1	
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	1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	MAT
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	MAT
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	MAT
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0	ACA
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	$0	ACA
disulfiram oral tablet 250 mg, 500 mg	1	
ft naloxone hcl nasal liquid 4 mg/0.1ml	$0	QL: Max. 1 box (2 sprays) in 15 days; MAT
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	ACA
ft nicotine mouth/throat gum 2 mg, 4 mg	$0	ACA
ft nicotine mouth/throat lozenge 2 mg, 4 mg	$0	ACA
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	ACA
goodsense nicotine mouth/throat gum 2 mg, 4 mg	$0	ACA
goodsense nicotine mouth/throat lozenge 4 mg	$0	ACA
goodsense nicotine policrilex mouth/throat gum 4 mg	$0	ACA
habitrol transdermal patch 24 hour 21 mg/24hr	$0	ACA
KLOXXADO NASAL LIQUID 8 MG/0.1ML	MD	QL: Max. 1 box (2 sprays) in 15 days

DRUG NAME	TIER	LIMITATIONS / *NOTES
lofexidine hcl oral tablet 0.18 mg	3	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	MAT
naloxone hcl injection solution cartridge 0.4 mg/ml	MD	MAT
naloxone hcl injection solution prefilled syringe 0.4 mg/ml	MD	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	MD	MAT
naloxone hcl liquid 4 mg/0.1ml nasal (otc)	$0	QL: Max. 1 box (2 sprays) in 15 days; MAT
naloxone hcl liquid 4 mg/0.1ml nasal (otc)	MD	QL: Max. 1 box (2 sprays) in 15 days; MAT
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	MD	QL: Max. 1 box (2 sprays) in 15 days; MAT
naltrexone hcl oral tablet 50 mg	1	MAT
nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	ACA
nicotine polacrilex mini mouth/throat lozenge 2 mg	$0	ACA
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	ACA
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	ACA
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	$0	ACA
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	$0	ACA
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0	ACA
nicotine transdermal kit 21-14-7 mg/24hr	$0	ACA
nicotine transdermal patch 24 hour 21 mg/24hr	$0	ACA
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0	ACA
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	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	ACA
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	ACA
varenicline tartrate(continue) oral tablet 1 mg	$0	ACA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	MD	This drug is not available through home delivery; MAT
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	3	PA; MAT
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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amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
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	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVIDOXY ORAL TABLET 100 MG	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phosphate vaginal cream 2 %	1	
CLINDESSE VAGINAL CREAM 2 %	3	
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	2	PA; QL: Max. 136 ml per 10 days
DIFICID ORAL TABLET 200 MG	2	PA; QL: Max. 20 per 10 days
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	2	PA; QL: Max. 20 per 10 days
fosfomycin tromethamine oral packet 3 gm	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
HUMATIN ORAL CAPSULE 250 MG	3	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
linezolid oral suspension reconstituted 100 mg/5ml	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
linezolid oral tablet 600 mg	3	
methenamine hippurate oral tablet 1 gm	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
moxifloxacin hcl oral tablet 400 mg	1	
mupirocin external ointment 2 %	1	
neomycin sulfate oral tablet 500 mg	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
NUZYRA ORAL TABLET 150 MG	3	
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
silver nitrate external solution 0.5 %	1	
silver sulfadiazine external cream 1 %	1	
SIVEXTRO ORAL TABLET 200 MG	3	QL: 6 tablets per 30 days
SOLOSEC ORAL PACKET 2 GM	3	QL: Max. quantity of 1 per fill
ssd external cream 1 %	1	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
tinidazole oral tablet 250 mg, 500 mg	1	
trimethoprim oral tablet 100 mg	1	
vancomycin hcl oral capsule 125 mg, 250 mg	2	
vancomycin hcl oral solution reconstituted 25 mg/ml	2	QL: Max 300 mL per 10 days
vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml	2	QL: Maximum quantity of 300 per 10 days
XIFAXAN ORAL TABLET 200 MG	3	PA; QL: Max Daily Dose of 0.3
XIFAXAN ORAL TABLET 550 MG	2	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	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
enoxaparin sodium injection solution 300 mg/3ml	1	This drug is not available through home delivery
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	1	This drug is not available through home delivery
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	3	This drug is not available through home delivery
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	3	This drug is not available through home delivery
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	3	This drug is not available through home delivery
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral suspension reconstituted 1 mg/ml	2	
rivaroxaban oral tablet 2.5 mg	2	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	2	
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
DILANTIN ORAL CAPSULE 30 MG	3	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	PA; This drug is not available through home delivery
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	3	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral solution 10 mg/ml	2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg	3	
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
methsuximide oral capsule 300 mg	3	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	3	
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	2	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	2	This drug is not available through home delivery
vigabatrin oral tablet 500 mg	2	SPP; This drug is not available through home delivery
VIGADRONE ORAL PACKET 500 MG	3	This drug is not available through home delivery
VIGADRONE ORAL TABLET 500 MG	3	This drug is not available through home delivery
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	
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	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
Antidepressants		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	PA: Prior Authorization required for members 12 and younger
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	PA: Prior Authorization required for members 12 and younger
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	PA
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PA: Prior Authorization required for members 12 and younger

DRUG NAME	TIER	LIMITATIONS / *NOTES
bupropion hcl oral tablet 100 mg, 75 mg	1	PA: Prior Authorization required for members 12 and younger
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	PA: Prior Authorization required for members 12 and younger
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	2	PA: Prior Authorization required for members 12 and younger
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	PA: Prior Authorization required for members 12 and younger; Generic Pristiq
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	PA: Prior Authorization required for members 12 and younger
doxepin hcl oral concentrate 10 mg/ml	1	PA: Prior Authorization required for members 12 and younger
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	3	PA: Prior Authorization required for members 12 and younger
escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral capsule delayed release 90 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg, 60 mg	1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
MARPLAN ORAL TABLET 10 MG	3	PA: Prior Authorization required for members 12 and younger
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	PA: Prior Authorization required for members 12 and younger
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	PA: Prior Authorization required for members 12 and younger

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DRUG NAME	TIER	LIMITATIONS / *NOTES
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	PA: Prior Authorization required for members 12 and younger
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	PA: Prior Authorization required for members 12 and younger
nortriptyline hcl oral solution 10 mg/5ml	1	PA: Prior Authorization required for members 12 and younger
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	PA: Prior Authorization required for members 12 and younger
paroxetine hcl oral suspension 10 mg/5ml	2	PA
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	PA: Prior Authorization required for members 12 and younger
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine sulfate oral tablet 15 mg	1	PA
protriptyline hcl oral tablet 10 mg, 5 mg	1	PA: Prior Authorization required for members 12 and younger
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	PA: Prior Authorization required for members 12 and younger
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	PA: Prior Authorization required for members 12 and younger
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	PA: Prior Authorization required for members 12 and younger
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	1	ST
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	PA; QL: Max 2 per day
ZURZUVAE ORAL CAPSULE 30 MG	3	PA; QL: Max 1 per day
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL CAPSULE 300-0.5 MG	3	PA; QL: 4 units per 28 days
ANZEMET ORAL TABLET 50 MG	3	
aprepitant oral capsule 125 mg	1	QL: 4 capsules per 28 days
aprepitant oral capsule 40 mg	1	QL: 1 capsule per 28 days

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DRUG NAME	TIER	LIMITATIONS / *NOTES
aprepitant oral capsule 80 & 125 mg	1	QL: 12 capsules per 28 days
aprepitant oral capsule 80 mg	1	QL: 8 capsules per 28 days
COMPRO RECTAL SUPPOSITORY 25 MG	1	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
granisetron hcl oral tablet 1 mg	1	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 16 mg, 4 mg, 8 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1	
scopolamine transdermal patch 72 hour 1 mg/3days	1	QL: 10 patches per 30 days
trimethobenzamide hcl oral capsule 300 mg	1	
Antifungals		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
econazole nitrate external cream 1 %	1	
ERTACZO EXTERNAL CREAM 2 %	3	PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	2	
ketoconazole external cream 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
klayesta external powder 100000 unit/gm	1	
LULICONAZOLE EXTERNAL CREAM 1 %	2	PA
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 2 %	3	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
oxiconazole nitrate external cream 1 %	1	
posaconazole oral suspension 40 mg/ml	3	PA
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	2	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	2	
tavaborole external solution 5 %	2	
terbinafine hcl oral tablet 250 mg	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
voriconazole oral suspension reconstituted 40 mg/ml	3	
voriconazole oral tablet 200 mg, 50 mg	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	ST
probenecid oral tablet 500 mg	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL: Max. 1 syringe per 30 day(s); This drug is not available through home delivery
dihydroergotamine mesylate injection solution 1 mg/ml	1	
dihydroergotamine mesylate nasal solution 4 mg/ml	3	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	QL: 18 tablets per 30 days
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	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	2	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	2	PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
frovatriptan succinate oral tablet 2.5 mg	1	QL: 18 tablets per 30 days
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL: 18 tablets per 30 days
NURTEC ORAL TABLET DISPERSIBLE 75 MG	2	PA; QL: 16 tablets/30 days
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	QL: 18 tablets per 30 days
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	QL: 18 tablets per 30 days
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	QL: 12 nasal sprays per 30 days
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL: 18 tablets per 30 days
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	QL: 12 cartridges (6 mL) per 30 days
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL: 12 vials (6 mL) per 30 days
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL: 12 pens (6 mL) per 30 days
UBRELVY ORAL TABLET 100 MG	2	PA; QL: 16 tablets per 30 days

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DRUG NAME	TIER	LIMITATIONS / *NOTES
UBRELVY ORAL TABLET 50 MG	2	PA; QL: 18 tablets per 30 days
zolmitriptan nasal solution 5 mg	2	QL: 12 nasal sprays per 30 days
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL: 18 tablets per 30 days
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	QL: 18 tablets per 30 days
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	2	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
Antimycobacterials		
cycloserine oral capsule 250 mg	1	
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	3	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg, 500 mg	2	SPP; PA; This drug is not available through home delivery; CM
abirtega oral tablet 250 mg	2	SPP; PA; This drug is not available through home delivery; CM
ALECENSA ORAL CAPSULE 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
anastrozole oral tablet 1 mg	1	ACA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	3	SPP; PA; CM
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	3	PA; QL; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
bexarotene external gel 1 %	3	SPP; This drug is not available through home delivery; CM
bexarotene oral capsule 75 mg	1	SPP; This drug is not available through home delivery; CM
bicalutamide oral tablet 50 mg	1	This drug is not available through home delivery; CM
BOSULIF ORAL CAPSULE 100 MG, 50 MG	3	SPP; PA; CM
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	3	SPP; PA; This drug is not available through home delivery; CM
BRAFTOVI ORAL CAPSULE 75 MG	3	SPP; PA; This drug is not available through home delivery; CM
BRUKINSA ORAL CAPSULE 80 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	3	SPP; PA; This drug is not available through home delivery; CM
CALQUENCE ORAL TABLET 100 MG	3	PA; This drug is not available through home delivery; CM
capecitabine oral tablet 150 mg, 500 mg	1	SPP; This drug is not available through home delivery; CM
CAPRELSA ORAL TABLET 100 MG, 300 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	3	SPP; PA; This drug is not available through home delivery; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	SPP; PA; This drug is not available through home delivery; CM
COTELLIC ORAL TABLET 20 MG	3	SPP; PA; This drug is not available through home delivery; CM
cyclophosphamide oral capsule 25 mg, 50 mg	2	This drug is not available through home delivery; CM
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	3	SPP; This drug is not available through home delivery; CM
DAURISMO ORAL TABLET 100 MG, 25 MG	3	SPP; PA; This drug is not available through home delivery; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	3	PA; QL: Maximum of 30 days supply per fill
ERIVEDGE ORAL CAPSULE 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
ERLEADA ORAL TABLET 240 MG	3	SPP; PA; QL: Max: 1 tablet per day
ERLEADA ORAL TABLET 60 MG	3	SPP; PA; This drug is not available through home delivery; CM
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	2	SPP; This drug is not available through home delivery; CM
etoposide oral capsule 50 mg	1	SPP; This drug is not available through home delivery; CM
EULEXIN ORAL CAPSULE 125 MG	3	PA; CM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	SPP; PA; This drug is not available through home delivery; CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	2	SPP; PA; This drug is not available through home delivery; CM
exemestane oral tablet 25 mg	1	ACA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
GAVRETO ORAL CAPSULE 100 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
gefitinib oral tablet 250 mg	3	SPP; This drug is not available through home delivery; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	SPP; This drug is not available through home delivery; CM
GLEOSTINE ORAL CAPSULE 100 MG	2	SPP; This drug is not available through home delivery; CM
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	3	PA; QL: Maximum of 30 days supply per fill
GOMEKLI ORAL TABLET SOLUBLE 1 MG	3	PA; QL: Maximum of 30 days supply per fill
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	SPP; This drug is not available through home delivery; CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	3	SPP; PA; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	SPP; PA; This drug is not available through home delivery; CM
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
IDHIFA ORAL TABLET 100 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery; CM
imatinib mesylate oral tablet 100 mg, 400 mg	2	SPP; This drug is not available through home delivery; CM
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	3	SPP; PA; This drug is not available through home delivery; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML	3	SPP; PA; This drug is not available through home delivery; CM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	SPP; PA; This drug is not available through home delivery; CM
INLYTA ORAL TABLET 1 MG, 5 MG	3	SPP; PA; This drug is not available through home delivery; CM
INQOVI ORAL TABLET 35-100 MG	3	SPP; PA; This drug is not available through home delivery; CM
INREBIC ORAL CAPSULE 100 MG	3	SPP; PA; This drug is not available through home delivery; CM
ITOVEBI ORAL TABLET 3 MG, 9 MG	3	SPP; PA; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	SPP; PA; This drug is not available through home delivery; CM
JAYPIRCA ORAL TABLET 100 MG, 50 MG	3	SPP; PA; CM
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
KRAZATI ORAL TABLET 200 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
lapatinib ditosylate oral tablet 250 mg	3	SPP; This drug is not available through home delivery; CM
LAZCLUZE ORAL TABLET 240 MG, 80 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	3	SPP; PA; This drug is not available through home delivery; CM

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	3	SPP; PA; This drug is not available through home delivery; CM
letrozole oral tablet 2.5 mg	1	CM
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
LEUKERAN ORAL TABLET 2 MG	2	SPP; CM
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	3	SPP; PA; This drug is not available through home delivery; CM
LORBRENA ORAL TABLET 100 MG, 25 MG	3	SPP; PA; This drug is not available through home delivery; CM
LUMAKRAS ORAL TABLET 120 MG	3	SPP; PA; This drug is not available through home delivery; CM
LUMAKRAS ORAL TABLET 240 MG, 320 MG	3	SPP; PA; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
LYSODREN ORAL TABLET 500 MG	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	3	PA; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	3	PA; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	3	PA; CM
MATULANE ORAL CAPSULE 50 MG	2	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	3	SPP; PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	SPP; PA; This drug is not available through home delivery; CM
MEKTOVI ORAL TABLET 15 MG	3	SPP; PA; This drug is not available through home delivery; CM
mercaptopurine oral suspension 2000 mg/100ml	3	CM
mercaptopurine oral tablet 50 mg	1	CM
mesna oral tablet 400 mg	3	
MYLERAN ORAL TABLET 2 MG	2	CM
NERLYNX ORAL TABLET 40 MG	3	SPP; PA; This drug is not available through home delivery; CM
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	3	SPP; This drug is not available through home delivery; CM
nilutamide oral tablet 150 mg	1	CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	SPP; PA; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
NUBEQA ORAL TABLET 300 MG	3	SPP; PA; This drug is not available through home delivery; CM
ODOMZO ORAL CAPSULE 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; CM
OJEMDA ORAL TABLET 100 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
ONUREG ORAL TABLET 200 MG, 300 MG	3	SPP; PA; This drug is not available through home delivery; CM
ORGOVYX ORAL TABLET 120 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
ORSERDU ORAL TABLET 345 MG, 86 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
PANRETIN EXTERNAL GEL 0.1 %	3	
pazopanib hcl oral tablet 200 mg	3	SPP; This drug is not available through home delivery; CM
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	3	SPP; PA; This drug is not available through home delivery; CM
QINLOCK ORAL TABLET 50 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	3	SPP; PA; CM
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	3	PA; QL: Maximum of 30 days supply per fill
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
ROZLYTREK ORAL PACKET 50 MG	3	SPP; PA; CM

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DRUG NAME	TIER	LIMITATIONS / *NOTES
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	3	SPP; PA; This drug is not available through home delivery; CM
RYDAPT ORAL CAPSULE 25 MG	3	SPP; PA; This drug is not available through home delivery; CM
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL: 30 day supply max; CM
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
SOLTAMOX ORAL SOLUTION 10 MG/5ML	3	ACA
sorafenib tosylate oral tablet 200 mg	3	SPP; PA; This drug is not available through home delivery; CM
STIVARGA ORAL TABLET 40 MG	3	SPP; PA; This drug is not available through home delivery; CM
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	SPP; This drug is not available through home delivery; CM
TABLOID ORAL TABLET 40 MG	2	SPP; This drug is not available through home delivery; CM
TABRECTA ORAL TABLET 150 MG, 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	SPP; PA; This drug is not available through home delivery; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG	3	SPP; PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	3	SPP; PA; This drug is not available through home delivery; CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	SPP; PA; CM
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	SPP; PA; This drug is not available through home delivery; CM
tamoxifen citrate oral tablet 10 mg, 20 mg	1	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	SPP; This drug is not available through home delivery; CM
TAZVERIK ORAL TABLET 200 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	SPP; This drug is not available through home delivery; CM
TEPMETKO ORAL TABLET 225 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	SPP; This drug is not available through home delivery; CM
TIBSOVO ORAL TABLET 250 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
toremifene citrate oral tablet 60 mg	2	CM
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	SPP; PA; This drug is not available through home delivery; CM
tretinoin oral capsule 10 mg	3	SPP; This drug is not available through home delivery; CM
TRUQAP ORAL TABLET 200 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
TURALIO ORAL CAPSULE 125 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
VALCHLOR EXTERNAL GEL 0.016 %	3	This drug is not available through home delivery
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	3	PA; QL: Maximum of 30 days supply per fill
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	SPP; PA; This drug is not available through home delivery; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery; CM
VIJOICE ORAL PACKET 50 MG	3	SPP; PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	3	SPP; PA; This drug is not available through home delivery; CM
VONJO ORAL CAPSULE 100 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
VORANIGO ORAL TABLET 10 MG, 40 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
WELIREG ORAL TABLET 40 MG	3	PA; CM
XALKORI ORAL CAPSULE 200 MG, 250 MG	3	SPP; PA; This drug is not available through home delivery; CM

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DRUG NAME	TIER	LIMITATIONS / *NOTES
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	3	SPP; PA; CM
XOSPATA ORAL TABLET 40 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	3	PA; QL: Maximum of 30 days supply per fill
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XTANDI ORAL CAPSULE 40 MG	3	SPP; PA; This drug is not available through home delivery; CM
XTANDI ORAL TABLET 40 MG, 80 MG	3	SPP; PA; This drug is not available through home delivery; CM
YONSA ORAL TABLET 125 MG	3	SPP; PA; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	3	SPP; PA; CM
ZELBORAF ORAL TABLET 240 MG	3	SPP; PA; This drug is not available through home delivery; CM
ZOLINZA ORAL CAPSULE 100 MG	3	SPP; This drug is not available through home delivery; CM
ZYDELIG ORAL TABLET 100 MG, 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
ZYKADIA ORAL TABLET 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
Antiparasitics		
albendazole oral tablet 200 mg	1	
atovaquone oral suspension 750 mg/5ml	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG	3	QL: 24 units per 30 days
CROTAN EXTERNAL LOTION 10 %	3	
EMVERM ORAL TABLET CHEWABLE 100 MG	3	QL: Maximum quantity of 6 per 21 days
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
ivermectin oral tablet 3 mg	1	QL: Max. 20 per fill. Max. 1 fill per 90 days
ivermectin oral tablet 6 mg	1	QL: Max 20 per fill; 1 fill per 90 days
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
malathion external lotion 0.5 %	1	
mefloquine hcl oral tablet 250 mg	1	
nitazoxanide oral tablet 500 mg	2	
pentamidine isethionate inhalation solution reconstituted 300 mg	2	
permethrin external cream 5 %	1	
praziquantel oral tablet 600 mg	2	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
PRURADIK EXTERNAL LOTION 10 %	3	
pyrimethamine oral tablet 25 mg	3	PA
quinine sulfate oral capsule 324 mg	1	
spinosad external suspension 0.9 %	1	
Antiparkinson Agents		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	3	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	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
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	1	
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE 42 MG	3	PA; QL: Max. 10 per day
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	3	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tolcapone oral tablet 100 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
Antiplatelets		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	3	SPP; PA
ticagrelor oral tablet 60 mg, 90 mg	2	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	3	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution 1 mg/ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	2	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	3	PA; QL: 2 tablets per day
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	3	
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	3	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	3	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
NUPLAZID ORAL TABLET 10 MG	3	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	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	1	ST

DRUG NAME	TIER	LIMITATIONS / *NOTES
pimozide oral tablet 1 mg, 2 mg	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
Antivirals		
abacavir sulfate oral solution 20 mg/ml	1	This drug is not available through home delivery
abacavir sulfate oral tablet 300 mg	1	This drug is not available through home delivery
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	This drug is not available through home delivery
acyclovir external ointment 5 %	1	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir dipivoxil oral tablet 10 mg	1	This drug is not available through home delivery
APTIVUS ORAL CAPSULE 250 MG	3	This drug is not available through home delivery
atazanavir sulfate oral capsule 150 mg	1	This drug is not available through home delivery
atazanavir sulfate oral capsule 200 mg, 300 mg	2	This drug is not available through home delivery
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	This drug is not available through home delivery
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	3	
CIMDUO ORAL TABLET 300-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
darunavir oral tablet 600 mg	2	This drug is not available through home delivery
darunavir oral tablet 800 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.
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DESCOVY ORAL TABLET 120-15 MG	3	PA; ACA
DESCOVY ORAL TABLET 200-25 MG	3	PA; If used for PrEP a PA may be submitted to request a $0 cost share.; ACA
DOVATO ORAL TABLET 50-300 MG	3	
EDURANT ORAL TABLET 25 MG	3	This drug is not available through home delivery
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	3	
efavirenz oral tablet 600 mg	1	This drug is not available through home delivery
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	2	This drug is not available through home delivery
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	2	
emtricitabine oral capsule 200 mg	2	This drug is not available through home delivery
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	This drug is not available through home delivery
emtricitabine-tenofovir df oral tablet 200-300 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.; ACA
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	3	This drug is not available through home delivery
EMTRIVA ORAL SOLUTION 10 MG/ML	3	This drug is not available through home delivery
entecavir oral tablet 0.5 mg, 1 mg	1	This drug is not available through home delivery
EPCLUSA ORAL PACKET 150-37.5 MG	3	SPP; PA; QL: Max 1 tab per day; This drug is not available through home delivery
EPCLUSA ORAL PACKET 200-50 MG	3	SPP; PA; QL: Max 2 tabs per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
etravirine oral tablet 100 mg, 200 mg	2	This drug is not available through home delivery
EVOTAZ ORAL TABLET 300-150 MG	3	This drug is not available through home delivery
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
fosamprenavir calcium oral tablet 700 mg	2	This drug is not available through home delivery
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	3	This drug is not available through home delivery
GENVOYA ORAL TABLET 150-150-200-10 MG	3	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 45-200 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 90-400 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
INTELENCE ORAL TABLET 25 MG	3	This drug is not available through home delivery
ISENTRESS HD ORAL TABLET 600 MG	3	
ISENTRESS ORAL PACKET 100 MG	3	This drug is not available through home delivery
ISENTRESS ORAL TABLET 400 MG	3	This drug is not available through home delivery
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	This drug is not available through home delivery
JULUCA ORAL TABLET 50-25 MG	3	
LAGEVRIO ORAL CAPSULE 200 MG	3	QL: Maximum of 40 per fill; Coverage refers to Lagevrio under Emergency Use Authorization
lamivudine oral solution 10 mg/ml	1	This drug is not available through home delivery
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	This drug is not available through home delivery
lamivudine-zidovudine oral tablet 150-300 mg	1	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
LIVTENCITY ORAL TABLET 200 MG	3	PA
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	This drug is not available through home delivery
maraviroc oral tablet 150 mg, 300 mg	2	This drug is not available through home delivery
MAVYRET ORAL PACKET 50-20 MG	3	SPP; PA; QL: Max 5 per day; This drug is not available through home delivery
MAVYRET ORAL TABLET 100-40 MG	3	SPP; PA; QL: Max. 3 per day; This drug is not available through home delivery
nevirapine er oral tablet extended release 24 hour 400 mg	1	This drug is not available through home delivery
nevirapine oral suspension 50 mg/5ml	1	This drug is not available through home delivery
nevirapine oral tablet 200 mg	1	This drug is not available through home delivery
NORVIR ORAL PACKET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	3	
oseltamivir phosphate oral capsule 30 mg	1	QL: 20 capsules per fill
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL: 10 capsules per fill
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	QL: 180 mL per fill
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	2	QL: Maximum quantity of 20 per fill
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	2	QL: Max of 11 per fill
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	2	QL: Maximum quantity of 30 per fill
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	SPP; This drug is not available through home delivery
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	3	SPP; This drug is not available through home delivery
penciclovir external cream 1 %	3	PA; QL: Max. 5 grams per 30 day(s)
PIFELTRO ORAL TABLET 100 MG	3	
PREZCOBIX ORAL TABLET 675-150 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG	3	This drug is not available through home delivery

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PREZISTA ORAL SUSPENSION 100 MG/ML	3	This drug is not available through home delivery
PREZISTA ORAL TABLET 150 MG, 75 MG	3	This drug is not available through home delivery
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	QL: 20 units per fill
REYATAZ ORAL PACKET 50 MG	3	This drug is not available through home delivery
ribavirin inhalation solution reconstituted 6 gm	2	
ribavirin oral capsule 200 mg	1	SPP; This drug is not available through home delivery
ribavirin oral tablet 200 mg	1	SPP; This drug is not available through home delivery
rimantadine hcl oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	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	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	3	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
SOVALDI ORAL PACKET 150 MG, 200 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 200 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 400 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
STRIBILD ORAL TABLET 150-150-200-300 MG	3	This drug is not available through home delivery
SUNLENCA ORAL TABLET 300 MG	3	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	
tenofovir disoproxil fumarate oral tablet 300 mg	1	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TIVICAY ORAL TABLET 50 MG	3	This drug is not available through home delivery
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	This drug is not available through home delivery
TRIUMEQ ORAL TABLET 600-50-300 MG	3	This drug is not available through home delivery
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	3	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	This drug is not available through home delivery
VIREAD ORAL POWDER 40 MG/GM	3	This drug is not available through home delivery
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	This drug is not available through home delivery
VOSEVI ORAL TABLET 400-100-100 MG	3	SPP; 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	2	QL: 1 tablet per fill
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	2	QL: 1 tablet per fill
YEZTUGO ORAL TABLET 300 MG	3	PA; QL: 8 tablets per fill; ACA
ZEPATIER ORAL TABLET 50-100 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
zidovudine oral capsule 100 mg	1	This drug is not available through home delivery
zidovudine oral syrup 50 mg/5ml	1	This drug is not available through home delivery
zidovudine oral tablet 300 mg	1	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	1	
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	1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
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	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
midazolam hcl oral syrup 2 mg/ml	1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
quazepam oral tablet 15 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	3	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	SPP; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	3	SPP; PA; This drug is not available through home delivery
DOPTELET ORAL TABLET 20 MG	3	SPP; PA; This drug is not available through home delivery
eltrombopag olamine oral packet 12.5 mg, 25 mg	3	SPP; This drug is not available through home delivery
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	3	SPP; This drug is not available through home delivery
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	3	SPP; PA; This drug is not available through home delivery
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; This drug is not available through home delivery
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	3	SPP; This drug is not available through home delivery
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; 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	3	SPP; PA; This drug is not available through home delivery
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; This drug is not available through home delivery
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	SPP; PA; This drug is not available through home delivery
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; This drug is not available through home delivery
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; CM
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; PA; QL: Max Daily Dose of 0.043; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
PROMACTA ORAL PACKET 12.5 MG, 25 MG	3	SPP; This drug is not available through home delivery
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	3	SPP; This drug is not available through home delivery
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	PA; This drug is not available through home delivery
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery
tranexamic acid oral tablet 650 mg	1	QL: Max. 1 per day
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; PA; QL: 2 syringes per 30 days
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	3	SPP; PA; QL: 2 pens (1.2 mL) per 30 days
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; 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	3	SPP; PA; This drug is not available through home delivery
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; PA; QL: Max Daily Dose 0.043 mL; This drug is not available through home delivery
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
aliskiren fumarate oral tablet 150 mg, 300 mg	2	
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	CRMED
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	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
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	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
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	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; CRMED
atorvastatin calcium oral tablet 40 mg, 80 mg	1	CRMED
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	3	PA; QL: Max daily dose of 4; 30 day supply max
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
colesevelam hcl oral tablet 625 mg	1	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
CORLANOR ORAL SOLUTION 5 MG/5ML	2	
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet 62.5 mcg	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML	3	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	This drug is not available through home delivery
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	3	PA; This drug is not available through home delivery
EDARBI ORAL TABLET 40 MG, 80 MG	3	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	2	QL: 8 per day
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
eplerenone oral tablet 25 mg, 50 mg	1	
ethacrynic acid oral tablet 25 mg	1	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
gemfibrozil oral tablet 600 mg	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	CRMED
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.; CRMED
icosapent ethyl oral capsule 0.5 gm, 1 gm	2	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	2	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	CRMED
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	CRMED
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	ACA
methyldopa oral tablet 250 mg, 500 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	CRMED
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
MULTAQ ORAL TABLET 400 MG	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	
NEXLETOL ORAL TABLET 180 MG	3	PA
NEXLIZET ORAL TABLET 180-10 MG	3	PA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	3	
NITRO-BID TRANSDERMAL OINTMENT 2 %	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.
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
nitroglycerin rectal ointment 0.4 %	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	3	
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	

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	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
pentoxifylline er oral tablet extended release 400 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine hcl oral capsule 10 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	3	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL: Max. 2 pens per 28 day(s)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	2	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.

DRUG NAME	TIER	LIMITATIONS / *NOTES
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	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.
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	ACA
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 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.; ACA
simvastatin oral tablet 80 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.
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
THALITONE ORAL TABLET 15 MG	3	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
triamterene oral capsule 100 mg, 50 mg	2	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	

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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	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	
VYNDAMAX ORAL CAPSULE 61 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
VYNDAQEL ORAL CAPSULE 20 MG	3	SPP; PA; QL: Max. 4 per day; This drug is not available through home delivery
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	1	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	1	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	1	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	1	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	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.
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	

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	1	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	1	PA: Prior Authorization required for members 25 and older
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	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	1	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	1	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	1	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	2	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	3	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	1	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	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	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.

DRUG NAME	TIER	LIMITATIONS / *NOTES
lisdexamfetamine dimesylate oral tablet chewable 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; 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	1	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, 60 mg	1	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	1	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	1	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	2	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	1	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	1	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	1	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	1	PA: Prior Authorization required for members 25 and older
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	3	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	3	PA; QL: Max of 1 per day
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	3	PA; QL: Max 3 capsules a day

DRUG NAME	TIER	LIMITATIONS / *NOTES
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	3	SPP; QL: Max. 1 kit (4 syringes) per 28 days; This drug is not available through home delivery
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	3	SPP; QL: Max. 1 kit (4 syringes) per 28 days; This drug is not available through home delivery
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	3	SPP; QL: Max. 4 per day; This drug is not available through home delivery
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	SPP; QL: Max. 1 box per month; This drug is not available through home delivery
dalfampridine er oral tablet extended release 12 hour 10 mg	2	SPP; QL: Max. 2 per day; This drug is not available through home delivery
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	2	SPP; 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	2	SPP; QL: Max. 2 packs per year; This drug is not available through home delivery
fingolimod hcl oral capsule 0.5 mg	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	3	SPP; QL: Max. 1 syringe per day; This drug is not available through home delivery
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	3	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
glatopa subcutaneous solution prefilled syringe 20 mg/ml	3	SPP; QL: Max. 1 syringe per day; This drug is not available through home delivery
glatopa subcutaneous solution prefilled syringe 40 mg/ml	3	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	3	SPP; QL: Max. 1 per 28 days; This drug is not available through home delivery
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG	3	SPP; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
MAYZENT ORAL TABLET 0.25 MG	3	SPP; QL: Max. 4 per day; This drug is not available through home delivery
MAYZENT ORAL TABLET 1 MG, 2 MG	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	SPP; QL: Max. 2 packs per year; This drug is not available through home delivery
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	SPP; QL: Maximum quantity of 14 per 365 Days. Max. 2 packs per year; This drug is not available through home delivery
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	3	SPP; 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	3	SPP; QL: Max. 1 pack per 365 days; This drug is not available through home delivery
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	3	SPP; 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	3	SPP; QL: Max. 1 pack per 365 days; This drug is not available through home delivery
teriflunomide oral tablet 14 mg, 7 mg	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	3	SPP; 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	3	SPP; PA; QL: Max. 2 packs per 365 days; This drug is not available through home delivery
ZEPOSIA ORAL CAPSULE 0.92 MG	3	SPP; 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)	3	SPP; 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	3	SPP; PA; QL: Max. 4 per day; This drug is not available through home delivery
AUSTEDO ORAL TABLET 6 MG	3	SPP; 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	3	SPP; PA; QL: 60 tablets/30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	3	SPP; PA; QL: 30 tablets/30 days
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	3	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	3	PA; QL: 1 unit per day; Maximum of 30 days supply per fill
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	3	PA; QL: Max. 1 per day. Max. 1 pack per 365 days.Maximum 30 days supply per fill
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	3	SPP; PA; QL: 50 mL per 24 days; This drug is not available through home delivery
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	3	SPP; PA; QL: 1 per lifetime; This drug is not available through home delivery
riluzole oral tablet 50 mg	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	ST
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	3	QL: Maximum of 30 days supply per fill
tetrabenazine oral tablet 12.5 mg, 25 mg	1	SPP; QL: Max. 3 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	QL: Maximum of 30 days supply per fill
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	3	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	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	3	
DENTAGEL DENTAL GEL 1.1 %	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	2	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	
KOURZEQ MOUTH/THROAT PASTE 0.1 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
ORALONE MOUTH/THROAT PASTE 0.1 %	1	
periogard mouth/throat solution 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	1	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
Dermatological Agents - Drugs for Skin Conditions		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene external cream 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
adapalene external gel 0.1 %, 0.3 %	1	PA: Prior Authorization required for members 26 years of age and older
ADAPALENE EXTERNAL SOLUTION 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	PA: Prior Authorization required for members 26 years of age and older
adapalene-benzoyl peroxide external gel 0.3-2.5 %	2	PA: Prior Authorization required for members 26 years of age and older
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: 2 auto-injectors [4 mL] per 28 days
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: Max 4 per 28 days; This drug is not available through home delivery
ala-cort external cream 1 %	1	
alclometasone dipropionate external cream 0.05 %	2	
alclometasone dipropionate external ointment 0.05 %	2	
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
azelaic acid external gel 15 %	1	
benzoyl peroxide-erythromycin external gel 5-3 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	2	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	2	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	2	
betamethasone valerate external lotion 0.1 %	2	
betamethasone valerate external ointment 0.1 %	1	
calcipotriene external cream 0.005 %	3	
calcipotriene external ointment 0.005 %	3	
calcipotriene external solution 0.005 %	3	
calcitriol external ointment 3 mcg/gm	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	3	SPP; 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	2	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	2	PA: Prior Authorization required for members 26 years of age and older
clobetasol propionate e external cream 0.05 %	2	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	2	
clobetasol propionate external lotion 0.05 %	2	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	2	
clobetasol propionate external solution 0.05 %	1	
clodan external shampoo 0.05 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
desonide external cream 0.05 %	2	
desonide external lotion 0.05 %	2	
desonide external ointment 0.05 %	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external liquid 0.25 %	2	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	
DIFFERIN EXTERNAL LOTION 0.1 %	3	PA: Prior Authorization required for members 26 years of age and older
DRYSOL EXTERNAL SOLUTION 20 %	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	3	SPP; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: Max. 2 pens per 28 day(s); This drug is not available through home delivery
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	SPP; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
EUCRISA EXTERNAL OINTMENT 2 %	2	QL: 60 grams per month; ST
FABIOR EXTERNAL FOAM 0.1 %	3	PA
FILSUVEZ EXTERNAL GEL 10 %	3	PA; QL: 1 tube per day; Maximum of 30 days supply per fill
FINACEA EXTERNAL FOAM 15 %	2	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external ointment 0.025 %	2	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	2	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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 %	2	
halobetasol propionate external ointment 0.05 %	1	
hydrocortisone anti-itch external cream 1 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone max st external cream 1 %	1	
hydrocortisone ultra-moisture external cream 1 %	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	2	
hydrocortisone/aloe max str external cream 1 %	1	
HYFTOR EXTERNAL GEL 0.2 %	3	PA
imiquimod external cream 3.75 %	2	
imiquimod external cream 5 %	1	
imiquimod pump external cream 3.75 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ivermectin external cream 1 %	2	
lactic acid e external cream 10-3500 %-unt/30gm	1	
LITFULO ORAL CAPSULE 50 MG	3	SPP; PA; QL: 1 tablet per day
methoxsalen rapid oral capsule 10 mg	1	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
neuac external gel 1.2-5 %	1	
OPZELURA EXTERNAL CREAM 1.5 %	2	QL: Max 8.6gm per day; ST
pimecrolimus external cream 1 %	2	ST
podofilox external gel 0.5 %	3	
podofilox external solution 0.5 %	1	
PRAMOSONE EXTERNAL LOTION 1-1 %	2	
QBREXZA EXTERNAL PAD 2.4 %	3	PA; QL: Max. 1 per day

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DRUG NAME	TIER	LIMITATIONS / *NOTES
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	
selenium sulfide external lotion 2.5 %	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tazarotene external cream 0.05 %	3	PA
tazarotene external cream 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	3	PA
tazarotene external gel 0.05 %, 0.1 %	3	PA
TOLAK EXTERNAL CREAM 4 %	2	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	PA: Prior Authorization required for members 26 years of age and older
tretinoin microsphere external gel 0.04 %, 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1	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 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	
VTAMA EXTERNAL CREAM 1 %	3	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA
Diabetes - Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
CYCLOSET ORAL TABLET 0.8 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	CRMED
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	2	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	1	PA
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	1	PA; Generic Fortamet
metformin hcl er oral tablet extended release 24 hour 500 mg	1	
metformin hcl er oral tablet extended release 24 hour 750 mg	1	Generic Glucophage XR
metformin hcl oral solution 500 mg/5ml	1	
metformin hcl oral tablet 1000 mg, 500 mg	1	Generic Glucophage; CRMED
metformin hcl oral tablet 850 mg	1	Generic Glucophage
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
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	2	PA; QL: 4 pens (2 mL) per 28 days
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; QL: 1 pen (3 mL) per 28 days
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
TRADJENTA ORAL TABLET 5 MG	2	
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	2	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	2	PA; QL: Max. 4 pens per 28 day(s)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	PA
Diabetes - Glucose Monitoring		
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 28G	2	
CARESENS LANCETS 30G	2	
CEQUR SIMPLICITY 2U DEVICE	3	PA; QL: Maximum of 1 box per 30 days
CEQUR SIMPLICITY INSERTER	3	PA; QL: Maximum of 1 per year
CHEMSTRIP 10 MD IN VITRO STRIP	2	
CHEMSTRIP 10/SG IN VITRO STRIP	2	
CHEMSTRIP 2 GP IN VITRO STRIP	2	
CHEMSTRIP 5 OB IN VITRO STRIP	2	
CHEMSTRIP 7 IN VITRO STRIP	2	
CHEMSTRIP 9 IN VITRO STRIP	2	
CHEMSTRIP K IN VITRO STRIP	2	
CHEMSTRIP UGK IN VITRO STRIP	2	
CHOSEN LANCETS 30G	2	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHOICE COMFORT EZ	2	
COMFORT TOUCH TWIST LANCET 30G	2	
DIASTIX REAGENT IN VITRO STRIP	2	
DROPSAFE ACTI-LANCE 23G	2	
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP	2	
FREESTYLE FREEDOM LITE KIT W/DEVICE	MD	QL: 1 per 365 days
FREESTYLE INSULINX TEST IN VITRO STRIP	2	QL: 204 per 30 days
FREESTYLE LIBRE 14 DAY READER DEVICE	3	PA; QL: Max. 1 in 365 days
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL: Maximum 2 per 28 days

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DRUG NAME	TIER	LIMITATIONS / *NOTES
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA; QL: 2 sensors per 30 days
FREESTYLE LIBRE 2 READER DEVICE	3	PA; QL: Max. 1 in 365 days
FREESTYLE LIBRE 2 SENSOR	3	PA; QL: Maximum 2 per 28 days
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; QL: 2 sensors/30 days
FREESTYLE LIBRE 3 READER DEVICE	3	PA; QL: 1 reader per year
FREESTYLE LIBRE 3 SENSOR	3	PA; QL: Maximum 2 per 28 days
FREESTYLE LITE TEST IN VITRO STRIP	2	QL: 204 per 30 days
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	2	QL: 204 per 30 days
FREESTYLE TEST IN VITRO STRIP	2	QL: 204 per 30 days
KETO-DIASTIX IN VITRO STRIP	2	
KETONE CARE IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP	2	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS SUPER THIN	2	
MOBILE LANCETS 30G	2	
PERFECT POINT SAFETY LANCETS	2	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	2	QL: 204 per 30 days
TECHLITE LANCETS 26G	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD SAFETY LANCETS 28G	2	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	2	
diazoxide oral suspension 50 mg/ml	2	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	
Diabetes - Insulins		
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
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	2	
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	2	
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	2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	2	
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	2	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	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.; INSUL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	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.; INSUL

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	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.; INSUL
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	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.; INSUL
HUMALOG SOLUTION 100 UNIT/ML INJECTION	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.
HUMALOG SOLUTION 100 UNIT/ML INJECTION	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.; INSUL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	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.; INSUL
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	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.; INSUL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	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.; INSUL
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	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.; INSUL

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	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.; INSUL
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	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.; INSUL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	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.
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	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.; INSUL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	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.; INSUL
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	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.; INSUL
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	3	PA
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	PA
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	PA
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	2	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	
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	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	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.; INSUL
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	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.; INSUL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	PA
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	PA
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	PA
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML	3	PA
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	PA
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	PA
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML	3	PA
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	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.; INSUL

DRUG NAME	TIER	LIMITATIONS / *NOTES
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	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.; INSUL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	PA
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
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	2	
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	2	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER ORAL CAPSULE 30 MG	3	PA
carglumic acid oral tablet soluble 200 mg	2	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
CHEMET ORAL CAPSULE 100 MG	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	2	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	2	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
effer-k oral tablet effervescent 25 meq	1	
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	1	
iodine strong oral solution 5 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	2	
klor-con oral tablet extended release 8 meq	1	
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
phytonadione oral tablet 5 mg	1	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq	2	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
sodium chloride irrigation solution 0.9 %	1	
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	1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	$0	ACA
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	1	
tolvaptan oral tablet 15 mg, 30 mg	3	SPP; This drug is not available through home delivery
trientine hcl oral capsule 250 mg, 500 mg	2	PA
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	ACA; AL (Min 12 Years and Max 52 Years)

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VELTASSA ORAL PACKET 1 GM	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	This drug is not available through home delivery
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
yl folic acid oral tablet 400 mcg	1	ACA; AL (Min 12 Years and Max 52 Years)
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	3	PA
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	2	PA
famotidine oral suspension reconstituted 40 mg/5ml	1	
famotidine oral tablet 20 mg, 40 mg	1	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	3	
ft acid reducer oral capsule delayed release 20 mg	1	
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	2	PA
misoprostol oral tablet 100 mcg, 200 mcg	1	This drug may be covered at $0 for certain indications
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG	1	
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
pantoprazole sodium oral packet 40 mg	2	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	3	PA
rabeprazole sodium oral tablet delayed release 20 mg	1	
sucralfate oral tablet 1 gm	1	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	PA; QL: 30 tablets per 30 days

DRUG NAME	TIER	LIMITATIONS / *NOTES
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	
alvimopan oral capsule 12 mg	2	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	
constulose oral solution 10 gm/15ml	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose oral solution 10 gm/15ml	1	
gavilyte-c oral solution reconstituted 240 gm	1	ACA
gavilyte-g oral solution reconstituted 236 gm	1	ACA
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	ACA
generlac oral solution 10 gm/15ml	1	
glycopyrrolate oral solution 1 mg/5ml	2	This drug is not available through home delivery
glycopyrrolate oral tablet 1 mg, 2 mg	1	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	
lubiprostone oral capsule 24 mcg, 8 mcg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	3	ST
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	ACA; AL (Min 45 Years and Max 75 Years)
opium oral tincture 10 mg/ml (1%)	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	ACA
peg-3350/electrolytes oral solution reconstituted 236 gm	1	ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	ACA
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	ACA
prucalopride succinate oral tablet 1 mg, 2 mg	3	ST
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	3	SPP; PA; QL: 1 per day
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	SPP; PA; This drug is not available through home delivery
SYMPROIC ORAL TABLET 0.2 MG	2	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	3	PA
VOWST ORAL CAPSULE	3	PA
XERMELO ORAL TABLET 250 MG	3	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	3	This drug is not available through home delivery
CERDELGA ORAL CAPSULE 84 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	3	PA; QL: 2 bottles per 24 days; This drug is not available through home delivery
EVRYSDI ORAL TABLET 5 MG	3	PA; QL: 1 tablet per day; max 30 days supply per fill
miglustat oral capsule 100 mg	2	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	3	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	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ORFADIN ORAL SUSPENSION 4 MG/ML	3	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	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	3	ST
sapropterin dihydrochloride oral packet 100 mg, 500 mg	3	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sapropterin dihydrochloride oral tablet 100 mg	3	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sodium phenylbutyrate oral powder 3 gm/tsp	1	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sodium phenylbutyrate oral tablet 500 mg	2	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	3	QL: Max. 24 vials per 28 days.Maximum 30 days supply per fill; This drug is not available through home delivery
SUCRAID ORAL SOLUTION 8500 UNIT/ML	3	This drug is not available through home delivery
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	3	ST
yargesa oral capsule 100 mg	2	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
zelvysia oral packet 100 mg, 500 mg	3	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 20 MCG	3	QL: Max. 6 vials per 30 day(s)
CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL	3	QL
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	3	QL: Max. 6 vials per 30 day(s)
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
EDEX INTRACAVERNOSAL KIT 20 MCG, 40 MCG	3	QL: Max. 6 vials per 30 day(s)
EDEX KIT 10 MCG INTRACAVERNOSAL	3	QL
ELMIRON ORAL CAPSULE 100 MG	3	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	1	
FILSPARI ORAL TABLET 200 MG, 400 MG	3	PA; QL: 1 unit per day
flavoxate hcl oral tablet 100 mg	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	3	
INTRAROSA VAGINAL INSERT 6.5 MG	3	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet 250 mg	1	PA
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	
sevelamer carbonate oral tablet 800 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL: Max 4 per 30 days
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tadalafil oral tablet 10 mg, 20 mg	1	QL: Max 4 per 30 days
tadalafil oral tablet 2.5 mg, 5 mg	1	QL: Prior Authorization required for Quantity exceeding 4 per 30 days
tiopronin oral tablet 100 mg	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
VANRAFIA ORAL TABLET 0.75 MG	3	PA; QL: 1 tablet per day
VELPHORO ORAL TABLET CHEWABLE 500 MG	3	PA
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Hormonal Agents - Adrenal		
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
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 injection solution prefilled syringe 4 mg/ml	MD	

DRUG NAME	TIER	LIMITATIONS / *NOTES
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	MD	
dexamethasone sodium phosphate solution 10 mg/ml injection	MD	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	MD	
dexamethasone sodium phosphate solution 4 mg/ml injection	MD	
fludrocortisone acetate oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisone oral solution 5 mg/5ml	1	
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)	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	3	
Hormonal Agents - Men's Health		
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	3	PA
METHITEST ORAL TABLET 10 MG	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	2	
testosterone transdermal solution 30 mg/act	1	
Hormonal Agents - Pituitary		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	3	SPP; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
ACTHAR INJECTION GEL 80 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
cabergoline oral tablet 0.5 mg	1	
cetrorelix acetate subcutaneous kit 0.25 mg	3	SPP; PA; This drug is not available through home delivery; FM
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	2	SPP; PA; This drug is not available through home delivery; FM
clomid oral tablet 50 mg	2	
clomiphene citrate oral tablet 50 mg	2	
CORTROPHIN INJECTION GEL 80 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	PA; QL: Max daily dose of 2; 30 day supply max
CRENESSITY ORAL SOLUTION 50 MG/ML	3	PA; QL: Max daily dose of 2; 30 day supply max
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate spray nasal solution 0.01 %	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	3	SPP; This drug is not available through home delivery; CM
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	2	SPP; PA; This drug is not available through home delivery; FM
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	3	SPP; PA; This drug is not available through home delivery; FM
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	3	SPP; PA; This drug is not available through home delivery; FM
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	3	SPP; PA; This drug is not available through home delivery; FM
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	3	PA; This drug is not available through home delivery
leuprolide acetate injection kit 1 mg/0.2ml	1	SPP; This drug is not available through home delivery; FM
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	3	SPP; This drug is not available through home delivery
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	3	SPP; This drug is not available through home delivery
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	3	SPP; This drug is not available through home delivery
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	3	SPP; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	3	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	3	CM
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3	SPP; PA; This drug is not available through home delivery; FM
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	3	PA; QL: Max. 4 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	2	SPP; PA; This drug is not available through home delivery; FM
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 500 mcg/ml	3	SPP; This drug is not available through home delivery
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	3	SPP; This drug is not available through home delivery
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	3	SPP; PA; This drug is not available through home delivery
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	3	SPP; PA; This drug is not available through home delivery
ORILISSA ORAL TABLET 150 MG, 200 MG	3	PA
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	2	SPP; PA; This drug is not available through home delivery; FM
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	2	SPP; PA; This drug is not available through home delivery; FM
RECORLEV ORAL TABLET 150 MG	3	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	3	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	3	SPP; This drug is not available through home delivery
SYNAREL NASAL SOLUTION 2 MG/ML	3	PA; This drug is not available through home delivery; FM
Hormonal Agents - Prostaglandins		
mifepristone oral tablet 200 mg	$0	
mifepristone oral tablet 300 mg	3	PA; QL: Max. 4 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	3	

Last Update: 10/06/25
Next Update: 11/15/25

DRUG NAME	TIER	LIMITATIONS / *NOTES
raloxifene hcl oral tablet 60 mg	1	ACA
Hormonal Agents - Sex Hormones and Birth Control		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
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	3	
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
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	3	
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
chateal eq oral tablet 0.15-30 mg-mcg	$0	WH
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	2	
CRINONE VAGINAL GEL 4 %, 8 %	3	This drug is not available through home delivery; FM
cryselle-28 oral tablet 0.3-30 mg-mcg	$0	WH
cyred eq oral tablet 0.15-30 mg-mcg	$0	WH
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	$0	WH
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
daysee oral tablet 0.15-0.03 &0.01 mg	$0	WH
deblitane oral tablet 0.35 mg	$0	WH
delyla oral tablet 0.1-20 mg-mcg	$0	WH
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	$0	WH
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
dolishale oral tablet 90-20 mcg	$0	WH
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
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	3	
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	3	This drug is not available through home delivery; FM
enilloring vaginal ring 0.12-0.015 mg/24hr	$0	WH
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	$0	WH
enskyce oral tablet 0.15-30 mg-mcg	$0	WH
errin oral tablet 0.35 mg	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	2	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	
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	1	
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	1	
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	WH
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0	WH
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	1	
galbriela oral tablet chewable 0.8-25 mg-mcg	$0	WH
gallifrey oral tablet 5 mg	1	
gemmily oral capsule 1-20 mg-mcg(24)	$0	WH
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
hailey 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
hailey fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
haloette vaginal ring 0.12-0.015 mg/24hr	$0	WH
heather oral tablet 0.35 mg	$0	WH
her style oral tablet 1.5 mg	$0	Member may be able to access without a prescription; WH
iclevia oral tablet 0.15-0.03 mg	$0	WH

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	$0	WH
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	$0	WH
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	$0	WH
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	$0	WH
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	$0	WH
loryna oral tablet 3-0.02 mg	$0	WH
low-ogestrel oral tablet 0.3-30 mg-mcg	$0	WH
lo-zumandimine oral tablet 3-0.02 mg	$0	WH
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
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	1	
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	1	CM
megestrol acetate oral tablet 20 mg, 40 mg	1	CM
meleya oral tablet 0.35 mg	$0	WH
merzee oral capsule 1-20 mg-mcg(24)	$0	WH
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	$0	WH
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
microgestin 1/20 oral tablet 1-20 mg-mcg	$0	WH
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
microgestin fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
mili oral tablet 0.25-35 mg-mcg	$0	WH
mimvey oral tablet 1-0.5 mg	1	
minzoya oral tablet 0.1-20 mg-mcg(21)	$0	WH
mono-linyah oral tablet 0.25-35 mg-mcg	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	2	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
NEXTSTELLIS ORAL TABLET 3-14.2 MG	$0	WH
nikki oral tablet 3-0.02 mg	$0	WH
nora-be oral tablet 0.35 mg	$0	WH
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	$0	WH
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	$0	WH
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	WH
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	$0	WH
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	WH
norethindrone oral tablet 0.35 mg	$0	WH
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	WH
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	$0	WH
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	WH
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	$0	WH
norlyroc oral tablet 0.35 mg	$0	WH
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0	WH
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	$0	WH
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0	WH
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
nylia 1/35 oral tablet 1-35 mg-mcg	$0	WH
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
ocella oral tablet 3-0.03 mg	$0	WH

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DRUG NAME	TIER	LIMITATIONS / *NOTES
opcicon one-step oral tablet 1.5 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	3	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	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM	2	
PREMPHASE ORAL TABLET 0.625-5 MG	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
progesterone intramuscular oil 50 mg/ml	1	This drug is not available through home delivery; FM
progesterone oral capsule 100 mg, 200 mg	1	
progesterone vaginal insert 100 mg	3	This drug is not available through home delivery; FM
react oral tablet 1.5 mg	$0	Member may be able to access without a prescription; WH
reclipsen oral tablet 0.15-30 mg-mcg	$0	WH
rivelsa oral tablet 42-21-21-7 days	$0	WH
rosyrah oral tablet 42-21-21-7 days	$0	WH
setlakin oral tablet 0.15-0.03 mg	$0	WH
sharobel oral tablet 0.35 mg	$0	WH
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
simpesse oral tablet 0.15-0.03 &0.01 mg	$0	WH
SLYND ORAL TABLET 4 MG	$0	WH
sprintec 28 oral tablet 0.25-35 mg-mcg	$0	WH
sronyx oral tablet 0.1-20 mg-mcg	$0	WH
syeda oral tablet 3-0.03 mg	$0	WH
take action oral tablet 1.5 mg	$0	Member may be able to access without a prescription; WH
tarina 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	$0	WH
taysofy oral capsule 1-20 mg-mcg(24)	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	WH
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	WH
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
turqoz oral tablet 0.3-30 mg-mcg	$0	WH
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	$0	WH
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	$0	WH
tydemy oral tablet 3-0.03-0.451 mg	$0	WH
valtya 1/50 oral tablet 1-50 mg-mcg	$0	WH
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	$0	WH
vestura oral tablet 3-0.02 mg	$0	WH
vienva oral tablet 0.1-20 mg-mcg	$0	WH
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
vyfemla oral tablet 0.4-35 mg-mcg	$0	WH
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	1	
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	2	

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levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium oral 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	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
methimazole oral tablet 10 mg, 5 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
propylthiouracil oral tablet 50 mg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
thyroid tablet 120 mg oral	1	
thyroid tablet 120 mg oral	2	
thyroid tablet 15 mg oral	1	
thyroid tablet 15 mg oral	2	
thyroid tablet 30 mg oral	1	
thyroid tablet 30 mg oral	2	
thyroid tablet 60 mg oral	1	
thyroid tablet 60 mg oral	2	
thyroid tablet 90 mg oral	1	
thyroid tablet 90 mg oral	2	
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	3	SPP; 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	3	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	3	SPP; PA; This drug is not available through home delivery
azathioprine oral tablet 50 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	3	SPP; 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	3	SPP; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	3	SPP; PA; QL: 2 injections per 56 days
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	3	SPP; PA; QL: 1 injection per 56 days; Maximum of 56 days supply
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	3	SPP; PA; QL: 2 injections per 56 days
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	3	SPP; PA; QL: 1 injection per 56 days; Maximum of 56 days supply
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	3	SPP; PA; QL: Max. 1 in 28 days; This drug is not available through home delivery
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	3	SPP; PA; QL; This drug is not available through home delivery
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	This drug is not available through home delivery
cyclosporine modified oral solution 100 mg/ml	1	This drug is not available through home delivery
cyclosporine oral capsule 100 mg	1	This drug is not available through home delivery
cyclosporine oral capsule 25 mg	1	This drug is not available through home delivery
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	3	SPP; PA; QL: Max. 4 pens per 28 day(s); This drug is not available through home delivery
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	SPP; 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	3	SPP; 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	3	SPP; 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	3	SPP; PA; QL: Max. 4 pens per 28 day(s); This drug is not available through home delivery
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
gengraf oral capsule 100 mg, 25 mg	1	This drug is not available through home delivery
gengraf oral solution 100 mg/ml	1	This drug is not available through home delivery
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	3	SPP; PA; QL: Max. 2 pens per 28 day(s); Select manufacturers may not be covered
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	SPP; PA; QL: Max. 2 pens per 28 day(s); Select manufacturers may not be covered
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	SPP; PA; QL: Max. 1 kit per 365 day(s); Select manufacturers may not be covered
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	3	SPP; PA; QL: Max. 1 kit per 365 day(s); Select manufacturers may not be covered
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	MD	
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	2	SPP; PA; QL: Max. 2 syringes per fill
JOENJA ORAL TABLET 70 MG	3	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	1	
LUPKYNIS ORAL CAPSULE 7.9 MG	3	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	1	
mycophenolate mofetil oral capsule 250 mg	1	This drug is not available through home delivery
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	This drug is not available through home delivery
mycophenolate mofetil oral tablet 500 mg	1	This drug is not available through home delivery
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	This drug is not available through home delivery
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	3	SPP; 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	3	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	3	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	SPP; PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	3	SPP; 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	3	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
OTEZLA ORAL TABLET 20 MG	3	SPP; PA; QL: 2 per day
OTEZLA ORAL TABLET 30 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3	SPP; PA; QL: Limit fills to 1 in 365 days; Max. 2 per day; This drug is not available through home delivery
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	3	SPP; PA; QL: 2 per day; max 1 fill per 365 days
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	3	PA
PROGRAF ORAL PACKET 0.2 MG, 1 MG	3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	This drug is not available through home delivery
REZUROCK ORAL TABLET 200 MG	3	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	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	3	SPP; PA; QL: 6 mL per day
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	3	PA; QL: 4 vials per fill; This drug is not available through home delivery
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	3	SPP; 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	3	SPP; PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery
sirolimus oral solution 1 mg/ml	2	This drug is not available through home delivery
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	This drug is not available through home delivery
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	SPP; PA; QL: Max. 1 pen per 84 days; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	3	SPP; PA; QL: Max. 1 cartridge per 56 days.; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	3	SPP; PA; QL: Maximum quantity of 0.043 per 1 Day[s]. Maximum of 56 days supply per fill. Max. 1 pen per 56 days; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: Max. 1 prefilled syringes per 84 days; This drug is not available through home delivery
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	3	PA; QL: Two syringes per 28 days; 30 day supply max
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	3	SPP; PA; QL: MAX 2 vials (4mL) per 28 days.; This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: 2 syringes per 28 days; This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	SPP; 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	3	SPP; 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	3	SPP; PA; QL: 1 prefilled syringe per 28 days

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TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	3	SPP; 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	3	SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	3	SPP; PA; QL: 1 per 28 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	3	SPP; PA; QL: 1 per 28 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	3	SPP; PA; QL: 1 per 28 days
XELJANZ ORAL SOLUTION 1 MG/ML	3	SPP; PA; QL: Max. 10 ml per day; This drug is not available through home delivery
XELJANZ ORAL TABLET 10 MG, 5 MG	3	SPP; 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	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	SPP; PA; QL: Max. 1 syringe per 84 days
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	3	SPP; PA; QL: Max. 1 syringe per 84 days
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule 750 mg	1	
budesonide er oral tablet extended release 24 hour 9 mg	2	
budesonide oral capsule delayed release particles 3 mg	1	
budesonide rectal foam 2 mg, 2 mg/act	3	
DIPENTUM ORAL CAPSULE 250 MG	3	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	2	
mesalamine-cleanser rectal kit 4 gm	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	2	
procto-med hc external cream 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	3	PA; QL: Max. 4 per day
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution 70 mg/75ml	1	QL: Max. 300 ML per 28 day(s)
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	
calcitonin (salmon) nasal solution 200 unit/act	1	
ibandronate sodium oral tablet 150 mg	1	
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	1	
risedronate sodium oral tablet 30 mg	1	QL: Max. 1 tab per day
risedronate sodium oral tablet delayed release 35 mg	1	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	3	SPP; PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	SPP; PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	3	PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	2	This drug is not available through home delivery
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	3	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER DEVICE	MD	
AEROCHAMBER MINI CHAMBER DEVICE	MD	
AEROCHAMBER MV	MD	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	MD	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	MD	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	MD	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	MD	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	MD	
AEROCHAMBER PLUS FLOW VU	MD	
AEROCHAMBER2GO ANTI-STATIC DEVICE	MD	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	
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	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM	2	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2"	3	
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1-1/2" , 25G X 5/8"	3	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	3	
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM	2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	MD	
BREATHE COMFORT CHAMBER/CHILD DEVICE	MD	
BREATHE EASE LARGE DEVICE	MD	
BREATHE EASE MEDIUM DEVICE	MD	
BREATHE EASE PEAK FLOW METER DEVICE	MD	

DRUG NAME	TIER	LIMITATIONS / *NOTES
BREATHE EASE SMALL DEVICE	MD	
BREATHERITE VALVED MDI CHAMBER DEVICE	MD	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	3	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	3	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	3	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	3	PA; QL: Max 6 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
CAREPOINT POLY HUB NEEDLE 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	3	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	3	
CAREPOINT SYRINGE LUER LOCK 1 ML	3	
CAREPOINT SYRINGE LUER SLIP 1 ML	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	3	
CARETOUCH LUER LOCK 1 ML	3	
CAYA VAGINAL DIAPHRAGM	$0	WH
CLEVER CHOICE HOLDING CHAMBER DEVICE	MD	
CLEVER CHOICE PEAK FLOW METER DEVICE	MD	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	2	
COMPACT SPACE CHAMBER DEVICE	MD	
COMPACT SPACE CHAMBER/LG MASK DEVICE	MD	
COMPACT SPACE CHAMBER/MED MASK DEVICE	MD	
COMPACT SPACE CHAMBER/SM MASK DEVICE	MD	
CONDOMS	$0	QL: Max 144 per 365 days; WH
DEFLUX METAL NEEDLE 23G X 350MM	3	
DROPLET MICRON 34G X 3.5 MM	2	
DROPSAFE SICURA 25G X 1"	3	
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
EASY GLIDE LUER LOCK SYRINGE 1 ML	3	
EASY GLIDE SLIP LOCK SYRINGE 1 ML	3	
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"	3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	2	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM	2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
FC2 FEMALE CONDOM	$0	QL: Max 144 per 365 days; WH
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	$0	WH
FLEXICHAMBER ADULT MASK/SMALL	MD	
FLEXICHAMBER CHILD MASK/LARGE	MD	
FLEXICHAMBER CHILD MASK/SMALL	MD	
FLEXICHAMBER DEVICE	MD	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
INSPIREASE RESERVOIR BAGS	MD	
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	2	
INSUPEN32G EXTR3ME 32G X 6 MM	2	
IWILFIN ORAL TABLET 192 MG	3	PA; QL: Maximum of 30 days supply per fill; CM
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL: Max. 1 per day
KERENDIA ORAL TABLET 40 MG	3	PA; QL: 1 per day
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; QL: 2 per day; 30 day supply max
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; QL: Max 3 ml per day.Maximum 30 days supply per fill; This drug is not available through home delivery
METHERGINE ORAL TABLET 0.2 MG	1	
methylergonovine maleate oral tablet 0.2 mg	1	
MICROCHAMBER DEVICE	MD	
MINI WRIGHT PEAK FLOW METER DEVICE	MD	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
NORM-JECT LUER SLIP SYRINGE 1 ML	3	
NOVOFINE PEN NEEDLE 32G X 6 MM	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	PA; QL: Max. 1 in 365 days
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA; QL: 10 pods per 30 days
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA; QL: Max. 10 pods per 28 days
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	3	PA; QL: 1 kit per 365 days
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA; QL: 10 pods per 30 days
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL: Max. 1 per day
OMNIPOD DASH PODS (GEN 4)	2	QL: Max. 10 pods per 28 days
OPTICHAMBER DIAMOND	MD	
OPTICHAMBER DIAMOND-LG MASK DEVICE	MD	
OPTICHAMBER DIAMOND-MD MASK	MD	
OPTICHAMBER DIAMOND-SM MASK	MD	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	$0	WH
PANDA MASK LARGE	MD	
PANDA MASK MEDIUM	MD	
PANDA MASK SMALL	MD	
PARI VORTEX ADULT MASK	MD	
PARI VORTEX PEDIATRIC MASK	MD	
PEAK A-I-R FLOW METER DEVICE	MD	
PEDIATRIC PANDA MASK	MD	
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM	2	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	
PERFECT POINT SAFETY NEEDLE 25G X 1"	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	$0	WH
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	
POCKET SPACER DEVICE	MD	
PRECISION XTRA-GLUCOSE/KETONE DEVICE	MD	QL: Maximum quantity of 1 per 365 day(s)
PRO COMFORT SPACER ADULT	MD	
PRO COMFORT SPACER CHILD	MD	
PRO COMFORT SPACER INFANT DEVICE	MD	
PROCARE SPACER/ADULT MASK DEVICE	MD	
PROCARE SPACER/CHILD MASK DEVICE	MD	
PURE COMFORT FLOW METER ADULT DEVICE	MD	
PURE COMFORT FLOW METER CHILD DEVICE	MD	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
PURE COMFORT SPACER CHAMBER DEVICE	MD	
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	2	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	
SECURESAFE HYPODERMIC NEEDLE 22G X 1" , 25G X 1-1/2"	3	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	3	PA; QL: Maximum of 30 days supply per fill
SYRINGE LUER SLIP 1 ML	3	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	2	
TODAY SPONGE VAGINAL 1000 MG	$0	WH
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
TRUE COVER DEVICE	$0	QL: Max 144 per 365 days; WH
TRUZONE PEAK FLOW METER DEVICE	MD	
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	$0	WH
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	$0	WH
VEOZAH ORAL TABLET 45 MG	3	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	2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1"	3	
V-GO 20 KIT 20 UNIT/24HR	3	QL: Max. 1 per day
V-GO 30 KIT 30 UNIT/24HR	3	QL: Max. 1 per day
V-GO 40 KIT 40 UNIT/24HR	3	QL: Max. 1 per day
VIVI CAP	2	
VIVI CAP1	2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	MD	
VORTEX VALVED HOLDING CHAMBER DEVICE	MD	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	3	PA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	$0	WH
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	$0	WH
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	$0	WH
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	$0	WH
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	$0	WH
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	$0	WH
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	$0	WH
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	$0	WH
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	MD	PA; This drug is not available through home delivery
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	3	PA; QL: Maximum of 30 days supply per fill
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	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		
ALOCRIL OPHTHALMIC SOLUTION 2 %	3	
AZASITE OPHTHALMIC SOLUTION 1 %	3	
azelastine hcl ophthalmic solution 0.05 %	1	
bacitracin ophthalmic ointment 500 unit/gm	1	
bepotastine besilate ophthalmic solution 1.5 %	3	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
cromolyn sodium ophthalmic solution 4 %	1	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
diclofenac sodium ophthalmic solution 0.1 %	1	
difluprednate ophthalmic emulsion 0.05 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
epinastine hcl ophthalmic solution 0.05 %	1	
erythromycin ophthalmic ointment 5 mg/gm	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	3	
fluorometholone ophthalmic suspension 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 %	3	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
levofloxacin ophthalmic solution 0.5 %	1	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	2	
loteprednol etabonate ophthalmic gel 0.5 %	2	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
ofloxacin ophthalmic solution 0.3 %	1	
olopatadine hcl ophthalmic solution 0.2 %	1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	2	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	2	
trifluridine ophthalmic solution 1 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	3	PA; QL: 1 bottle per fill and 2 fills per year
ZIRGAN OPHTHALMIC GEL 0.15 %	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
bimatoprost ophthalmic solution 0.03 %	1	ST
brimonidine tartrate ophthalmic solution 0.1 %	2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	2	
brinzolamide ophthalmic suspension 1 %	2	
carteolol hcl ophthalmic solution 1 %	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	1	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
latanoprost ophthalmic solution 0.005 %	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
methazolamide oral tablet 25 mg, 50 mg	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	2	
tafluprost (pf) ophthalmic solution 0.0015 %	2	
timolol hemihydrate ophthalmic solution 0.5 %	3	
timolol maleate (once-daily) ophthalmic solution 0.5 %	3	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
travoprost (bak free) ophthalmic solution 0.004 %	2	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
cyclopentolate hcl ophthalmic solution 1 %	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	3	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	3	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 %	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
proparacaine hcl ophthalmic solution 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL: Max. 2 bottles per 30 days
RESTASIS OPHTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
tropicamide ophthalmic solution 0.5 %, 1 %	1	
XIIDRA OPHTHALMIC SOLUTION 5 %	2	QL: Max. 2 per day
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic solution 2 %	1	
CIPRO HC OTIC SUSPENSION 0.2-1 %	3	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3	
fluocinolone acetonide otic oil 0.01 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
ofloxacin otic solution 0.3 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	2	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	3	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
mometasone furoate nasal suspension 50 mcg/act	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
olopatadine hcl nasal solution 0.6 %	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	3	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation solution 10 %, 20 %	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	CRMED
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	CRMED
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	2	QL: Max. 2 vials per day
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	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.; CRMED
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	ST
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	ST
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL: Max. 1 inhaler per 30 day(s)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	2	QL: 1 inhaler per month
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	CRMED
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	2	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	1	QL: 2 pens per fill; This drug is not available through home delivery
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	QL: 2 pens per fill
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	3	QL: 2 pens per fill
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	3	SPP; PA; QL: Max. 1 pen per 56 days; This drug is not available through home delivery
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	ST; AL (Max 6 Years)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL: Max. 1 inhaler per 30 day(s); ACA
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL: Max. 1 inhaler per 30 day(s)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	2	QL: Max. 2 vials per day
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	2	
montelukast sodium oral packet 4 mg	1	
montelukast sodium oral tablet 10 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.; CRMED
montelukast sodium oral tablet chewable 4 mg, 5 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.; CRMED
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	SPP; PA; QL: Max. 1 auto injector per 28 days; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA; QL: Max. 1 syringe per 28 days; This drug is not available through home delivery
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	SPP; PA; QL: Max. 1 auto injector per 28 days; This drug is not available through home delivery
OFEV ORAL CAPSULE 100 MG, 150 MG	2	SPP; QL: Max. 2 per day; This drug is not available through home delivery
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	3	PA
pirfenidone oral capsule 267 mg	2	SPP; QL: 6 per day; This drug is not available through home delivery
pirfenidone oral tablet 267 mg	2	SPP; QL: 6 per day; This drug is not available through home delivery
pirfenidone oral tablet 801 mg	2	SPP; 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	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.; CRMED
roflumilast oral tablet 250 mcg, 500 mcg	1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	2	QL: Max. 1 inhaler per 30 day(s)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL: Max 2 inhalers per 30 days
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	3	SPP; PA; QL: 1 pen per 28 days
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL: Max. 2 blisters per day. Max. 1 inhaler per 30 day(s)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL: Max. 1 inhaler per 30 day(s); ACA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML	3	SPP; PA; QL: Max. 8 syringes per 28 days
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: Maximum of 4 syringes per 28 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	3	SPP; PA; QL: Max. 8 syringes per 28 days; This drug is not available through home delivery
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	SPP; PA; QL: Maximum of 4 syringes per 28 days; This drug is not available through home delivery
zafirlukast oral tablet 10 mg, 20 mg	1	
zileuton er oral tablet extended release 12 hour 600 mg	3	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG	3	SPP; PA; QL: Max Daily Dose 2
ALYFTREK ORAL TABLET 4-20-50 MG	3	SPP; PA; QL: Max Daily Dose 3
KALYDECO ORAL PACKET 13.4 MG	3	SPP; PA; QL: 2 per day
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
KALYDECO ORAL PACKET 5.8 MG	3	SPP; PA; QL: Maximum quantity of 2 per 1 Day(s)
KALYDECO ORAL TABLET 150 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	3	SPP; This drug is not available through home delivery
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	3	SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery
ORKAMBI ORAL PACKET 75-94 MG	3	PA; QL: Max. 2 per day; This drug is not available through home delivery
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	SPP; PA; QL: Max. 4 per day.; This drug is not available through home delivery
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	SPP; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	3	SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery
TOBI PODHALER INHALATION CAPSULE 28 MG	3	SPP; This drug is not available through home delivery
tobramycin inhalation nebulization solution 300 mg/4ml	3	SPP; This drug is not available through home delivery
tobramycin nebulization solution 300 mg/5ml inhalation	3	SPP; This drug is not available through home delivery
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	SPP; This drug is not available through home delivery
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	3	SPP; 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	3	SPP; 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	3	SPP; 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	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
alyq oral tablet 20 mg	1	SPP; PA; This drug is not available through home delivery
ambrisentan oral tablet 10 mg, 5 mg	2	SPP; PA; This drug is not available through home delivery
bosentan oral tablet 125 mg, 62.5 mg	2	SPP; PA; This drug is not available through home delivery
bosentan oral tablet soluble 32 mg	3	SPP; PA; This drug is not available through home delivery
OPSUMIT ORAL TABLET 10 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	3	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	3	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	3	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	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
sildenafil citrate oral suspension reconstituted 10 mg/ml	2	SPP; PA; This drug is not available through home delivery
sildenafil citrate oral tablet 20 mg	1	SPP; PA; This drug is not available through home delivery
tadalafil (pah) oral tablet 20 mg	1	SPP; PA; This drug is not available through home delivery
TRACLEER ORAL TABLET SOLUBLE 32 MG	3	SPP; PA; This drug is not available through home delivery
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO INHALATION SOLUTION 0.6 MG/ML	3	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	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	3	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	3	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	1	
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
metaxalone oral tablet 800 mg	1	
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	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
tizanidine hcl oral capsule 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL: Max. 1 per day
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL: Max. 1 per day; ST
doxepin hcl oral tablet 3 mg, 6 mg	2	ST
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; QL: 158 mL per 30 days; This drug is not available through home delivery
modafinil oral tablet 100 mg, 200 mg	1	PA; QL: Max. 1 per day
ramelteon oral tablet 8 mg	1	
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL: Max. 1 per day
tasimelteon oral capsule 20 mg	3	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	1	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; QL: Max 2 per day; This drug is not available through home delivery
XYREM ORAL SOLUTION 500 MG/ML	3	PA; QL: Max. 18 ML(s) per day
XYWAV ORAL SOLUTION 500 MG/ML	3	PA; QL: Max. 18 ml per day
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	

TUFTS Health Plan

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Discrimination is Against the Law

Tufts Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Tufts Health Plan:

- Provides full and equal access to covered services under the federal *Americans with Disabilities Act of 1990* and Section 504 of the federal *Rehabilitation Act of 1973*. This includes free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at 800-462-0224. To report provider directory inaccuracies electronically, please visit **https://tuftshealthplan.com/find-a-doctor** and select your plan. Search or select the Provider whose information you believe needs updating and click *"Tell us if something needs to change."*

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at 877-563-4467, Option 2 or **https://www.mass.gov/doi**.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity), you can file a grievance with:

Tufts Health Plan, Attention:
Point32Health Civil Rights Legal Coordinator
1 Wellness Way Canton, MA 02021-1166
Phone: 888-880-8699 ext. 48000, [TTY number — 800-439-2370 or 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 Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services:
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.

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For no cost translation in English, call the number on your ID card.

Arabic . للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો.

Haitian Creole Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a.

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे.

Italian Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

Japanese 日本語の無料翻訳については**ID**カードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통번역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈໍາຕົວຂອງທ່ານ.

Navajo Doo bą́ą́h ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'é bee nééˊ hoˊdíłzingo nantínígíí bikáá'.

Persian. بزنید زنگ تان شناسائی کارت در مندرج تلفن شماره بهـ فارسی رایگانن ترجمهـ برای

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para o português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Para servicios de traducción gratuitos en español, llame al número que aparece en su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.